



COVID-19 AND EFFECTS ON HIV AND TB SERVICES IN EASTERN EUROPE, CENTRAL ASIA, AND THE BALKANS

Taking Stock, Learning from Best Practices,
and Innovating for Recovery

2021



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ABBREVIATIONS

ARV/ART	Antiretroviral Therapy
BiH	Bosnia and Herzegovina
EECA	Eastern Europe and Central Asia
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
Global Fund	The Global Fund to Fight AIDS, Tuberculosis and Malaria
ITPC	International Treatment Preparedness Coalition
MDRTB	Multidrug Resistant Tuberculosis
MSM	Men who have Sex with Men
NGO	Non-Governmental Organisation
ODA	Overseas Development Assistance
OST	Opioid Substitution Therapy
PLHIV	People Living with HIV
PWID	People Who Inject Drugs
PWUD	People Who Use Drugs
RRTB	rifampicin-resistant TB
VOT	Video-Observed Therapy (see also VST, and also referred to as Video-DOT in Ukraine)
VST	Video-Supported Therapy
TB	Tuberculosis
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNODC	United Nations Office of Drugs and Crime
WHO	World Health Organization



METHODOLOGY

Two researchers representing Matahari Global Solutions (Fifa Rahman and Pavel Aksenov) conducted a literature review of COVID-19, TB, and HIV responses in six EECA and Balkan countries (Bosnia and Herzegovina, Georgia, Kyrgyzstan, Moldova, Russia, and Ukraine) With the assistance of Tetyana Perepelytsia and Sergii Filippovych from Alliance for Public Health, the researchers were introduced to SoS Project Partners in each country, who suggested key stakeholders for interview, including

officials in charge of the COVID-19 response, clinicians, PLHIV and people with TB, NGOs, harm reduction programs, and National TB Programmes. Informed consent was collected. Respondents were interviewed with semi-structured questionnaires and audio-recorded. Audio interviews were conducted in English or Russian, and transcribed in the original languages. Data from transcripts were used to triangulate, contextualise, and supplement findings from the literature reviews.



REGIONAL OVERVIEW

In Eastern Europe and Central Asia, the HIV epidemic is growing. In the Balkans, while HIV prevalence is low, countries face concentrated epidemics among key populations, particularly men who have sex with men and people who use drugs.¹ There are also several high burden TB and MDRTB countries in the region, including Moldova and Ukraine.

The effects of the COVID-19 pandemic, including resource reallocation and increasing poverty, has seen and will see numerous effects on both HIV and TB. Many key populations are at increased risk of HIV infection due to limited access to prevention services, clinical care, and treatment, as well as face increased psychosocial burdens from stress and isolation.² For TB, the WHO predicts that annual deaths due to TB globally could rise to levels seen in 2015 or even 2012,³ and that without social protection, an even higher proportion of people with TB and their households will face catastrophic costs associated with TB treatment and care.⁴

In Bosnia and Herzegovina, Georgia, Moldova, Kyrgyzstan, Russia, and Ukraine, we found that across all countries TB detection and HIV screening had reduced, there was reduced in-person contact with clinicians, that there was

disruption to essential harm reduction services such as needle-and-syringe exchange, and that there was poor social and welfare protection to help HIV and TB groups overcome income losses due to the COVID-19 pandemic.

There were a number of innovations to help HIV and TB communities access services. In Georgia, home-based laboratory visits to collect sputum, blood etc were approved as part of standardised TB care, and to recover from a 25% decrease in TB detection, active screening is ongoing with artificial intelligence-assisted X-ray machines. Clinicians sought to streamline medical care, with one hospital in St Petersburg issuing electronic prescriptions for 3-month take-home supplies of ARVs, and in Georgia and Russia clinicians participated in online consultations with patients. In Kyrgyzstan, these occurred via Whatsapp, and enabled PLHIV in rural areas to connect and ask questions to infectious diseases specialists from Bishkek, including large AIDS Centers, oncologists, and psychologists, among other specialists. In Ukraine, apps were available to monitor viral load, see when last supply of ARVs were picked up, and to make appointments with HIV doctors. And in a number of countries, including Kyrgyzstan, mobile units

¹ EERA, 'Fighting HIV in the Western Balkans' (28 February 2020) <https://www.lgbti-era.org/news/fighting-hiv-western-balkans-forecast-2020> accessed 19 March 2021

² Kristie C Waterfield, Gulzar H Shah, Gina D Etheredge, and Osaramhen Ikhile, 'Consequences of COVID-19 Crisis for Persons with HIV: The Impact of Social Determinants of Health' (2021) BMC Public Health 21. <https://doi.org/10.1186/s12889-021-10296-9>

³ World Health Organization, Global Tuberculosis Report 2020 (2020) <https://www.who.int/publications/item/9789240013131> accessed 19 March 2021

⁴ Ibid 18

manned with health staff and peer support workers delivered ARVs and provided testing in numerous districts and municipalities. In Georgia, for the first time, the government agreed on 5-day take-home OST.

Many barriers to services remain. In Bosnia and Herzegovina, poor Global Fund transition left many key populations without necessary services, including MSM and PWUD. There is also the lack of robust civil society championing TB care and support measures. Across all countries that scaled-up electronic and mobile health means to connect with PLHIV and TB communities, technological barriers (including

no access to smartphones, poor internet quality, lack of sensitisation on software used) meant that some communities were unable to access services through these routes. All countries recorded reductions in HIV screening and TB detection due to the reprioritisation towards COVID. And across all countries, there was inadequate social safety especially for PLHIV and TB communities that were disproportionately affected by income losses caused by COVID-19 lockdowns.

The following infographic and table summarises our findings:

	Bosnia and Herzegovina	Georgia	Kyrgyzstan	Moldova	Russia	Ukraine
Population⁵	3,267,000	3,717,000	6,524,000	3,543,000	146,700,000	41,588,000
COVID-19 deaths per 100,000 population (at March 2021)	159.17	98.84	22.4	126.22	126.79	70.2
COVID-19 lockdown(s) initiated	Yes, but only for certain populations (March 2020)	Yes – 15th April 2020	Yes - 24 March 2020	17 March 2020	Yes - March 2020	12 March 2020
Disruption to harm reduction services	Yes, NSEP	Yes	Yes	No	Yes	No
Reduced TB detection and HIV screening	Yes	Yes – 25% in TB	Yes	Yes – 40% in TB	Yes	Yes
Integrated TB and COVID-19 testing	Yes	Yes	No	No	Yes/No	No
Reduced access to clinicians	Yes	Yes	Yes	Yes	Yes	Yes
Reduced access to peer support and/or psychosocial support	Yes	Yes	Yes	Yes	Yes	Yes
Stockouts of HIV or TB medications	unknown	Yes - efavirenz	No	No	No	Yes

⁵ National Statistical Committee of the Kyrgyz Republic, ‘Total Population by Nationality (Assessment at the Beginning of the Year, People)’ (2020) <http://www.stat.kg/en/opendata/category/312> accessed 1 March 2021; State Statistics Service of Ukraine, ‘Population (by estimate) as of January 1, 2021. Average annual populations January-December 2020’, http://database.ukrcensus.gov.ua/PXWEB2007/eng/news/op_popul_e.asp accessed 9 March 2021; Rosstat, ‘Демография (Demography)’, Federal State Statistics Service, Russian Federation (2021), <https://rosstat.gov.ru/folder/12781> accessed 8 February 2021; National Statistics Office of Georgia <https://www.geostat.ge/en> accessed 12 February 2021; National Bureau of Statistics, Republic of Moldova, ‘Population and demographic processes’, https://statbank.statistica.md/PxWeb/pxweb/en/20%20Populatia%20si%20procesele%20demografice/20%20Populatia%20si%20procesele%20demografice_POP010/POP010100.px/table/tableViewLayout1/?rxid=b2ff27d7-0b96-43c9-934b-42e1a2a9a774 accessed 12 March 2021.

Bosnia and Herzegovina	Georgia	Kyrgyzstan	Moldova	Russia	Ukraine
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- Decrease of in-person meetings in clinicians; scale-up of mobile and e-health
- Inadequate social safety net for PLHIV and TB populations disproportionately affected by income losses during pandemic;
- Inadequate psychosocial support interventions;
- Reduction in HIV screening and TB detection

FINDINGS	FINDINGS	FINDINGS	FINDINGS	FINDINGS	FINDINGS
<ul style="list-style-type: none"> ■ Poor Global Fund transition threatening sustainability of programs for MSM and PWUD ■ Insufficient infectious diseases staff to handle both COVID pandemic and HIV ■ Fragmentation in procurement meaning different HIV regimens depending on where you live ■ Pulmonologists who normally work on TB are largely focused on COVID ■ No robust CSO movement working on TB care, support, and advocacy 	<ul style="list-style-type: none"> ■ Early preparedness, strict regulatory measures, and well-equipped laboratories saw relatively low COVID deaths; ■ Take-home doses for opioid substitution therapy were first approved during the COVID-19 pandemic; ■ The use of mobile brigades to deliver HIV and TB services; ■ Women, ex-prisoners, people who use drugs, and internally displaced persons face increased barriers to access medical care, particularly due to income losses and distance to health facilities. ■ 25% reduction in TB detection, but many innovations to recover, including mobile AI-assisted X-ray and home-based laboratory collections 	<ul style="list-style-type: none"> ■ HIV facilities, National Center of Phthisiology and regional TB treatment facilities repurposed for COVID-19; ■ Whatsapp groups enabling PLHIV and TB communities in remote areas to connect Bishkek-based health specialists and ask questions ■ Widespread mobile units, including to bring those who had dropped out of treatment back into treatment; ■ OST was not accessible through mobile units; ■ VOT adopted for TB, but technological difficulties remain ■ Poor healthcare infrastructure, including in TB ■ Risk of increase in AMR due to use of anti-TB drugs to treat COVID-19 	<ul style="list-style-type: none"> ■ Some shortages in HIV and OST drugs; shortages addressed with help from Global Fund; ■ Reduction in HIV screening of 27%, and in TB detection by 40-50% ■ Scale-up in VST due to lack of access to TB facilities; ■ Active TB case finding via mobile X-ray stopped during the pandemic; ■ Mobile clinics and walking outreach units available for HIV services, and reached those in remote areas; ■ 5-10 day take-home doses authorised, but not allowed to be obtained via mobile clinics; ■ Poorly paid health staff and exodus of staff to other countries ■ Stockouts of OST leading to regimen changes, from buprenorphine to methadone 	<ul style="list-style-type: none"> ■ Specialists in AIDS Centres, including in Yekaterinburg, recruited to work on COVID-19 response; ■ Electronic prescriptions for ARVs issued in St Petersburg to reduce need for patient in-person contact; ■ Harm reduction activities halted in areas with strict restrictions; ■ NGO in Chelyabinsk scaled up online counselling for key affected populations, but faced poor internet quality and technological barriers ■ Long queues at TB facilities in Chelyabinsk; ■ TB communities in remote areas unable to access diagnostics 	<ul style="list-style-type: none"> ■ Mobile clinics helped supply ARVs and harm reduction supplies to communities in remote areas; ■ Contactless services for PWUD during lockdown; ■ Scale-up of mobile and e-health solutions, including hotlines for OST and viral hepatitis, and apps to track viral load and set up appointments with clinicians; ■ Eight regional pulmonary centres designated to for COVID-19 clinical care, and worked on TB in parallel; ■ TB detection rate reduced by at least 30% ■ Threefold increase in VOT ■ Many from PLHIV and TB Communities left without social assistance ■ Failed procurements for HIV and TB drugs due to poor coordination

Bosnia and Herzegovina	Georgia	Kyrgyzstan	Moldova	Russia	Ukraine
<p>WHAT NEEDS TO BE DONE</p> <ul style="list-style-type: none"> ■ Emergency funding to remedy impacts of poor Global Fund transition; ■ Social contracting laws; ■ Emergency ODA for support of TB and HIV populations; ■ For TB community groups to be strengthened and provided with robust support; ■ For the government to invest in strengthening of staffing capacity and invest in building long-term pandemic preparedness into health infrastructure. ■ For the government to approve a COVID-19 relief package for unemployed and vulnerable populations. 	<p>WHAT NEEDS TO BE DONE</p> <ul style="list-style-type: none"> ■ TB screening in fever centres for those found negative for COVID-19 but exhibiting respiratory symptoms; ■ Welfare support for vulnerable populations, particularly women living with TB, internally displaced persons, people who use drugs, and ex-prisoners; ■ Mobile units to be well-funded and equipped to provide services to those in remote areas. 	<p>WHAT NEEDS TO BE DONE</p> <ul style="list-style-type: none"> ■ Investment in health infrastructure, including digital chest X-rays and TB LAM ■ Emergency COVID-19 relief package to support key populations, and planning on broadening the social safety net ■ Increase in AMR stewardship activities; ■ Financial support to ensure OST patients can travel to access OST; ■ Training and support for VOT use; ■ Increased support for mobile units 	<p>WHAT NEEDS TO BE DONE</p> <ul style="list-style-type: none"> ■ human resource retention policies to ensure adequate distribution and support of health workers; ■ welfare support for marginalised groups, including HIV and TB populations ■ Support towards more extensive mobile HIV testing in deprived areas. ■ Feasibility assessment for self-testing in Moldova; ■ TB catch-up plan with case-finding campaigns and mobile screening 	<p>WHAT NEEDS TO BE DONE</p> <ul style="list-style-type: none"> ■ In-depth investigation of impact of COVID-19 on access to diagnostics and treatments across Russian territories and oblasts; ■ Increased support for TB and HIV communities adapting to digital health services; ■ Mobile testing units to be well-funded to reach PLHIV and TB communities in remote areas; 	<p>WHAT NEEDS TO BE DONE</p> <ul style="list-style-type: none"> ■ Meaningful partnership and involvement of key populations in the State procurement process; ■ introduction of proactive warning signals and emergency mechanisms to cover emergencies and possible stockouts; ■ to accelerate psychosocial components within the State Strategy to Combat HIV, TB, and Viral Hepatitis until 2030 and within the State strategy to develop a system of antitubercular medical care. ■ Broad social support measures, including mental health, income support, transportation support, and legal aid for key HIV and TB populations, including internally displaced persons and prisoners. ■ COVID-19/TB recovery plans to recover decrease in detection rates.