European AIDS Treatment Group

EATG Rapid Assessment

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

Issue 2 | 26 May 2020

European AIDS Treatment Group

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1. Background and overview

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 and shared as some level of COVID 19 public health restrictions is likely to be maintained in the near future.

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 information collected will be used to share learnings across community organisations, to document critical issues and, where relevant, use our network to support advocacy at local and European levels.

The rapid assessments 1 (see here) and 2 aim 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. The survey reports on the situation on the ground as perceived and experienced by people living and/or affected by HIV and persons affiliated with organisations working for the interest of communities most affected by HIV. This assessment has its limitations and biases (time available to develop the tool, questionnaire only available online and only in English and Russian, 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 April to 4 May 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.

The first rapid assessment bulletin was published on 10 April. Drawing on information provided on major disruption in testing services, an online meeting was organised to share experiences on HIV self-testing programmes run by community organisations (the report can be accessed here).

For the second rapid assessment, EATG adjusted some of the questions and added additional ones in order to map the situation to the best extent possible. It complements the first issue of the rapid assessment.

Below is a summary of observations based on the responses to the rapid assessments. A more comprehensive analysis of the two rapid assessments and other partners' information is foreseen as a next step. It will inform the development of recommendations, follow up actions taken in response to the problems highlighted and to build on the practical solutions reported by respondents.

The survey was answered by 57 people from 26 different countries across Europe and Central Asia. Most respondents are affiliated with organisations serving the people living with or most affected by HIV.

Summary of learnings and observed trends:

a. The crisis appears to negatively impact the quality of care for people living with HIV with a number of visits and tests cancelled or postponed, though some referred to the use of teleconsultations.

b. The follow up of for co-infections, co-morbidities and opium substitution treatment (OST) appears to be even more impacted.

c. The options for the delivery of HIV medicines seem to be expanding in some locations to home address or community pharmacy. However, in the large majority of cases medicines are delivered by hospital pharmacy.

d. The quantity of medicines supply given to patients are increased to cover a longer period in some locations. However, in some locations, quantities are reportedly reduced.

e. Some community centres have tried to provide a basic level of services in persons/ on appointments. As services are reactivated, access to personal protective equipment for staff and service users is critical. It is not available at the scale needed.

f. Where possible, community organisations have set up online support.

g. There appears to be an overall decrease in testing (HIV/HCV/HBV/STI).

h. Demand for testing appears to have decreased in most, but not all, places.

i. Community organisations have developed innovative approaches for self-tests/counselling/linkage to care.

j. However, self-testing is not available in many locations for regulatory and/or financial reasons.

k. There appears to be an increase in demand for psychological support, food and basic supplies, financial assistance, domestic/gender-based violence support, COVID-19 information, as well as a safe zone and protective equipment.

l. Community organisations have been supporting PLHIV who are stranded in countries where they do not normally reside to get their treatment.

m. The crisis underlines the need to ensure universal access to healthcare again.

n. An increase in Opium Substitution Treatment (OST) demand is reported in some locations.

o. Domestic/ gender- based violence issues are reported.

p. There are uncertainties regarding the reactivation of community face-to-face services, for instance guidelines, protective equipment, premises set up.

q. Medicines shortages are reported across Europe.

r. Medicines are mostly still delivered to hospitals but changes are occurring both at clinics and through community services.

s. Several community organisations expect a funding shortfall and some expressed concerns about budget cuts in public funding available for HIV.

t. Some already reported a financial impact of the reduction or suspension in testing services.

u. The need to communicate adequate information about COVID-19 is underlined.

v. The extent to which HIV is considered within the context of COVID-19 care is unclear.

2. Method

The second EATG COVID-19 rapid assessment survey was open from 24 April to 4 May 2020 for English speakers and from 27 April to 4 May for Russian speakers. The questionnaire consisted of 33 questions and was available online in English and in Russian. It was disseminated to EATG members and partners via internal and external communication channels. Respondents did not have to answer all questions. Therefore, the total number of respondents varies from one question to another and this is why the bulleting refers to both the numerator and denominator. Some respondents provided information about the precise locations they were reported and others provided the country. The bulletin specifies the city or region where it was provided. This bulletin synthesises data collected from the survey during that period and outlines some observed learning and trends.

3. About the respondents to the survey

The respondents to the survey included 57 people from 26 different countries across Europe and Central Asia. One respondent did not indicate location. Figure 3 lists countries and number of responses per country. The majority of respondents indicated an affiliation with a local organisation (41/57). In total, 50 participants indicated being affiliated with organisations advocating for or serving PLHIV, 35 participants identified as MSM, 19 people as injecting drug users, 16 as sex workers, 9 as trans persons and 4 as migrant community members.

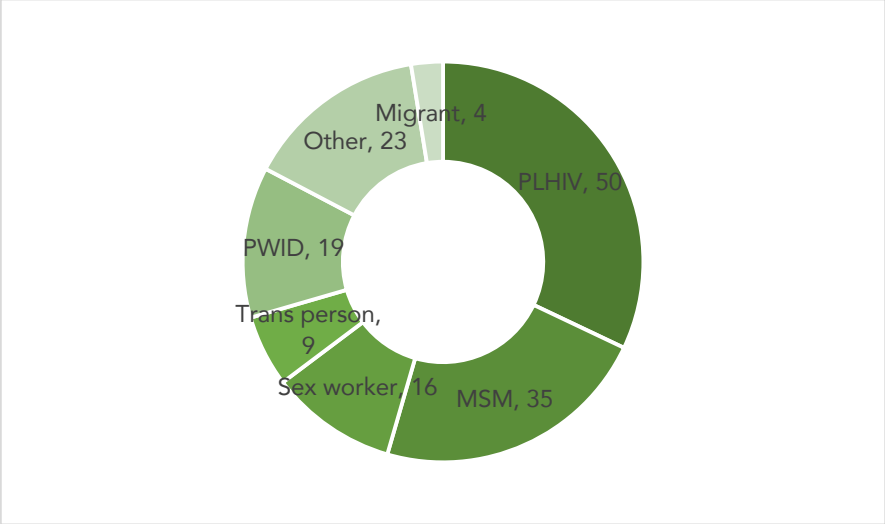

Figure 1. Connection of participants with specific communities

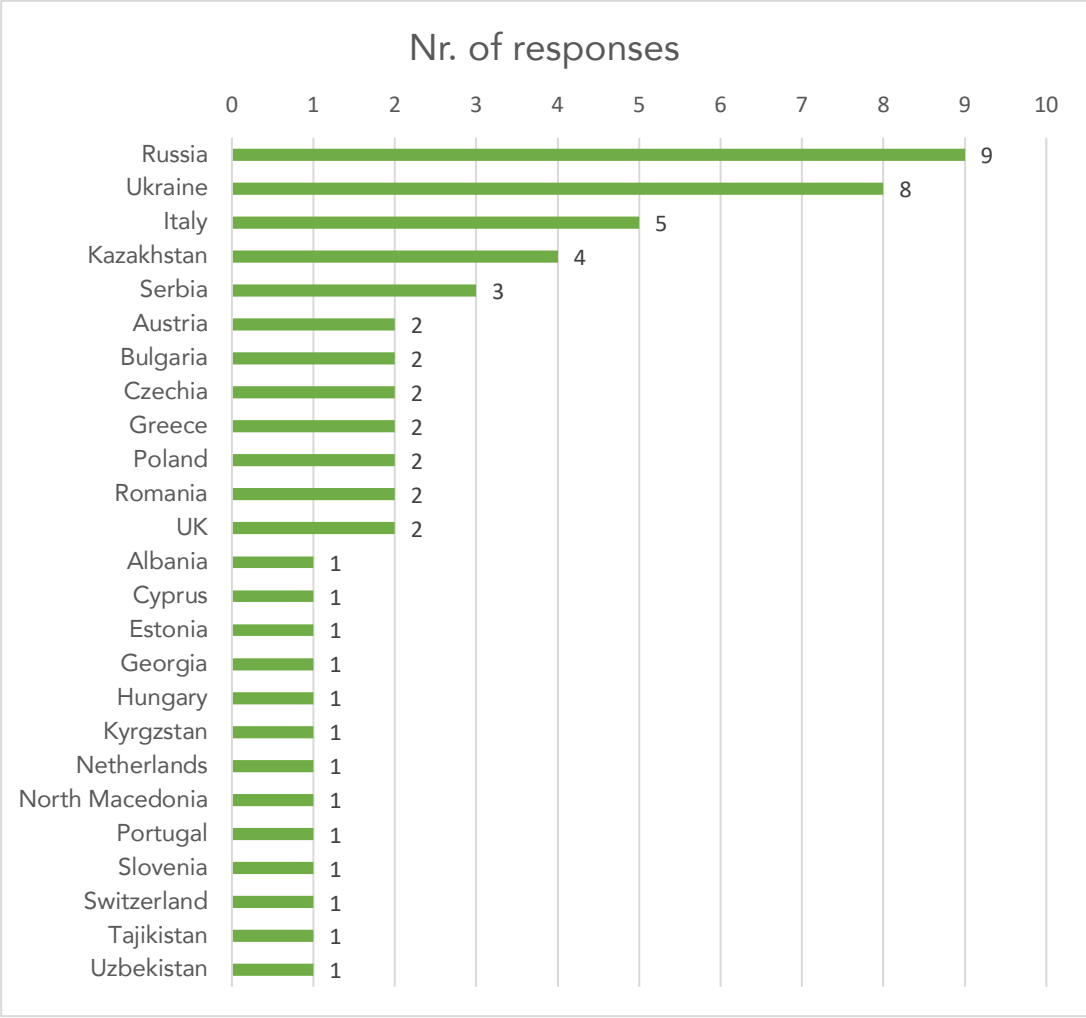

Figure 2. Countries (and locations, when specified) of respondents

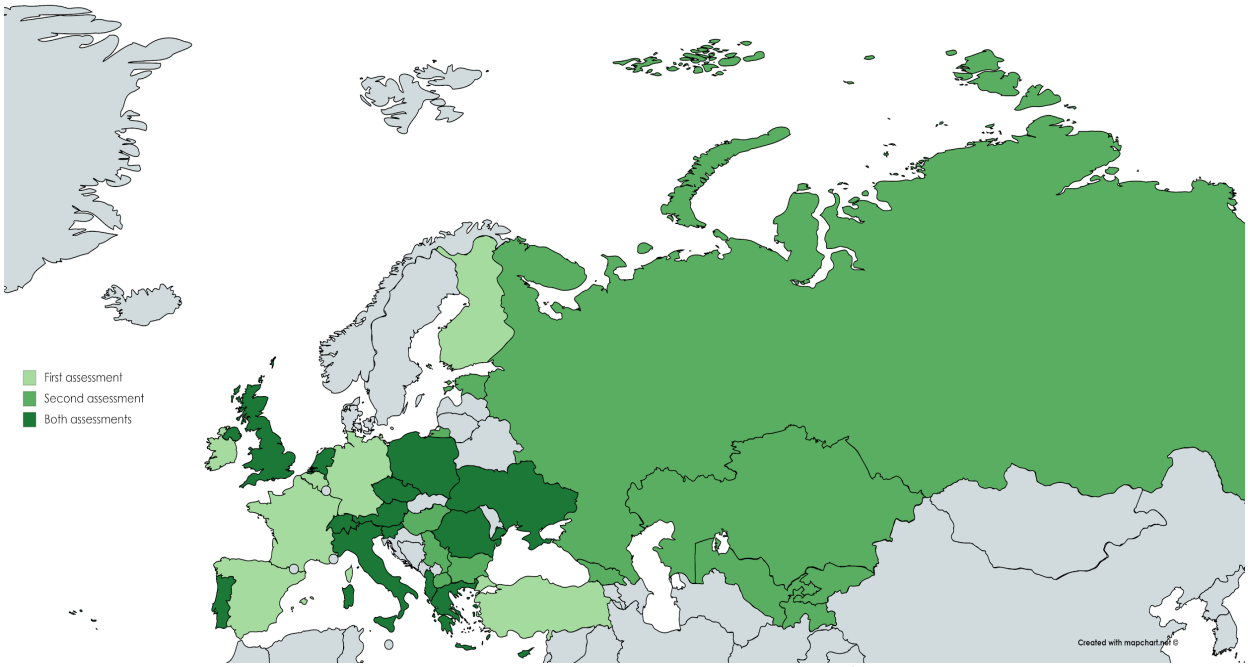

Figure 3. Respondents' replies to 1st and 2nd surveys

4. Responses of health care system regarding HIV related prevention, treatment and care

4.1. Outreach from healthcare provider

Responses to the second survey confirm disruptions in services that were reported in the first issue of the Rapid Assessment. In their responses to this second survey, many reported some communication with HIV healthcare providers (35/52). Several reported no such interaction (12/52) and 5/52 reported not having information whether healthcare contacted their patients. According to the responses to this survey, the proactive outreach from healthcare providers to patients seems more limited in the case of co-infections and co-morbidities, opium substitution treatment (OST) and other specialist consultations (see Fig. 4).

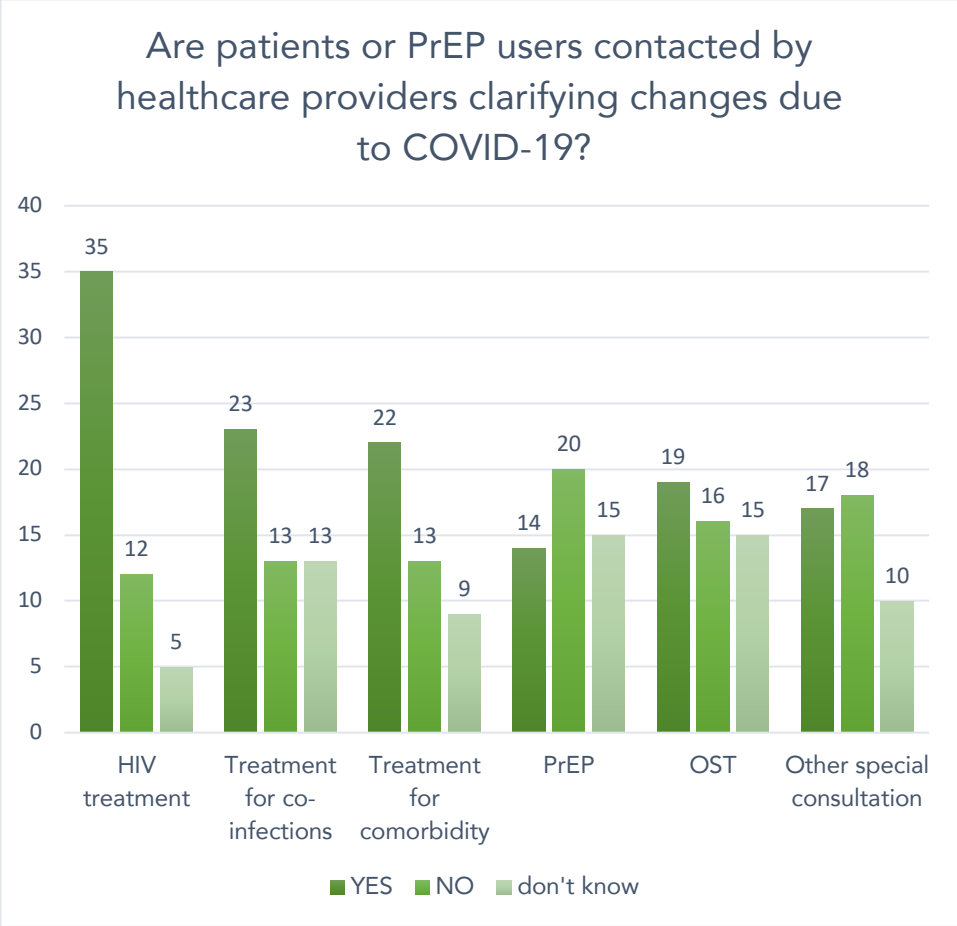

Figure 4. Number of answers regarding contact from healthcare providers about changes due to COVID-19

4.2. Changes in blood tests/consultation as part of HIV monitoring

Only 16 out of 51 respondents reported that blood tests and consultations as part of HIV monitoring occur as usual, 19/51 respondents reported that they are postponed and 13/51 replied that these are possible in case of an emergency. As far as viral load and CD4 count tests are concerned, 17 respondents (out of the 52 people who replied to the question) reported no change compared to pre-COVID-19 measures, 20 reported postponements of testing. However, 11/52 reported these tests can be organised in emergency situations. Some responses may reflect the extent of the epidemic locally and thus the extent of restrictive measures taken.

Table 1. Situation with blood tests and consultations as part of HIV monitoring

	Postponed	Same as usual	Don't know	Emergency only
Viral load and CD4 count	20	17	4	11
Blood test/consultation	19	16	3	13

From responses, where routine testing is delayed, there is not always clear information on how and when viral load, CD4 counts and blood tests.

4.3. Changes in the amounts of medicines supplied

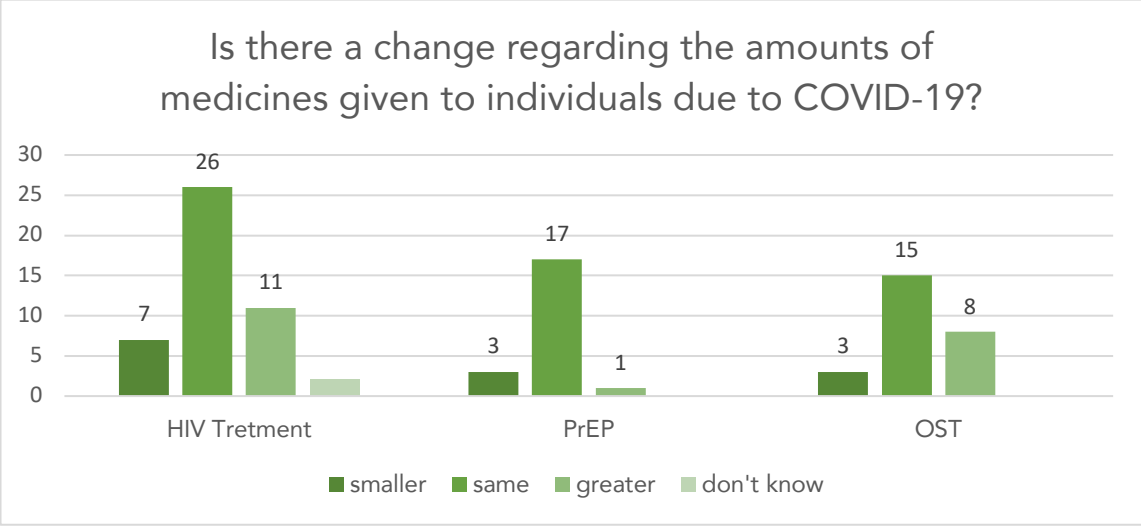

Figure 5. Amounts of medicines given to individuals due to COVID-19

In total, 26/54 respondents reported that quantities of HIV medicines given to patients remained the same for HIV treatment, 17/44 for PrEP and 15/48 for OST (see fig. 5). An increase in supplied amounts of HIV medicines provided was reported by respondents from Albania, England, Greece, Italy, Kazakhstan, Kyrgyzstan, North Macedonia, Poland, Romania, Russia, the Netherlands. The increase varies, for instance a respondent from England reports an increase to a 6-month supply, while a respondent from Albania reports an increase to a 2-month supply. The quantities reported also varied at country level. A decrease was reported by seven respondents (Estonia, Georgia, Slovenia). In some of the countries, the data was not conclusive. Five respondents from Russia reported the same amount of HIV treatment, three respondents (St. Petersburg and Kaliningrad) reported that greater amounts are provided, and a respondent from Novosibirsk reported that a reduced amount of HIV treatment is provided. For Ukraine, one respondent reported a provision of a reduced amount (in Chernihiv), and two respondents reported either a provision of a reduced amount of HIV treatment or no change in provision.

For PreP, several respondents reported no changes in the quantity of supply or were not aware about current practices. One respondent reported an increase (Kyrgyzstan) and three decreases in the amounts (Czechia, Ukraine - Kyiv and Poltava, Russia - St, Petersburg).

Increases in OST provisions were reported in Italy, Romania, Greece, North Macedonia, Poland (in the case of Warsaw) and Ukraine (only reported for Chernihiv). However, not all respondents were aware about the exact amount given. In Italy, one respondent noted 2 months of supply but another replied one month, while in Greece the supply is reported to be one month, as well as in Ukraine (reported by 4 participants from Ukraine), Tajikistan, Warsaw, Georgia, Estonia, Austria (Graz) and Serbia (Belgrade, Nis and Kraguljevac). For OST, increase in amounts were reported for Ukraine (only in Chernihiv), Poland (in Warsaw), North Macedonia, Italy (reported by 2 respondents), Romania, Greece (Athens).

Table 2. Current medicines supply given to individuals

	1 month	2 months	3 months	4 months	5 months	6 months	don't know
HIV Treatment	10	9	27	0	0	5	0
PrEP	11	0	9	11	0	0	11
OST	12	1	0	9	0	0	9

4.4. Changes in medicines delivery approaches

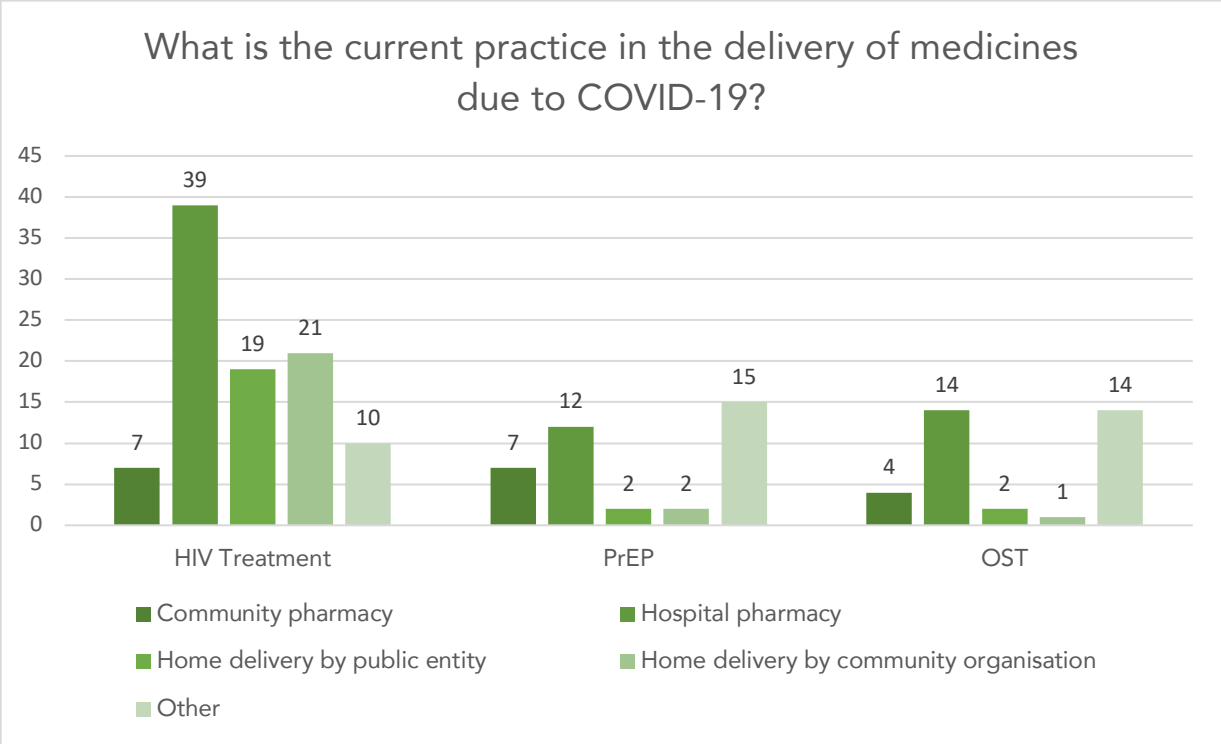

Figure 6. Current ways of delivery of medicines

The options for the delivery of HIV medicines seem to be expanding in some locations. A total of 39/51 respondents reported that HIV treatment is delivered at hospital pharmacies. However, public entities organise home delivery (19/51) and so do community organisations (21/51). A respondent from Cyprus reported that community organisations from Cyprus are also sending medicines to Cypriots living abroad. Only 7/51 respondents reported that medicines can be accessed at community pharmacies (in Hungary, the delivery in pharmacies is carried out by unique order). In Serbia, patients can choose to collect their medicines either at dedicated pharmacies, or, in some cases, there is also a possibility for delivery by community organisations. In Ukraine, most respondents report the possibility of home delivery.

PrEP, where available via a programme, is delivered at hospital pharmacies (12 responses), at community pharmacy (7 responses), or as a part of a clinical study (1 response in Slovenia). Several respondents reported a lack of availability of PrEP in Romania, Greece, Albania,

Kazakhstan, Abakan (Russia).

OST is mostly delivered in hospital pharmacies (14/51). In Greece, OST units are inside hospital campuses as a separate entity, usually in large containers. In Ukraine, the respondents reported different delivery methods: available with prescription (1 report), only in person (1 report), directly observed home care (1 report), provision of 10-day supply and in 'OST rooms' (1 report from Kiev, Poltava), or no such service available according to one respondent. Delivery via community pharmacies was only reported for Hungary, Italy and Serbia. Delivery via special OST centres is possible in Romania, or via medical institutions/clinics in Estonia and Almaty, Kazakhstan. In Kazakhstan, for some regions (East Kazakhstan Region, Ust-Kamenogorsk), delivery was reported as part of daily site visits.

4.5. Disruption in testing services and linkage to care for HIV, STIs, viral hepatitis, TB

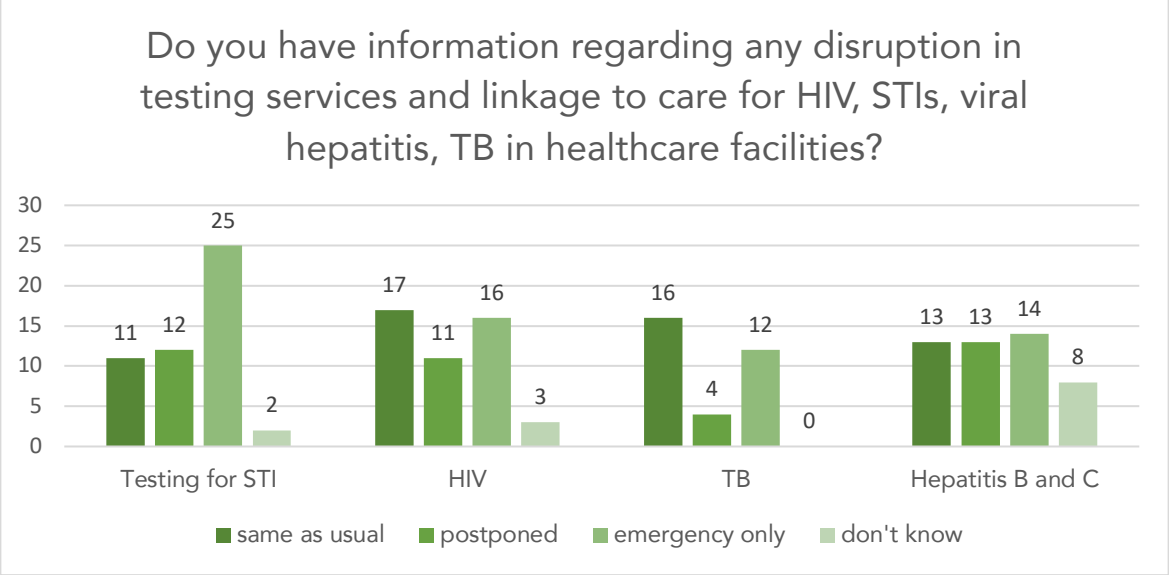

Figure 7. Disruption of services as reported by respondents

According to 25/50 respondents, testing for STIs is currently only available in case of emergency, whilst 12/50 respondents report it is being postponed. For 11/50 participants, STI testing services remain the same as usual.

In total, 17/47 respondents reported that HIV testing services remain the same. Some 11 persons reported that it is postponed and 16 reported that it was only carried out in emergency situations.

Testing for TB was not disrupted according to 16/32 persons responding to the question, 4/32 reported that testing is postponed, and 12/32 reported the possibility of testing in emergency cases only.

Testing for hepatitis B and C is either the same as usual or postponed, as reported by 13/48

respondents each, or carried out as an emergency (14/48 responses).

A total of 40/54 participants reported no disruption in linkage to care for new diagnoses, whereas 9/54 respondents reported that linkage to care for newly diagnosed is not guaranteed (1 report from Serbia, 1 from Bulgaria, 1 Greece - Athens, 1 Italy, 1 Albania, 3 Russia, 1 Ukraine - Melitopol), and 5/54 reported not knowing about the situation with linkage to care at the moment.

Disruption in PrEP consultations is reported by 16 out of 53 respondents of the survey participants, 18/53 reported no interruption and 19/53 reported not knowing whether consultations were affected or not. Several types of disruptions were reported, as follows.

In Czechia, some PrEP points are reported to have stopped providing PrEP.

In Portugal, consultations for new users have been cancelled and there were no consultations for existing users.

In Brighton & Hove (England): they were postponed or used for emergency cases only.

Pre-COVID-19 in Bulgaria, PrEP users could have an initial consultation and prescription before starting to take PrEP. Now, if someone wants to start taking PreP, they would need to buy PrEP at the pharmacy without a prescription, screening, or HIV test prior to the PreP initiation.

In Hungary, where there is no formal PrEP programme either, consultations organised by NGOs for PrEP users have been temporarily suspended due to COVID-19.

In Italy, two respondents noted that Checkpoints are currently closed and hospital consultations are being suspended.

In Kyrgyzstan and Switzerland, respondents reported that consultations are postponed when not urgent.

In Serbia, PrEP consultations are reported to be suspended due to COVID-19.

In Slovenia, consultations for PrEP users taking part in the PrEP implementation study have been postponed.

In Ukraine, two respondents report a lack of protective equipment at NGO level and overall movement restrictions limit their operations in Kiev and Poltava.

In Chernihiv (also Ukraine), while there are disruptions in scheduled visits due to COVID-19, services do not refuse patients if they visit without appointment.

5. Self-Testing/remote testing access via community organisations

5.1. Information regarding availability of self-test kits

The Rapid Assessment 1, already highlighted disruptions in sexual health services, including testing and counselling. While some organisations were able to provide testing by appointment, several community organisations had reported investigating the option of facilitating access to HIV self-tests (see report from e-meeting on self-testing at end of April). The second rapid assessment survey included questions on access to self-test kits.

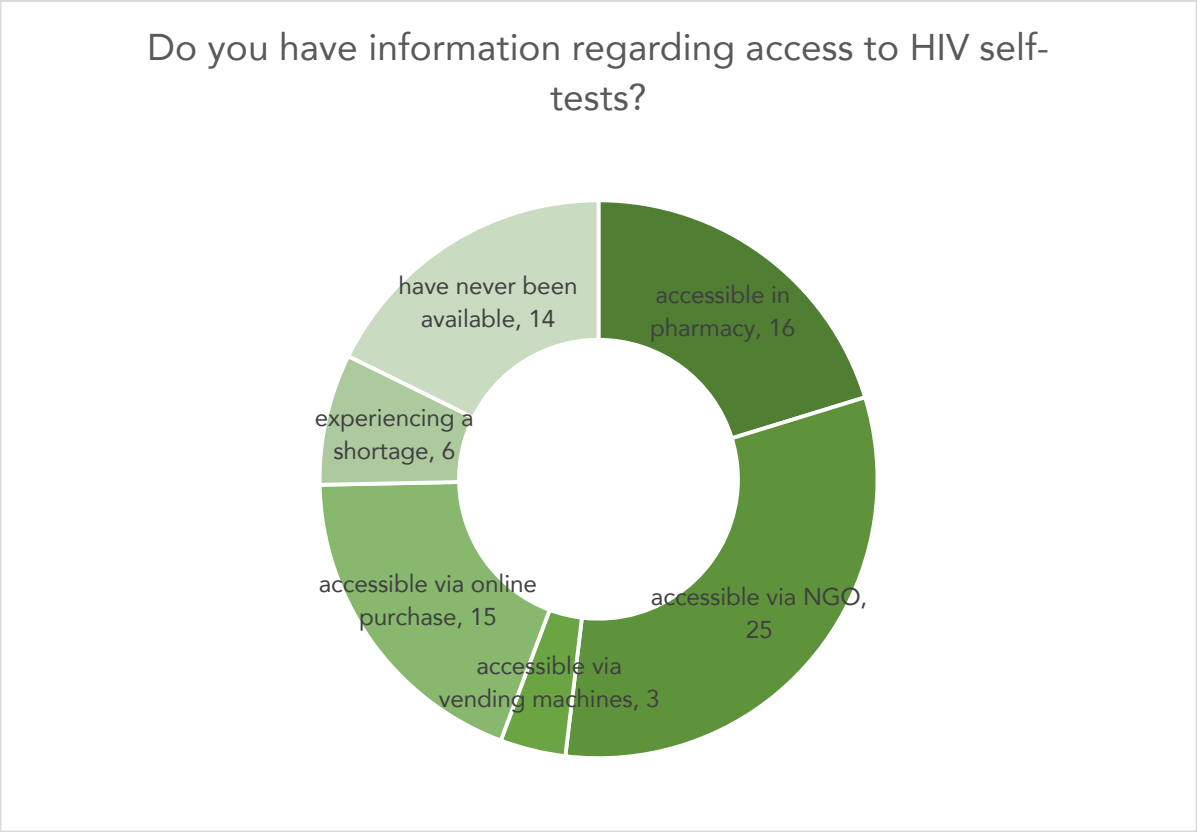

Figure 8. Respondents' answer on access to HIV self-tests

Where available, self-tests can be accessed via different methods according to responses received. NGOs provide self-tests in Czechia, Scotland, England (Brighton and Hove), Bulgaria, Switzerland, Kyrgyzstan (Bishkek), Romania, Italy, Ukraine, Tajikistan, Poland, Kazakhstan, Russia (25/42). Self-tests can be purchased at the pharmacy in Russia, Ukraine, Czechia, Portugal, Italy, UK, Austria, Switzerland (16/42). In total, 15/42 respondents replied that tests can be bought online in Czechia, UK, Hungary, Italy, Romania, Austria, Russia, Estonia, Kazakhstan, Ukraine. Three respondents in the UK (Brighton and Hove), Russia and Italy noted that they can be bought via vending machines- reported by 3 respondents. Some 6 respondents reported a shortage of self-tests (Prague - Czechia, Poland, Russia, Kazakhstan). However, 16 respondents noted that self-tests were never available in their location due to regulatory and financial

barriers. There was some contradictory information reported which may reflect different levels of awareness.

Brands of self-tests reported: ByMe (Poland, Warsaw), Exacto (Tallinn, Estonia), Orasure (Almaty, Kazakhstan), OraQuick (Kazakhstan, Novosibirsk - Russia), AAZ (Czechia), BioSure (Brighton and Hove - UK), Insti (Bucharest, Romania).

5.2. Examples of NGO-run self-test and remote testing programmes

A number of respondents provided details on the self-testing and remote testing programmes of their organisations.

In Bulgaria, a self-testing programme had been piloted in 2018 but was not maintained. The NGOs has a limited supply of kits tests, which can be provided on demand. Linkage to care is ensured by providing a hotline for anyone who tests positive. Then a case manager follows up and supports the patient until they are registered and on treatment.

In Czechia, the Checkpoint advertised its self-test programme on gay social media. The test can be ordered online. Counselling is also provided online. There is user support via a 24/7 hotline. Linkage to care is ensured via a peer service.

In Tallinn, Estonia, a respondent reported that Checkpoint MSM EHPV, which provides a number of services, can provide self-test kits for HIV and hepatitis C.

In the East Kazakhstan Region, Ust-Kamenogorsk, a respondent reported support for assisted and non-assisted self-testing amongst other services. It is funded by government and international funds. Another respondent from the same region noted that if someone wants to be tested, a social worker delivers a self-test to the client's home. The program is funded by USAID.

In Warsaw, Poland, the respondent reported a programme where interested self-test users can get a code to order a self-test for free (projekttest.pl). there is a helpline for counselling. The project is supported by the city and a pharmaceutical company.

In Romania, one respondent reported a research programme, funded by Rutgers University-USA, targeting only MSMs. Counselling and linkage to care are done via telephone/email. Positive cases are referred to doctors who are part of the project.

In Brighton & Hove, UK, self-tests can be ordered via THT's website. The test kits are posted to the person's given address with instructions for accessing a local service via the finder tool. The programme is funded by Public Health England.

In Novosibirsk, Russia, two respondents reported on the remote testing programme run for

persons wishing to get a home kit for rapid HIV testing with consultation and support. The process is as follows: "1. Fill out an online application form. 2. Within three days after filling out the questionnaire, an operator will contact you to arrange a package for you at the nearest Boxberry delivery point. 3. After completing the application, the NGO will assemble a package for you, which will contain a kit for HIV testing and a preventive kit that will help protect you and your loved ones from infection. 4. An SMS notification will be sent to the number that you indicated in the online application form. It will indicate the address of the point of delivery closest to you. 5. When you receive the package, a consultant will contact you to agree on a time convenient for you for the rapid HIV testing."

In Ukraine, a respondent reported that saliva tests are now mainly being sent to clients by post. In some cases, they are also provided by a social worker for partners of those clients who have received a positive HIV test result. In Ukraine, another respondent noted partnering with larger organisations for such services, 100% Life and AHF.

6. Access to medicines

6.1. Reports of medicines shortages at system level

Respondents reported shortages in the last two weeks in Italy, Bulgaria, Serbia, Switzerland, Albania, Ukraine, Kazakhstan and in the Russian Federation. This bulletin is not in a position to ascertain the exact impact of the COVID-19 crisis on these shortages. The following shortages were reported:

- In Italy: Bictarvy, Rezolsta and Darunavir.
- In Bulgaria: Lamivudin.
- In Switzerland: concomitant medications - specifically Ibuprofen, Paracetamol and other analgesics.
- In Albania: Atripla.
- In Ukraine: Dolutegravir and Abacavir. There are concerns over possible tender disruption for other medicines, including OST. A risk of disruption in OST services is reported, though it is unclear if this due to OST shortage. A respondent from Ukraine reported hearing about a supply shortage of MDR-TB medicines but did not have information about it.
- In Kazakhstan: Duolazid (lamivudine/zidovudine) in Ust-Kamenogorsk and Dolutegravir in Almaty.
- In the Russian Federation: Rilpivirine/Tenofovir/Emtricitabine.

Below is an overview of causes of shortages that were reported by respondents.

In Italy, ARVs-related medications are being used for the treatment of COVID-19.

In Switzerland, consumers were reported stockpiling over-the-counter medications, thus leading to supply issues.

In Albania, HIV medications are provided to PLHIV for 1 or 2 months only. There are concerns about stocks as demand is higher than the current supply.

In the Russian Federation, shortages are due to procurement issues, probably delays in orders and delivery.

The same cause is reported for Ukraine. Yet, a change in the government has meant an additional delay in the planning of procurement processes. The Ministry of Health Procurement Team is reported to be facing issues with tenders possibly causing upcoming shortages.

Finally, in Kazakhstan stocks are insufficient to satisfy demand and the late conclusion of a contract with GSK, the supplier, has worsened the situation of shortage.

PLHIV were asked to switch therapy in Italy, Bulgaria, Serbia, Switzerland, Albania, Ukraine, Kazakhstan and in the Russian Federation. In most cases, such a request was due to shortages related to stock-outs of medicines. In only a few cases, patients were asked to switch due to medicines being used in the treatment of COVID-19.

6.2. Foreign nationals unable to access medicines and cross-border movement restrictions

With the closure of borders, some people living with HIV were unable to return to their countries of origin or residence. Issues were already reported in Rapid Assessment 1 . The second issue of the rapid assessment confirms on-going challenges and provides further information. Respondents from Italy, Cyprus, Lithuania, Malta, Poland, Russia and Serbia reported helping PLHIV unable to return home, that are having issues accessing medications when their personal stock ran out due to cost and or legal restrictions on who can access the healthcare system where they are located. This include a number of undocumented migrants without residency status.

Below are examples of ways in which these individual stock-outs were resolved:

- PLHIV paid for medications themselves;
- PLHIV switched to cheaper combinations of ARVs;
- Pharmaceutical companies provided relevant medications, often thanks to the support of community organisations;
- ARVs combinations are not present in the countries at hand. Therefore, PLHIV had to either switch or "stretch" their therapy for the longest possible time: studies (DODO, FOTO, BREATHER) confirm that taking ARV therapy every other day is possible without loss of effectiveness and with no risk of developing virus resistance.

In Malta, switching combinations was not possible. A new ARV therapy would require a resistance test and therefore official registration in the country. Moreover, a Spanish national was repatriated to their country of origin against their will.

This situation highlights again the importance of ensuring universal access to healthcare in each country across the WHO European region. Legal restrictions on access to the healthcare systems for undocumented and uninsured persons has been repeatedly raised as a concern across Europe and Central Asia. In its thematic report on HIV and migrants, ECDC notes "countries should consider ensuring the removal of barriers preventing undocumented migrants from having access to testing and treatment" (see full report here).

The additional steps taken by the Portuguese government to suspend the requirement for undocumented migrants to have a national health system number in order to access healthcare (until the 30th June) should be noted.

6.3. Actions taken by local authorities and community organisations to address medicines shortages

In Italy, civil society contacted AIFA (the Italian Medicines Agency) and the Ministry of Health, as well as pharmaceutical companies, to discuss the situation. One company had not yet responded by the time this survey was closed.

In Bulgaria, treatment interruption was avoided thanks to direct communication between the hospitals and pharmaceutical companies, which donated the required medicines.

In Switzerland, the government introduced rationing of over-the-counter medications.

In Ukraine, communities and grass-roots organisations have been in contact with the Ministry of Health, the Public Health Centre and the National Centre for Health and Social Development to address the issues reported above.

In Kazakhstan, a website (www.pereboi.kz) has been set up to gather information on shortages, disruption of services and other concerns related to the current situation of crisis. Information collected through an open consultation via this platform was already sent to the Ministry of Health.

In the Russian Federation, the organisation "Patients in Control" has been in contact with the Ministry of Health about the shortages. A number of grassroots organisations have also filed official complaints and published a press release to report on the situation.

In Malta, a community organisation (Malta Gay Rights Movement) has been paying for HIV medications. Yet, a long-term and feasible solution is needed. The government has been contacted, though no official communication was received or made by the time the survey closed.

EATG has intervened in several cases (Lithuania, Latvia, Bulgaria, Malta, Belgium etc.) by directly contacting pharmaceutical companies, clinics, physicians, other NGOs, EACS or WHO. One company donated medication directly to the patient for 3 months, in most cases physicians could help offer the therapy for free, and in one case (Bulgaria) the patient could receive the medication by mail directly from Ukraine.

7. COVID-19 care and HIV status

The extent to which HIV is considered within the context of COVID-19 care is unclear. The second rapid assessment survey asked participants if they knew whether healthcare providers are asking about HIV status/ARVs during admission for COVID-19 care.

A limited number of respondents (7/56) reported that patients are asked about HIV status/ARVs during admission for COVID-19 (1 Ukraine, 1 Tajikistan, 1 Georgia, 1 Kazakhstan, 1 Bulgaria, 1 Serbia, 1 Switzerland). However, eight survey participants reported that it is not the case (Albania 1, Czechia 1, Estonia 1, Greece 1, Russian Federation 1, Serbia 1, Slovenia 1, Ukraine 1). However, the majority of respondents reported not knowing about it (40/56).

8. Sexual health and reproductive health services

The first assessment highlighted disruption in sexual health services. The first rapid assessment reported where community organisations have sought to adjust to provide at least some level of services and support. The second survey added two further questions.

Given restrictions in physical interactions established during the COVID-19 crisis, there have been concerns over insufficient information provided on COVID-19 transmission during sex. Therefore, this survey asked respondents, if information on the subject is available and what kind of messages are communicated. In total, 42/57 respondents reported not being aware of any information on COVID-19 transmission during sex, whereas 14 participants reported that such information is provided in the localities they are reporting on. In those cases, it includes risk/harm reduction information.

This rapid assessment asked about disruption in access to sexual and reproductive health services for women due to COVID-19. The majority of respondents did not have information on the subject matter. However, several respondents reported that appointments are limited to emergencies and examinations for pregnant women.

9. Impact on community services

Community centres' testing work has been disrupted. In many locations it was fully interrupted, whilst in others it takes place by appointment. In some countries, testing demand is reported to have decreased (e.g. Czechia, North Macedonia, UK- Brighton & Hove) and increased in others (Hungary).

9.1. Online service offer at community level

As reported in the first rapid assessment bulletin, where possible, community support services were shifted to online services. Moreover, several respondents reported greater demand for help from service users. For instance, in Kazakhstan, since face-to-face services stopped, respondents noted requests for help by public service users for administrative procedures that are now only available online (e.g. for benefits). In Novosibirsk, an increase in requests for support regarding medicines shortages was noted, including for Russian citizens who are stranded abroad or foreign citizens stranded in Russia without treatment.

Most respondents connected with a local community organisation reported that it offers online services:

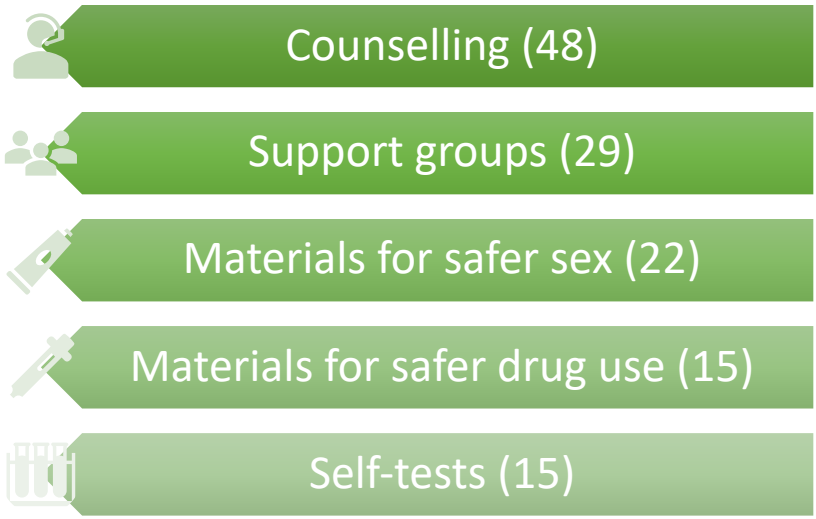

Figure 9. Services provided online as reported by respondents

9.2. Demand in services as reported by respondents

Most respondents reported an increase in demand for services, including new types of services. Demand for psychological support (25/36 participants), harm reduction (20/51 participants) and support for domestic/gender-based violence (9/40 participants) were reported to have increased. Participants were also reporting an increase in demand for other services (24/47).

Other requests for support included administrative online procedures, food, rental, financial support for water and energy bills etc. Several participants reported not having sufficient information to answer whether there is an increased demand for support concerning domestic/gender-based violence (20/40) and harm reduction (22/51). However, several participants specifically noted new or increased demand for support from service users regarding domestic and gender-based violence. One respondent in Ukraine also noted an increased demand at a shelter for MSM and transgender persons. Given restriction in movement, there are reports of increased demands for services provided by mobile teams (e.g. Kazakhstan). One participant from Tajikistan also reported an increased demand for COVID-19 related counselling. Several respondents noted having more users requesting help and personal protection equipment, as well as receiving request for help by PLHIV stranded abroad and running out of medicines.

The services are currently mostly provided either via hotline or online.

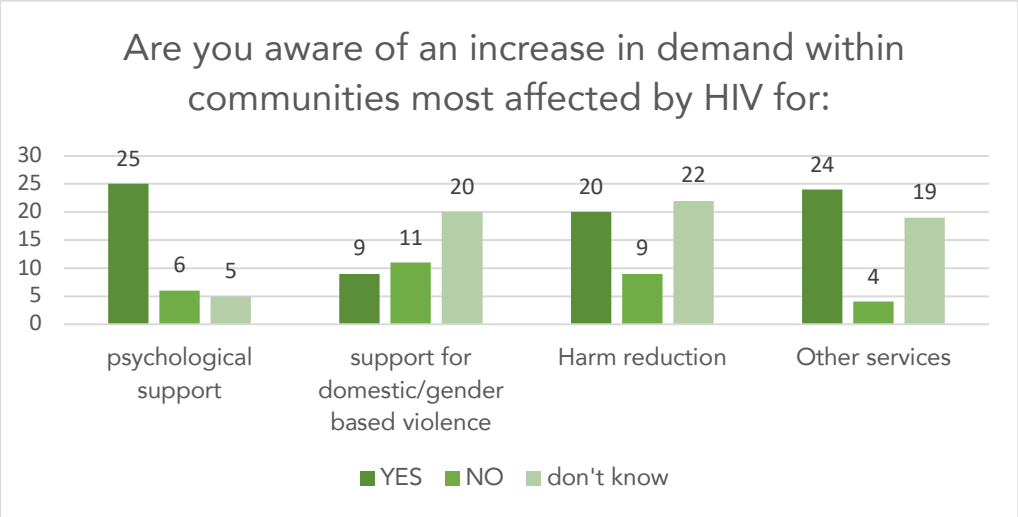

Figure 10. Demand for services

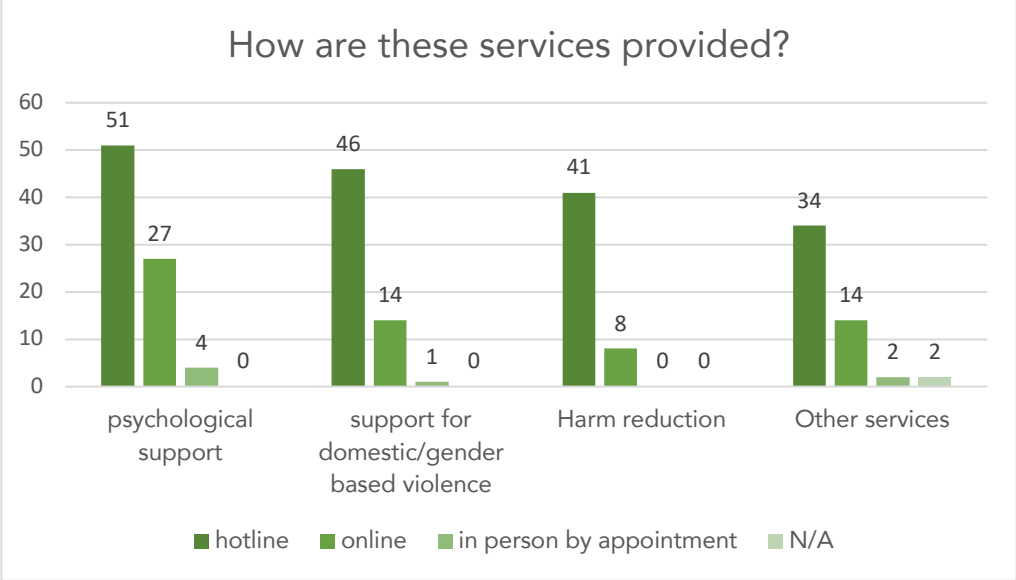

Figure 11. Current modality of service provision

9.3. Access to personal protective equipment for staff and service users

As noted in the first bulletin and as confirmed by the second round of the assessment, several community centres continue to provide a minimum level of services and, as services are resuming, access to personal protective equipment for staff and service users is critical. Therefore, the second round of the survey included questions on the subject matter. Overall, 21/54 respondents reported that the service-provider community organisation they are connected with has access to sufficient personal protective equipment (PPE) for staff interacting with service users. It was reported by 18/54 persons that this was not the case in their location, whilst 15/54 participants did not have information about provision of PPE for staff.

Only 15/53 participants reported that the organisation is able to supply their users with PPE, whereas 38/53 respondents reported that it was not the case for the location they were reporting on.

A number of respondents provided some information on how PPE was acquired:

- In Bulgaria, NGOs buy PPE, service users are required to wear their own masks but PPE is provided to the most vulnerable users. It was noted that PPE prices can be high.
- In Georgia, a respondent reported making masks and distributing them for free.
- Two respondents in the report, Ust-Kamenogorsk, Kazakhstan and in Ukraine received a supply or funding for it from donors. In North Macedonia, these have been difficult to procure due to interruptions in availability and increased prices. However, some organisations appear to have been able to cover their needs for PPE for both providers and clients. In Poland, the respondents reported trying "to buy it by ourselves" and having funds from the donor to buy it for our service users. In Serbia, the Asocijacija DUGA bought one part and received a supply from the municipality.

9.4. Access to personal protective equipment for staff and service users

In total, 15/55 participants were aware of either staff members or users being affected by COVID-19.

9.5. Funding shortfall as a result of the COVID-19 crisis

Whilst 30/51 participants reported a shortfall as a result of the COVID-19 crisis in the organisation they are affiliated with, for 21/51 this was not the case.

Some report that due to the suspension of HIV rapid testing activities, NGOs and their community health workers have been affected financially (Cyprus, Slovenia).

There are concerns over budget cuts for HIV prevention and treatment, which could impact the operations of community-based organisations, up to the point of potential closure. This particular concern was raised for North Macedonia, there are also concerns about the delay in the transfer of funding from the Ministry of Health to service delivery organisations.

In Novosibirsk, Russia, concerns are raised that decisions over funding applications are delayed. The respondent also noted that state funding for HIV prevention at the local level has been postponed for an indefinite period, since the system is overloaded, and they do not have the capacity to carry out all the necessary procedures related to tendering.

10. Follow-up to the assessment

Building on the two rapid assessments, EATG intends to conduct more thorough analysis of the two rapid assessments and other partners' information as a next step. The information collected will be used to inform the development of recommendations and actions taken in response to the problems highlighted by communities. Practical solutions reported by respondents will be shared to support mutual learning across sectors and countries.

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