



Market in Moldova during the COVID-19 pandemic. Photo: Gagarin Iurii, Shutterstock



Moldova



COVID-19 RESPONSE AND IMPACT ON HIV AND TB SERVICES

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Executive Summary

Population ¹	3,543,000
COVID-19 deaths per 100,000 population (at 1 February 2021)	103.05
COVID-19 lockdown(s) initiated	17 March 2020
Disruption to harm reduction services	No
Reduced TB and HIV detection	Yes
Integrated TB, HIV and COVID-19 testing	No
Reduced access to clinicians	Yes
Reduced access to peer support and/or psychosocial support	Yes
Stockouts of HIV or TB medications	No

¹ National Bureau of Statistics, Republic of Moldova, 'Population and demographic processes', https://statbank.statistica.md/PxWeb/pxweb/en/20%20Populatia%20si%20procese%20demografice/20%20Populatia%20si%20procese%20demografice_POP_POP010/POP010100.px/table/tableViewLayout1/?rxid=b2ff27d7-0b96-43c9-934b-42e1a2a9a774 accessed 12 March 2021.

Moldova is a lower middle-income country of approximately 3.5 million people bordering Romania and Ukraine, and has suffered an exodus of more than one million people from its shores since its independence from the Soviet Union in 1991.² This exodus includes doctors, who find salaries in Moldova very low. Moldova's public health system is financed through mandatory health insurance from payroll deductions from those formally employed, while the government covers healthcare for pensioners and people with disabilities, and those who are self-employed are expected to purchase their own health insurance.³ As there is no enforcement or regulation on the latter, however, many don't register for health insurance, and the public health system compensates. According to a 2020 article in *The Lancet*, many medicines are not covered, the quality of medical assistance is low, and there is substantial out of pocket expenditure, including on informal payments to clinicians.⁴

At time of writing, Moldova is the 8th in the world in terms of COVID deaths per 100,000 population.⁵ Given these facts, a stretched public health system, and that it is one of the top 30 countries in the world in absolute numbers of MDRTB cases,⁶ there are numerous concerns as regards the impact of the COVID-19 pandemic on HIV and TB care and prevention services.

Similar to other countries in this study, testing for HIV and TB populations seemed most affected by the COVID-19 response. Interviewees for our study, including Ministry of Health officials and NGOs working on HIV and TB, estimated

that HIV detection decreased by 27%, and TB detection decreased by 40-50% in 2020 as compared to 2019.

The most significant barriers to access health facilities were increased workload of health staff, patients fearing contracting the COVID-19 in crowded places, COVID-19 restrictions, lack of masks, gloves and disinfectants mandatory for entering medical facilities, reduced working hours of the OST, harm reduction and other services provision venues, and limited transportation, which often incurred additional costs to clients and patients.

National stockpiles of antiretrovirals and TB medications were less affected by COVID; there were no stockouts as the country had sufficient reserves. Moreover, in terms of HIV treatment, the majority of patients were able to obtain 6-month supplies of medications, which reduced the need for travel to medical facilities. A consequence of this, however, was that there was a reduction in frequency of viral load monitoring, thereby affecting treatment effectiveness monitoring. Because of this, depending on clinical need of individual patients, doctors were reported to have reduced the take-home supply of antiretrovirals to 3 or 4 months to incline patients towards coming for diagnostics.⁷

Despite these modifications, Andrei, a PLHIV peer consultant based in Chisinau, told us that approximately 200 PLHIV dropped out from treatment in that city, or 2.8% of all people on ART, over the pandemic time.⁸ Official government figures are presently unavailable to

² Talha Khan Burki, 'Enormous Challenges for the Moldovan Health-Care System' (2020) 8 *The Lancet Respiratory Diseases* 138-139 [https://doi.org/10.1016/S2213-2600\(19\)30446-1](https://doi.org/10.1016/S2213-2600(19)30446-1)

³ Talha Khan Burki, 'Enormous Challenges for the Moldovan Health-Care System' (2020) 8 *The Lancet Respiratory Diseases* 138-139 [https://doi.org/10.1016/S2213-2600\(19\)30446-1](https://doi.org/10.1016/S2213-2600(19)30446-1)

⁴ Talha Khan Burki, 'Enormous Challenges for the Moldovan Health-Care System' (2020) 8 *The Lancet Respiratory Diseases* 138-139 [https://doi.org/10.1016/S2213-2600\(19\)30446-1](https://doi.org/10.1016/S2213-2600(19)30446-1)

⁵ Statista, 'Coronavirus (COVID-19) deaths worldwide per one million population as of February 12, 2021, by country' <https://www.statista.com/statistics/1104709/coronavirus-deaths-worldwide-per-million-inhabitants> accessed 16 March 2021

⁶ WHO, 'Global Tuberculosis Report 2020' (2020) 205 <https://apps.who.int/iris/bitstream/handle/10665/336069/9789240013131-eng.pdf> accessed 28 December 2020

⁷ Interview with the representative of the National HIV/AIDS Programme (Zoom, 1 February 2021)

⁸ Interview with Andrei, PLHIV peer consultant from Chisinau (Zoom, 16 February 2021)

corroborate this 2.8% figure. Andrei told us that these were predominantly due to psychosocial, transportation and administrative barriers mentioned above, and described in more detail below.

In addition, late TB diagnostics and delayed start of treatment were flagged as serious pandemic implications as well. A study respondent, who had a recurrent TB infection and had been diagnosed with MDR-TB in 2020, during the COVID-19 pandemic, faced a delay in start of treatment due to a lack of attention from medical staff and disorganised diagnostics procedures at the level of primary health facilities, which prevented further access to TB specialist facilities.⁹

The pandemic resulted in a majority of X-ray capacity, critical for early TB detection, being repurposed for COVID-19.¹⁰ As statistics began to emerge on a significant decrease in TB detection, the Ministry of Health issued a decree¹¹ empowering the role of NGOs in TB detection and facilitating access to X-ray facilities on designated days. Although at time of writing official government statistics have yet to be released, interviewees for our study expressed that they expected an increase in late-diagnosed TB cases and further deterioration of the MDRTB situation in the country.¹²

Harm reduction services and OST provision to PWUD showed general resilience to the pandemic impacts. Despite reduced working hours of the

service provision sites, due to the crucial role of local NGOs, clients reported uninterrupted access to clean needle and syringes, condoms, masks and disinfectants, regular methadone and buprenorphine administration. However, in July–October 2020, due to a border lockdown, there were logistics delays for buprenorphine from an Italian-based supplier.¹³ It resulted in clinicians switching patients who were on buprenorphine treatment regimens to methadone therapy. At time of publication of this study, long-term impacts on treatment adherence and other consequences are unknown.

According to an EMCDDA report,¹⁴ the COVID-19 pandemic resulted in changes in the drug market, and in Moldova this manifested in less cocaine, heroin, MDMA, and amphetamine, resulting in PWUD transitioning to using new psychoactive substances such as synthetic cannabinoids and skorost (speed). Harm reduction programmes in Moldova maintain strict criteria for accessing services, including that the individual should be an injecting drug user,¹⁵ thus potentially excluding PWUD from essential services. As harm reduction services play an important role as ‘entry points’ for referral to HIV and TB services as COVID-19 restrictions were ongoing, liberalisation or expansion of this criteria to include non-injecting people who use drugs could assist in mitigating pandemic consequences for key populations.

For this chapter, we reviewed local press

⁹ Interview with Evgeny, a person living with TB from Chisinau (phone call, 18 February 2021)

¹⁰ Interview with Lilian Severin, Director, AFI (Zoom, 13 January 2021)

¹¹ Ministry of Health, Labour, and Social Protection of the Republic of Moldova, ‘Cu privire la organizarea depistării tinite a cazurilor TB in conditiile pandemiei COVID-19 (Regarding the organization of targeted detection of TB cases in the COVID-19 pandemic situation)’ (20 July 2020) https://simetb.ifp.md/Download/oficial_docs/disp_ms_2020_07_20_nr_313d_depistare_tb_covid.pdf accessed 23 February 2021

¹² Interview with Lilian Severin Valeriu, Director, Afi (Zoom, 13 January 2021)

¹³ Interview with the representative of the National HIV/AIDS Programme (Zoom, 1 February 2021)

¹⁴ EMCDDA, ‘EMCDDA trendspotter briefing. September 2020. Impact of COVID-19 on drug markets, drug use, drug-related harms and responses in east European Neighbourhood Policy countries’ European Monitoring Centre for Drugs and Drug Addiction (2020), 19, https://www.emcdda.europa.eu/system/files/publications/13263/EU4MD_Trendspotter_East_ENP_FINAL.pdf accessed 14 February 2021

¹⁵ Eliza Kurcevič and Rick Lines, ‘New psychoactive substances in Eurasia: a qualitative study of people who use drugs and harm reduction services in six countries,’ Harm Reduction Journal 17, 94 (2020), 9–10, <https://doi.org/10.1186/s12954-020-00448-2>, accessed 17 February 2021

articles and interviewed key stakeholders in the COVID-19, TB, and HIV responses, including Dr Iurie Climasevski (Head of the National HIV/AIDS Programme), Dr Stela Bivol (Director of the PAS Center based in Chişinău), Lilian Severin (Director of AFI, an NGO working with homeless populations), Andrei (PLHIV and peer consultant working with clinicians), and Evgeny (person undergoing TB treatment).



The COVID-19 Response

24 February 2020

The National Extraordinary Commission on Public Health introduces a “code yellow” alert in response to the emerging COVID-19 trends in the world

7 March 2020

The first COVID-19 case is confirmed among a 48-year-old individual arriving from Italy, and a “code orange” alert is introduced in the country

17 March 2020

A nation-wide State of Emergency announced by the Parliament till 15 May 2020 and a code red alert. The State of Emergency enabled the government to, inter alia, impose additional border controls, and coordinate media activity. This State of Emergency was extended on 16th May.

16 May 2020

Upon the expiry of the previous State of Emergency, the Extraordinary Commission on Public Health announces another State of Emergency – which is still in place at time of publication.

As of March 2021, Moldova is ranked 8th in the world in terms of COVID-19 deaths per capita,¹⁶ with more than 203,710 confirmed cases and 4,294 deaths.¹⁷ The COVID-19 pandemic in Moldova is characterised by a gradual rise in cases throughout 2020, acute shortages of personal protective equipment and medical staff, and an exhausted health system. While the pandemic was largely under control until May 2020,¹⁸ this soon changed, with peaks in daily new cases occurring in June, October, and December 2020, with Chişinău (42% of all confirmed cases) and the Transnistria region (12%) most affected.¹⁹

In early February 2020, National Extraordinary Commission on Public Health, chaired by the Prime Minister, was created to serve as the principal coordinating and decision-making body for the COVID-19 response in the Republic of Moldova. Convening on 24th February 2020, the Commission discussed the organisation of quarantine measures, among other matters, and receipt of a shipment of COVID-19 tests from Germany.²⁰ The Commission utilised a traffic light approach to characterise the seriousness of the pandemic in the country, and in response to emerging trends

of the disease in Europe and other countries of the world, introduced a “code yellow” alert across the country.²¹

On 7 March 2020, the government of Moldova confirmed the first COVID-19 case, a 48-year-old Moldovan woman returning from Bologna, and advised that all passengers of the Air Moldova flight in question to remain isolated at home, and to inform family doctors so they could be monitored.²² Later, on 8 March, the Commission issued an “orange alert” code.

On 17 March 2020, the Commission issued a “red alert” code, and the Parliament of the Republic of Moldova declared a state of emergency for the entire territory of the Republic of Moldova for a period of 60 days (17 March- 15 May 2020).²³ This enabled the imposition of specific border control measures, restricted public transportation, quarantine and other mandatory sanitary requirements, bans on assemblies and mass gatherings, limited or work regime for all entities, mass communications of COVID-19 safety information, and other measures.

¹⁶ Statista, ‘Coronavirus (COVID-19) deaths worldwide per one million population as of February 22, 2021, by country’ <https://www.statista.com/statistics/1104709/coronavirus-deaths-worldwide-per-million-inhabitants> accessed 22 February 2021

¹⁷ WHO, ‘WHO Coronavirus Disease (COVID-19) Dashboard. Republic of Moldova’, World Health Organisation (2021), <https://covid19.who.int/region/euro/country/md> accessed 13 February 2021

¹⁸ Justina Alexandra Sava, ‘Confirmed COVID-19 cases in the Republic of Moldova 2020-2021, by day of report’ Statista (1 February 2021) <https://www.statista.com/statistics/1127193/republic-of-moldova-covid-19-cases-by-day/#statisticContainer> accessed 23 February 2021

¹⁹ Reliefweb, ‘COVID-19 Response and Recovery Monthly Bulletin. January 2021’, United Nations in Moldova, UN Moldova Monthly Bulletin - January 2021, 2, <https://reliefweb.int/sites/reliefweb.int/files/resources/UN%20Moldova%20Covid-19%20Response%20and%20Recovery%20Monthly%20Update-%20January%202021.pdf> accessed 13 February 2021

²⁰ Government of the Republic of Moldova, ‘Ion Chicu convened the Extraordinary National Commission for Public Health’ (24 February 2020) <https://gov.md/ro/content/ion-chicu-convocat-comisia-nationala-extraordinara-de-sanatate-publica> accessed 13 February 2021

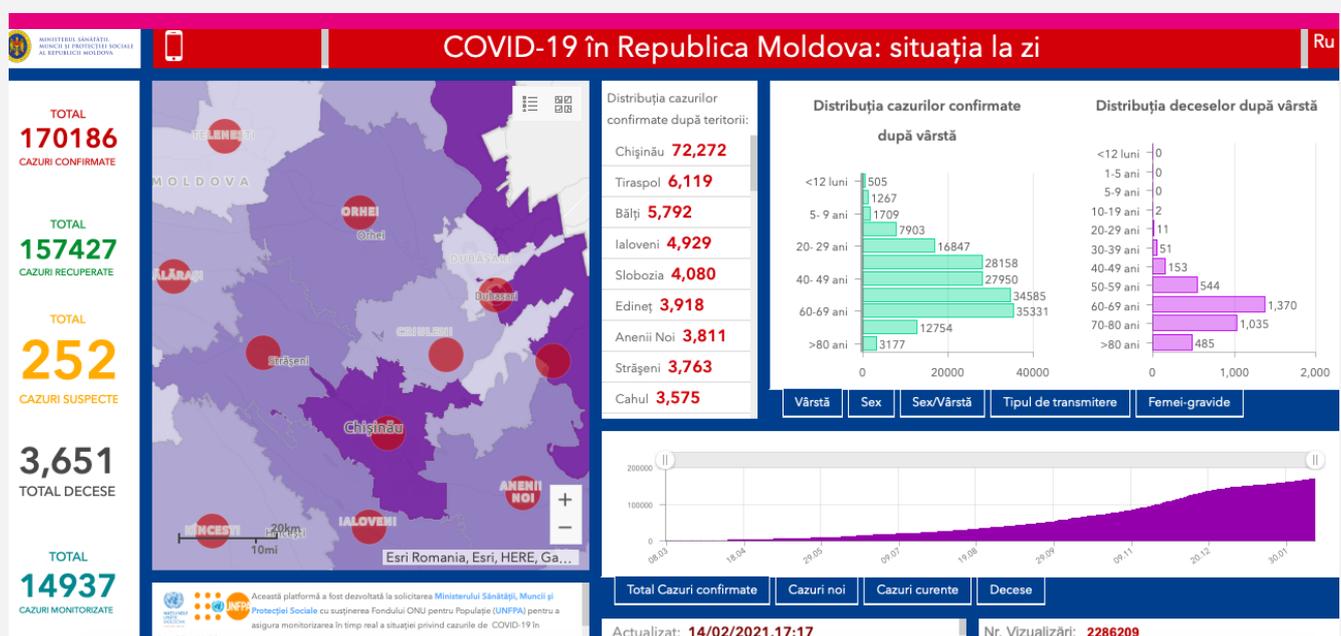
²¹ Government of the Republic of Moldova, ‘Ion Chicu convened the Extraordinary National Commission for Public Health’ (24 February 2020) <https://gov.md/ro/content/ion-chicu-convocat-comisia-nationala-extraordinara-de-sanatate-publica> accessed 13 February 2021

²² Digi24, ‘Primul caz de coronavirus înregistrat în Republica Moldova (The first case of coronavirus registered in the Republic of Moldova)’ Digi24 (7 March 2020) <https://www.digi24.ro/stiri/externe/moldova/primul-caz-de-coronavirus-inregistrat-in-republica-moldova-1271939> accessed 14 February 2021

²³ Parliament of the Republic of Moldova, ‘Parliament declared a state of emergency between March 17 and May 15, 2020’, <http://parlament.md/Actualitate/Noutati/tabid/89/NewsId/2374/language/ro-RO/Default.aspx> accessed 15 February 2021

On 3 April 2020, the Minister of Health, Labour, and Social Protection announced the designation and reprofiling of three district hospitals as COVID-19 hospitals, including hospitals in Criuleni, in the east of the country, Hîncești, approximately 33kms southwest of the Moldovan capital Chișinău, and in Anenii Noi, southeast of Moldova, and that due to a number of infections among health staff the hospital in Ștefan Vodă would be closed, subject to quarantine, and have all patients transferred to Chișinău.²⁴ As cases

rose, the country saw assistance being provided via missions of Romanian doctors and nurses fly in for 15 days to assist the COVID-19 response in five key hospitals, including the Republican Clinical Hospital and the Sfântul Arhanghel Mihail Municipal Clinical Hospital.²⁵ As cases rose, the government worked with UNFPA to set up a real-time data platform on the COVID-19 pandemic, hosted at the website of the Ministry of Health, Labor, and Social Protection, showing, inter alia, the number of cases, deaths, etcetera, as well as data disaggregated by territory.



In June 2020, the United Nations Development Programme (UNDP) published a response and recovery plan for Moldova, intended ‘to anchor, as soon as possible, the socio-economic response to COVID-19 firmly within the

national COVID-19 response and long-term development plans’, and focused on a number of outputs, including improving the capacity of the healthcare system, ensuring vulnerable groups in Moldova are able to benefit from

²⁴ Maxim Stratan, ‘Ministerul Sănătății activează trei spitale raionale și un spital din municipiul Chișinău în lupta împotriva coronavirusului (Minister of Health activates three district hospitals and one hospital in Chisinau in the fight against coronavirus)’ Newsmaker (3 April 2020) <https://newsmaker.md/ro/ministerul-sanatatii-activeaza-trei-spitale-raionale-si-un-spital-din-municipiul-chisinau-in-lupta-impotriva-coronavirusului> accessed 14 February 2021

²⁵ Ministry of Health, Labor, and Social Protection, ‘A medical mission from Romania will offer support to the Moldovan healthcare system in fighting COVID-19’ (11 May 2020) <https://msmps.gov.md/en/communication/news/a-medical-mission-from-romania-will-offer-support-to-the-moldovan-healthcare-system-in-fighting-covid-19> accessed 14 February 2021

social protection, and to ensure the protection of jobs in small and medium enterprises.²⁶ Efforts include the programming of funds from other UN programmes working in Moldova to, inter alia, provide sanitisers and food for social assistants in shelters, the procurement of PPE for health facilities, and for the financing of a real-time monitoring dashboard on COVID-19.²⁷

This was not the only sources of external funding in the response. While the Government of Moldova covered the vast majority of funding to support the health system for the COVID-19 response, including via a World Bank loan,²⁸ there were a number of additional COVID-19 financial injections to support the COVID-19 response, including from the Government of Romania (US\$ 3.74m), European Union (US\$ 3.14m), The Global Fund (US\$ 1.43m), USAID (US\$ 1.42m), and others.²⁹

August and September 2020 saw the loosening of some restrictions, including the reopening of schools³⁰ and allowing gatherings of less than 50 people.³¹ Cases continued to rise, and in October 2020, two hospitals in Chişinău – the

Infectious Diseases Hospital Toma Ciorbă and Sfântul Arhanghel Mihail - reported running out of beds for COVID-19 patients in inpatient wards.³² By November, the Prime Minister Ion Chicu issued a statement cautioning citizens that the health service was overwhelmed, and that while it was technically possible to increase the number of beds, that the country simply did not have sufficient manpower, i.e. health staff, to tend to rising numbers of COVID patients:

Compared to March-April, we have increased the number of places in hospitals, but unfortunately we have nowhere else that can take (more patients). We also mobilized medical students and residency and all the reserves. Spaces, beds, equipment we can identify, but there are not many people (to tend to patients).³³

²⁶ UN Moldova, 'COVID-19 Socio-Economic Response and Recovery Plan' (June 2020) <https://moldova.un.org/sites/default/files/2020-06/United%20Nations%20Moldova%20Covid-19%20Response%20and%20Recovery%20Plan%20FINAL.pdf> accessed 14 February 2021

²⁷ UN Moldova, 'COVID-19 Socio-Economic Response and Recovery Plan' (June 2020) <https://moldova.un.org/sites/default/files/2020-06/United%20Nations%20Moldova%20Covid-19%20Response%20and%20Recovery%20Plan%20FINAL.pdf> accessed 14 February 2021, 15

²⁸ Reliefweb, 'COVID-19 Response and Recovery Monthly Bulletin. January 2021', United Nations in Moldova, UN Moldova Monthly Bulletin - January 2021, 7, <https://reliefweb.int/sites/reliefweb.int/files/resources/UN%20Moldova%20Covid-19%20Response%20and%20Recovery%20Monlthly%20Update-%20January%202021.pdf> accessed 13 February 2021

²⁹ Reliefweb, 'COVID-19 Response and Recovery Monthly Bulletin. January 2021', United Nations in Moldova, UN Moldova Monthly Bulletin - January 2021, 7, <https://reliefweb.int/sites/reliefweb.int/files/resources/UN%20Moldova%20Covid-19%20Response%20and%20Recovery%20Monlthly%20Update-%20January%202021.pdf> accessed 13 February 2021

³⁰ MoldPres, State News Agency, 'Decision No 26 of 21 August 2020 of National Commission for Public Health' (22 August 2020) <https://www.moldpres.md/en/news/2020/08/22/20006748> accessed 23 February 2021

³¹ Government of Republic of Moldova, 'Emergency State in Public Health Sector Extended in Moldova till 30 September' (11 September 2020) <https://gov.md/en/content/emergency-state-public-health-sector-extended-moldova-till-30-september> accessed 23 February 2021

³² Tatiana Sultanova, 'Locuri pentru bolnavii de COVID nu mai sunt? Ce ne-au comunicat în spitalele din Chişinău și din raioane (There are no more places for COVID patients? What they told us in the hospitals in Chisinau and in the districts)' NewsMaker (12 October 2020) <https://newsmaker.md/ro/locuri-pentru-bolnavii-de-covid-nu-mai-sunt-ce-ne-au-comunicat-in-spitalele-din-chisinau-si-din-raioane> accessed 22 February 2021

³³ Stela Untila, '„Am mobilizat toate rezervele”. Lipsă acută de medici și de locuri în spitale pentru bolnavii infectați cu COVID-19 ("We mobilized all the reserves." Acute shortage of doctors and hospital places for patients infected with COVID-19)' NewsMaker (30 November 2020) <https://newsmaker.md/ro/am-mobilizat-toate-rezervele-lipsa-acuta-de-medici-si-de-locuri-in-spitale-pentru-bolnavii-infectati-cu-covid-19> accessed 24 February 2021

In the same month (November 2020), the country underwent a presidential election, leading to the inauguration of a new president, Maia Sandu and a transition in the COVID-19 response. Some critics have commented that there was a lack of a functioning executive, and therefore would be impediment to the COVID-19 response.³⁴ As of February 2021, however, figures have shown a relative slow-down in new cases across 30 days compared to December 2020.³⁵ We spoke to the Head of the National HIV/AIDS Programme, an infectious diseases clinician based in Chişinău, who expressed some optimism on this slow down, and described some restrictions still in place:

There is a tendency towards stabilization. And in terms of restrictions... masks must be worn on the streets and in enclosed spaces (and) you cannot arrange weddings, concerts, there are restrictions in theaters and in restaurants. These are very general limitations.

The Sandu government meanwhile have announced that the first COVID-19 vaccines will arrive in the country in mid-February via the multilateral COVAX mechanism.³⁶



Effects on HIV Care

UNAIDS estimates the number of people living with HIV in the country as of 15,000 in 2019 with the maximum HIV prevalence rate among women

of 15-49 of 0.6 and among men of the same age of 1.1%.³⁷ Available data indicates that that around 64% of PLHIV know their status, 46% receive

³⁴ Vitalie Călugăreanu, 'Moldova în al doilea val al pandemiei: fără vaccin, fără guvern și cu un sistem de sănătate epuizat (Moldova in the second wave of the pandemic: without vaccine, without government and with an exhausted health system)' DWNews (22 February 2021) <https://www.dw.com/ro/moldova-in-al-doilea-val-al-pandemiei-fara-vaccin-fara-guvern-si-cu-un-sistem-de-sanatate-epuizat/a-56649016> accessed 22 February 2021

³⁵ Reliefweb, 'COVID-19 Response and Recovery Monthly Bulletin. January 2021', United Nations in Moldova, UN Moldova Monthly Bulletin - January 2021, 3, <https://reliefweb.int/sites/reliefweb.int/files/resources/UN%20Moldova%20Covid-19%20Response%20and%20Recovery%20Monlthy%20Update-%20January%202021.pdf> accessed 13 February 2021

³⁶ Alexander Tanas, 'Moldova expects first COVID-19 vaccines under COVAX scheme in mid-February' Reuters (1 February 2021) <https://www.reuters.com/article/us-health-coronavirus-moldova-vaccine-idUSKBN2A11WA> accessed 24 February 2021

³⁷ UNAIDS Country Factsheets 'Republic of Moldova. 2019', <https://www.unaids.org/en/regionscountries/countries/republicofmoldova> accessed 13 February 2021

antiretroviral therapy and 38% have undetectable viral loads.³⁸ Annual HIV expenditure in 2019 was approximately US\$8.7m with 60% (US\$ 5.13m) funded by the national Government, with the Global Fund contributing US\$ 2.93m.³⁹ Dr. Iurie Climasevski, Head of the National HIV/AIDS Programme told us that beginning 2021, however, the Moldovan government would be funding ARV therapy completely and without the need for external funding:

Until recently, we had a small share of funding for (HIV) treatment from the Global Fund, but since this year everything comes entirely from the state. In the Global Fund Programme, we have 50% of the grant covering (HIV) prevention and the second part is aimed at strengthening health systems, laboratory services, strengthening NGOs, and community-run monitoring of the programmes. For testing and treatment - everything is covered by the state, including medicines and reagents. There is also some money from the Global Fund for self-testing with saliva tests.⁴⁰

The National HIV/AIDS Programme took several preparatory steps before the pandemic outbreak to avoid ARV supply interruptions for the patients. According to Andrei, a PLHIV peer consultant from Chişinău, a majority of patients were given 6-month supplies of ARVs during

the pandemic, but this was dependent upon a number of factors:

If a patient regularly took medications and had an undetectable viral load, the doctor readily provided a 6-month supply. But each case was considered individually - for how long the person had been under dispensary monitoring,⁴¹ was he or she travelling or had left the country or region. These were not done arbitrarily... In case a 6-months' supply was not possible, a 3-month supply was provided. [...] Most of our patients were getting medications for 6 months. Compared to 2019, after the start of the pandemic, we slightly changed the procedure. In some cases, a patients' test results should have been monitored more thoroughly (and wasn't), so the doctor would decide to reduce the (take-home) supply by 3 months so that the patient would come (in-person) sooner for testing.⁴²

With the assistance of NGOs and peer consultants and facilitated via Ministry of Health orders,⁴³ walking outreach services and mobile units were used for the delivery of ARVs to patients in remote regions. Four mobile units, or "Mobile Clinics", were active in the regions for the medication delivery and onsite counselling during the lockdown period between March-May 2020

³⁸ UNAIDS Data 2020 'Republic of Moldova. Country Data' 363, https://www.unaids.org/sites/default/files/media_asset/2020_aids-data-book_en.pdf accessed 13 February 2021

³⁹ UNAIDS Data 2020 'Republic of Moldova. Country Data' 362, https://www.unaids.org/sites/default/files/media_asset/2020_aids-data-book_en.pdf accessed 13 February 2021

⁴⁰ Interview with the representative of the National HIV/AIDS Programme (Zoom, 1 February 2021)

⁴¹ A practice common in the region, meaning the individual has been diagnosed as HIV positive but is under viral load and CD4 monitoring pending the start of treatment

⁴² Interview with Andrei, PLHIV peer consultant from Chisinau (Zoom, 16 February 2021)

⁴³ EHRA, 'Harm reduction programmes during the COVID-19 crisis in Central and Eastern Europe and Central Asia', Eurasian Harm Reduction Association (May 2020), 17, https://harmreductioneurasia.org/wp-content/uploads/2020/05/regional-review_FINAL_ENG.pdf, accessed 18 February 2021

onwards. Costs were shared between the National HIV/AIDS Programme and NGOs. For example in Chişinău, the National HIV/AIDS Programme provided the vehicle for the Mobile Clinic, with the designated NGO providing staff support, fuel, and other costs. Mobile Clinics were comprised of a HIV peer consultant and social worker, while health staff – either an infectious diseases clinician or nurse – was joining the team on an ad hoc basis.⁴⁴

However, after the pandemic lockdown and at the time of data collection for this study, health workers expressed concerns about sustainability of treatment provision through mobile means. In the words of Dr Iurie Climasevski, Head of the National HIV/AIDS Programme:

The restrictions are over, and our patients say that they liked the mobile clinics approach, that they would not come to our treatment center, and they expect medications to be delivered (to them). We explained to them that this was not just (about) the distribution of drugs, that it was necessary to have a conversation (with the patient), research, consultation on side effects. But the lack of adherence is happening anyway. In general, it is not good to avoid showing-up at the clinic for 9 months... Mobile distribution has its pros and cons. In that situation (COVID lockdown), we had no alternatives.⁴⁵

He described further that the Programme was allowed to reimburse travel costs of patients from the Global Fund programme should patients

be reluctant to travel to see the doctor once every six months to obtain their next supply of medications.⁴⁶

Interviewees reported psychosocial impacts of the COVID-19 pandemic on patients, and in some cases, this affected treatment adherence. Interviews with both PLHIV representatives and officials from the National HIV/AIDS Programme indicated that at least 200 patients (out of 7,200 patients receiving ARVs) had dropped out of treatment.⁴⁷

The country also observed a reduction in HIV testing over the pandemic period. Dr Climasevski said that the number of new HIV cases in 2020 were only 675 compared to 2019 figures (922 new infections),⁴⁸ i.e. a 27% reduction, and this was attributed to the COVID-19 pandemic. According to Andrei, an HIV peer consultant, precautionary attitudes and fears of contracting COVID-19 both on the part of patients and medical staff contributed additional medical bureaucracy, and thus to the reduction in HIV testing:

Barriers were (evident) in the fears of people and medical staff. For example, when people heard about colds or flu symptoms, they immediately thought about COVID. Even if there was a common cold, the doctors did not allow people to come to AIDS centers, they told them to stay at home. X-ray diagnostics were hard to access. For example, if a person had a fever, he could not come (immediately), and was told instead to come after the temperature drops down. But the fever may stay for quite a while. A person had to call an ambulance, do

⁴⁴ Interviews with PLWH consultant and National HIV/AIDS Programme representative

⁴⁵ Interview with the representative of the National HIV/AIDS Programme (Zoom, 1 February 2021)

⁴⁶ Interview with the representative of the National HIV/AIDS Programme (Zoom, 1 February 2021)

⁴⁷ Interviews with PLWH consultants and National HIV/AIDS Programme representative

⁴⁸ Interview with the representative of the National HIV/AIDS Programme (Zoom, 1 February 2021)

a COVID test, take the test to COVID departments, etc., and this was all very time consuming, and occurring while the person's health was deteriorating. In other words, all that was taking time and health away from a person. These fears are still in place today.⁴⁹

When asked about whether there were any stockouts of HIV drugs, the official from the National HIV/AIDS Programme said that there was sufficient buffer from ARV reserves, and for three drugs, an urgent request was made from the Global Fund:

We saw already in March that we would not receive medicines in April. (Our medicines (supply) from India was at the airport, ready to be loaded onto the plane, but the decision was made that air traffic was stopped. For two months this batch was at the airport, and they came only at the end of July. We had an urgent purchase of three drugs, which we requested on an urgent basis from the money of the Global Fund, because we knew that they were running out. For the rest, we managed with our reserves. There aren't many patients. We are people of the post-Soviet space ... everyone told us to take a reserve for three months, and we, who went through everything, knowing what government purchases are, took it for an additional three months (from what was advised). We had (large) reserves, so COVID didn't shock us much.



Effects on Harm Reduction Services

The Republic of Moldova has an estimated PWUD population of 36,900 people with a HIV prevalence of 13.9% among this population.⁵⁰ The

country has long-standing systems of community services for PWUD, which includes needle/syringe and condom distribution services, HIV,

⁴⁹ Interview with Andrei, PLWH peer consultant from Chisinau (Zoom, 16 February 2021)

⁵⁰ UNAIDS Country Factsheets 'Republic of Moldova. 2019' <https://www.unaids.org/en/regionscountries/countries/republicofmoldova> accessed 13 February 2021

TB and hepatitis counselling and referrals, as well as OST with methadone and buprenorphine. In 2019, OST coverage was estimated at the level of 2.7%.⁵¹

The COVID-19 pandemic produced similar effects on accessibility of basic harm reduction services to other countries examined in this report. The main barriers included the strict lockdown regime in March-May 2020 with restrictions on movements of people, reduced working hours of harm reduction service sites and increased police presence in streets resulting in increased risks of PWUD facing unwanted attention from police. Consistent with the discussion on HIV testing in the above section, PWUD faced barriers to accessing health facilities due to restrictions on gatherings, physical distancing, and other COVID-19 procedures. At the early stages of the pandemic, PWUD reported a lack of access to masks and disinfectants as one of the barriers to access services, although donor flexibility on projects facilitated supplies of these materials, and thus this barrier was overcome.⁵²

Telephone and online counselling were widely used by NGOs to reach out to clients during lockdown. Andrei, a HIV peer worker based in Chişinău described how switching harm reduction services were switched from office-based low threshold harm reduction services to mobile work as part of the 'Mobile Clinic' activities:

Before the pandemic, we had a stationary point where all these (harm reduction materials) were provided.

We had this point at the premises of the office of our organisation. Syringes, condoms, lubricants, sanitary supplies for women, information and counselling – all was provided there. But since the office was closed during the lockdown period, our staff started to go out with the mobile clinic. So, we replaced stationary work with mobile rounds. We had a schedule for our rounds, our employees knew when and where to go. And as there are OST patients among our clients, we had to bring them in several occasions to the clinics for getting methadone by a certain time, as OST medications were not allowed at the 'Mobile Clinic'.⁵³

In terms of OST, the National HIV/AIDS Programme is the only procurer of methadone and buprenorphine, which then delivered to drug treatment clinics for administration. As an early pandemic preparedness measure, the practice of 5-10 days take-home supply of OST medications was introduced for the first time in the country.⁵⁴ While a positive move, as OST medications were not allowed to be transported via Mobile Clinics, patients had to attend drug treatment clinics in person to obtain take-home doses, and had to familiarise themselves with the clinics' reduced working hours. This process was facilitated through outreach activities and with the involvement of Mobile Clinics.

⁵¹ UNAIDS Data 2020 'Republic of Moldova. Country Data' 363, https://www.unaids.org/sites/default/files/media_asset/2020_aids-data-book_en.pdf accessed 13 February 2021

⁵² EHRA, 'Harm reduction programmes during the COVID-19 crisis in Central and Eastern Europe and Central Asia', Eurasian Harm Reduction Association (May 2020), 17, https://harmreductioneurasia.org/wp-content/uploads/2020/05/regional-review_FINAL_ENG.pdf, accessed 16 February 2021

⁵³ Interview with Andrei, PLWH peer consultant from Chisinau (Zoom, 16 February 2021)

⁵⁴ EMCDDA, 'EMCDDA trendspotter briefing. September 2020. Impact of COVID-19 on drug markets, drug use, drug-related harms and responses in east European Neighbourhood Policy countries' European Monitoring Centre for Drugs and Drug Addiction (2020), 19, https://www.emcdda.europa.eu/system/files/publications/13263/EU4MD_Trendspotter_East_ENP_FINAL.pdf accessed 14 February 2021.

There were, however, shortages of OST medications into the Republic of Moldova due to COVID-related delivery delays from the Italy-based supplier.⁵⁵ Dr Iurie Climasevschi, Head of the National HIV/AIDS Programme told us that as a result of this delay, patients who were on buprenorphine were switched onto methadone-based regimens:

We only procure methadone and buprenorphine within the framework of the National HIV/AIDS Programme, and then narcological services administer the medications. There were no problems with the procurement in general. However, the procurements were undertaken in July-October 2020, with a delay due to border lockdown. Buprenorphine delivery was delayed for 2-3 months, so, to avoid interruptions, patients were prescribed methadone instead of buprenorphine.⁵⁶

He further elaborated that shortage was resolved with the support of health authorities, international organizations and an alternative supplier from Ukraine, but not without modification of treatment regimens for some patients. And while authorities switched medications solely as an emergency measure to

avoid relapse into harmful opioid use, further assessments are needed on impacts on PWUD wellbeing.

A 2020 EMCDDA study raises another implication of the pandemic related to the change of drug markets and substance use practices associated to lockdown times, border control and accessibility of health services – i.e. that there was a transition towards use of new psychoactive substances due to shortages of cocaine, heroin, MDMA, and amphetamine.⁵⁷ Another 2020 study interviewed 27 PWUD, harm reduction and health professionals in Chisinau and Balti, and outlined a number of specific new substances available on the black market, including ‘mixes’, ‘spice’, ‘skorost (speed)’, ‘PVP’, energetics and ‘JWH’ (a synthetic cannabinoid), which were consumed as a temporary substitute to shortages of the so-called traditional drugs from the market.⁵⁸ The most common use patterns were smoking, injecting and inhalation, with younger PWUD preferring non-injecting forms of use. This raises questions about access to harm reduction and HIV prevention materials as the National HIV/AIDS Programme sets strict criteria permitting only people who inject drugs access to harm reduction services in country.⁵⁹

Overall, our interviews indicate that adaptations to harm reduction programmes enabled critical support to continue during the pandemic. Besides traditional services of needle/syringe

⁵⁵ EMCDDA, ‘EMCDDA trendspotter briefing. September 2020. Impact of COVID-19 on drug markets, drug use, drug-related harms and responses in east European Neighbourhood Policy countries’ European Monitoring Centre for Drugs and Drug Addiction (2020), 19, https://www.emcdda.europa.eu/system/files/publications/13263/EU4MD_Trendspotter_East_ENP_FINAL.pdf accessed 14 February 2021

⁵⁶ Interview with Dr. Iurie Climasevschi, Head of the National HIV/AIDS Programme (Zoom, 1 February 2021)

⁵⁷ EMCDDA, ‘EMCDDA trendspotter briefing. September 2020. Impact of COVID-19 on drug markets, drug use, drug-related harms and responses in east European Neighbourhood Policy countries’ European Monitoring Centre for Drugs and Drug Addiction (2020), 2-3, https://www.emcdda.europa.eu/system/files/publications/13263/EU4MD_Trendspotter_East_ENP_FINAL.pdf accessed 14 February 2021

⁵⁸ Eliza Kurcevič and Rick Lines, ‘New psychoactive substances in Eurasia: a qualitative study of people who use drugs and harm reduction services in six countries,’ Harm Reduction Journal 17, 94 (2020), 4-5, <https://doi.org/10.1186/s12954-020-00448-2>, accessed 17 February 2021

⁵⁹ Eliza Kurcevič and Rick Lines, ‘New psychoactive substances in Eurasia: a qualitative study of people who use drugs and harm reduction services in six countries,’ Harm Reduction Journal 17, 94 (2020), 9-10, <https://doi.org/10.1186/s12954-020-00448-2>, accessed 19 February 2021

and condom distribution, counselling and education, mobile and online services were an important source of COVID-19 information, masks, and sanitisers, as well as jointly providing referrals to OST clinics, HIV testing and other care. However, given changes in drug markets, there are opportunities for further adaptation of these services for post-pandemic conditions and changes in drug use patterns, including the lifting the restrictions for access to services for non-injecting PWUD and expanding the range of available services to address the issues of new psychoactive substances and related health implications.



Impact on TB Testing, Treatment, and Care

The Republic of Moldova is one of the top 30 countries in the world in absolute numbers of MDRTB cases,⁶⁰ and in 2019, it was estimated that 33% of those newly diagnosed with TB are MDRTB cases.⁶¹ People diagnosed with

TB receive free treatment and care, including medication, hospital visits and stays, financial incentives, and travel reimbursements.⁶² The country has undergone numerous reforms in the TB care package, including, reducing the

⁶⁰ WHO, 'Global Tuberculosis Report 2020' (2020) 205 <https://apps.who.int/iris/bitstream/handle/10665/336069/9789240013131-eng.pdf> accessed 28 December 2020

⁶¹ WHO, 'Global Tuberculosis Report 2020' (2020) 56 <https://apps.who.int/iris/bitstream/handle/10665/336069/9789240013131-eng.pdf> accessed 18 February 2021

⁶² Interview with Stela Bivol, Director of the PAS Center, Chişinău (Zoom, 11 January 2021)

number of bed days per person or average length of stay by 21%.⁶³ This reform in particular took place as part of the modernisation of the post-Soviet TB treatment system from 2014 to 2019, as Stela Bivol, Director of the PAS Center in Moldova's capital city Chişinău, and subrecipient for the national TB/HIV Global Fund grant responsible for TB community-based response in the country, described these reforms to us:

A bottleneck for all countries in the former Soviet Union is the model of care, which emphasises hospitalization; it's a hospital-centric approach and people with TB stay in hospitals for weeks and months... This may have a link to the high rate of multidrug resistant TB in this region, as staying for a long time in hospitals with poor infection control leads to increased risks of transmission of resistant strains of TB. The new model of care provides for a more decentralised care, as well as better community-based patient support addressing the needs in psychological, emotional, financial terms, thus building the services around the needs of a person. It is a person-centered model of care.⁶⁴

Overall, the COVID-19 pandemic in Moldova had multi-level effects on the TB response, including, inter alia, the slowing down of case finding, accessibility of x-rays and other diagnostics, the reduction of in-person interaction with clinicians, and home-based DOT and VOT. Stela Bivol described to us the effects of the pandemic on both active and passive case finding:

What happened during the COVID pandemic is that both passive case finding and active case finding have been affected. Active case finding via mobile X-ray screening has stopped. The National TB Institute had active screening programs via for mobile X-ray, they had a few vehicles that go around the country and do the screening on site. Those have stopped since April. The primary care had stopped seeing patients in-person overall for the months of lockdown. This was not related only to TB, but overall people with any health issues could only contact their provider by phone.

Stela Bivol further described COVID-19 contingency planning undertaken for TB:

The TB Institute has done contingency planning and developed a risk assessment and they developed mitigation measures which had to do with promoting COVID/TB dual screening so that any person with COVID symptoms would be screened for TB and vice versa that any person with symptoms for TB would be screened for COVID as well. In terms of implementation, I wouldn't be able to give you any statistics if it has been fully embraced and has been working well in practice overall, everywhere. The second mitigation measure is to provide patients with alternatives for facility-based directly observed treatment, basically doing a home-based DOT and scaling up video observed treatment (VOT).

⁶³ WHO, 'Global Tuberculosis Report 2020' (2020) 141 <https://apps.who.int/iris/bitstream/handle/10665/336069/9789240013131-eng.pdf> accessed 18 February 2021

⁶⁴ Interview with Stela Bivol, Director of the PAS Center, Chişinău (Zoom, 11 January 2021)

Repurposing of national TB treatment institutions, primary care facilities, and X-ray facilities, was a prominent feature in our interviews, with interviewees estimating TB detection has decreased by at least 40% compared to 2019. In the words of Stela Bivol:

People are still scared of going to see a doctor, particularly with respiratory symptoms. After that they would need to go to the secondary care for further diagnostics, where they would face more barriers as lung specialists were engaged with the COVID pandemic. Besides, there was much lower access in terms of operating hours, both for doctors and for X-ray facilities to screen for TB. All of them were overwhelmed with people to be screened for COVID. Just say that in 2020, compared to 2019, six-month comparison, there was a 40% decrease in case identification. And I think it's likely to continue in 2021.⁶⁵

Evgeny, who was diagnosed with MDRTB and who is from a rural area, told us how he was unable to come to a TB treatment facility in Chisinau due to restricted public transportation during the lockdown period in March-May 2020.⁶⁶ He had initially been diagnosed with TB in 2008 and underwent treatment then, and was diagnosed with MDRTB in 2020. He described how even after the lifting of the lockdown in May 2020, he was unable to start therapy by the time of the interview (February 2021) given repeated delays in diagnostics access in polyclinics prior to hospitalisation in TB

clinics. He further described that doctors were distracted and that they seemed indifferent to his treatment needs:

The problem with these doctors is that they kick me from one clinic to another... They were supposed to admit me for treatment at that clinic, but they scoffed at me instead. My (insurance) policy is in that clinic, and since a large amount of money was paid for it, they shouldn't have a right to refuse me. I think the problem is that COVID is distracting them too. They don't really want to deal with us.

As of February 2021, his case is still underway with the support of NGO workers to overcome these barriers. While an illustrative testimony, further surveys are needed cross-country to assess the full impact of COVID-19 on patient experiences.

Lilian Severin, the Director of AFI, an NGO headquartered in Chişinău serving homeless and other vulnerable populations, also spoke about this impact on X-ray services critical for early TB detection. As statistics began to emerge on a significant decrease in TB detection, the Ministry of Health issued a decree⁶⁷ empowering the role of NGOs in TB detection and facilitating access to X-ray facilities on designated days. Lilian described work done pursuant to this decree:

Within this activity, we have to establish partnerships on a community level. We start with

⁶⁵ Interview with Stela Bivol, Director of the PAS Center, Chişinău (Zoom, 11 January 2021)

⁶⁶ Interview with Evgeny, a person with MDR-TB from rural area (phone call, 18 February 2021)

⁶⁷ Ministry of Health, Labour, and Social Protection of the Republic of Moldova, 'Cu privire la organizarea depistării tincte a cazurilor TB în condițiile pandemiei COVID-19 (Regarding the organization of targeted detection of TB cases in the COVID-19 pandemic situation)' (20 July 2020) https://simetb.ifp.md/Download/oficial_docs/disp_ms_2020_07_20_nr_313d_depistare_tb_covid.pdf accessed 23 February 2021

identifying our most vulnerable groups and work with them personally to convince them to have X-ray screening. Then, after investigations and X-ray screening, we work to bring them to the TB services in case they are TB positive. So, we also ensure the link between the treatment facility and those who are detected with TB. Now due to COVID, all our X Ray mobile units were allocated to medical institutions as stationary units because they couldn't face the (work) load. To solve this, we requested our Municipal Public Health Department to allocate dedicated slots for affected communities within stationary X-ray Units. So basically, we prepare a list of people and accompany them as an organized group to the X-Ray within the agreed time. We had access to X-ray units within 5 Family Health Centers that almost doubled our capacity to 25 screenings per day during November-December 2020. During one and a half months we managed to screen 460 persons from groups such as homeless people, drug users, sex workers and people living below the poverty line.

Contrasted with other countries in this report, TB patients were not able to have take-home supply of medications for TB, but rather were contacted by NGO workers who provided them medication. In the words of Lilian Severin, the Director of AFI:

During the emergency situation in Moldova, some NGOs were providing distribution of drugs to patients at home. Daily TB medication was provided to homeless persons by our mobile services within Chişinău area. Home based TB treatment support was coordinated with municipal TB services.

We were not able, whether via interviews or literature review, to ascertain whether there were disruptions to the national medications supply chain and whether there were TB medicines stockouts associated to the COVID-19 pandemic. However, even if there were no stockouts, given that take-home doses weren't possible, it may be that drop-out rates are higher than other countries in this study.

The COVID-19 pandemic, however, allowed for progress on video-observed therapy (VOT). VOT, as part of the TB service modernisation, was piloted in 2016 after the 2-year preparatory work led by UNDP in collaboration with national health authorities, international researchers and local NGOs.⁶⁸ In 2019, another UNDP-facilitated study among 178 TB patients displayed that VOT almost doubled the observed adherence level (84% of patients) as compared to traditional directly observed therapy (DOT) at 44% of patients.⁶⁹ Despite these results, wider VOT introduction in the country had not been taken place given regulatory barriers on personal data protection and existing clinical protocols.⁷⁰ In 2020, in the conditions of COVID-19 lockdown and dramatic reduction in TB detection, the health authorities endorsed the VOT administration

⁶⁸ UNDP Moldova, 'Can behaviour insights help tackle one of the world's top killers? Improving Tuberculosis Care in Moldova', <https://www.md.undp.org/content/moldova/en/home/blog/2019/can-bi-help-tackle-one-of-the-world-s-top-killers-.html>, accessed 19 February 2021

⁶⁹ The Behavioural Insights Team, 'Case study. Tackling tuberculosis in Moldova', <https://www.bi.team/case-studies/tackling-tuberculosis-in-moldova> accessed 19 February 2021

⁷⁰ Interview with Lilian Severin, Director, AFI (Zoom, 13 January 2021)

with active involvement of NGOs. In the words of Lilian Severin:

It was interesting to observe the fact that COVID opened some opportunities for NGOs. For example, we had a very tough time implementing virtually supported treatment (VST/VOT) due to our very restrictive legislation on personal data protection. As soon as the COVID emergency situation was endorsed in Moldova, we got over those obstacles and kicked off the VST on national level.

Authorities accepted our involvement and endorsed it with the Ministry's order. So, we have the chance to prove that we are really useful.⁷¹

Lilian further said, however, that patients and health specialists still need technical support and education for effective VOT implementation. In particular, he emphasised the need for training on the use of the VOT mobile application for both doctors and patients, and training for doctors to interact effectively with patients over electronic means. In addition, he stressed the need for psychological care as an important component of the TB care system post-pandemic. VOT seemed to be a good entry point for such interventions. In Lilian's own words:

In our TB facilities, psychosocial support is not provided. It is difficult. We have this gap. We had cases during COVID, when patients were helped/trained remotely by our VST supporters to record and send the video to their doctors. Some of these patients call

back after some time, just to chat with our staff. We definitely need support for patients, people who stay at home, receive medications and encounter side effects including mental health issues amplified by isolation.⁷²

These testimonials reiterate the fundamental role of civil society organisations in not just the TB response, but also in terms of mitigating the adverse impact on COVID-19 pandemic.

⁷¹ Interview with Lilian Severin, Director, Afi (Zoom, 13 January 2021)

⁷² Interview with Lilian Severin, Director, Afi (Zoom, 13 January 2021)



Impact on Human Rights and Social Care

Patients interviewed for our study referred to a deterioration in quality of health services, including in the general attitudes of medical staff. While this may be a result of overloaded health systems and overworked medical staff, this may exacerbate any stigma and discrimination faced by PLHIV and TB patients that pre-existed the pandemic. Evgeny, currently living with TB, spoke with frustration about his experience trying to access services:

There are a lot of doctors that do not quite fit (their roles). I see their attitude as if the work is not a priority for them. I came for an electrocardiogram, and she left for shopping. We were all sitting and waiting for her, and she came with bags full of products. There is a whole line waiting, and she ran away. How is it possible? I came to the infectious diseases clinician, and faced her reluctance to do anything. She was raising her voice by any reason... I see it all the time. Only the family doctor was helpful and referred me here (the clinic, where he was undergoing diagnostics procedures).

The lockdown period also saw more frequent police patrols where homeless persons and sex workers attended:

Some of them, for example, homeless people, would be just asked by police to leave the places where they were usually dwelling. And that was pretty tough for the homeless. As of sex workers, police intensified visits to the area where they are offering services forcing them to leave the place.⁷³

Due to the limited geographical scope of our study, it is unclear whether these effects occurred nationwide. A wider study is needed to ascertain the true extent of the impact of police activities during lockdown on key affected HIV and TB populations.

Key populations also lost income as a result of the pandemic, and while people with TB, for example, received financial incentives with TB treatment, these were insufficient for basic needs. According to Stela Bivol:

What's not covered now is that all these vulnerable populations need more material support. They need more welfare support that is beyond the financial incentives to be on TB treatment, they need livelihood support.

⁷³ Interview with Lilian Severin Valeriu, Director, Afl (Zoom, 13 January 2021)



Conclusions

The COVID-19 response in Moldova is characterised by high death rates per capita, with hospitals in the most heavily affected area i.e. Chişinău, running out of beds. The emergency situation saw X-rays, essential for early diagnosis in TB, overloaded by the COVID-19 response, and the value of civil society organisations and grassroots community groups in bolstering TB services in the COVID-19 pandemic. This was seen in particular in decrees to facilitate NGO work on TB screening, and on video observed therapy. In harm reduction, COVID-19 border lockdowns resulted in stockouts of buprenorphine, resulting in patients being switched to methadone-based OST, the long-term effects of which are unknown. In summary, our findings are as follows:

■ ***Threat of shortages of ARVs, but shortages addressed with external support.***

Lockdown saw delayed deliveries of medication shipments, and there were some projected shortages for HIV and OST medications. Shortages for ARVs were promptly addressed with support of neighbouring countries and donors, including the Global Fund. While the threat of a stockout for ARVs existed, having larger reserves meant that regimens did not need to be changed. Some patients on buprenorphine, however, had to be switched to methadone-based OST in June-October 2020 due to delivery delays. No shortages of TB drugs have been registered.

■ ***Reduced accessibility of HIV and TB treatment facilities.***

Patients had reduced access to health facilities due to the shift in focus of health facilities towards COVID-19, restrictions in numbers of patients allowed to attend health facilities at any one time, insufficient supplies of PPE mandatory for entering medical facilities, reduced public transportation, and reduced working hours of service sites.

■ ***Innovative uses of mobile methods and digital health technologies to overcome accessibility issues.***

Peer support workers were engaged to assist with organizing HIV diagnostics in medical institutions, and there was wider use of mobile and electronic health tools for group counselling. In addition, mobile HIV clinics operated by local NGOs provided a range of peer-driven HIV counselling and harm reduction services.

■ ***Scale-up of video-supported TB treatment.***

As a result of significantly reduced access to TB treatment facilities due to the pandemic, video-supported therapy (VST) was scaled-up. Technological barriers remain for patients who lack necessary skills to properly use VOT, but NGOs played a major role in narrowing this gap. VST may be an entry point to much-needed psychological support interventions.

■ **Reduced testing in HIV and TB.**

Interviews indicate reductions in HIV testing by 27%, a reduction of 40-50% in TB case detection in 2020 as compared to 2019, although decrees by the Ministry of Health empowered CSOs to play a more active role in case detection and X-ray screening. While integrated COVID/TB testing was formally adopted through a Ministry of Health, Labour and Social Protection order, the practice of its implementation remained unassessed at the time of completion of this study.

■ **Socioeconomic effects and income loss among key populations.**

Many communities, including HIV and TB key populations, lost income due to the COVID-19 pandemic, and community-based HIV and TB services were important sources of urgent and case-by-case socioeconomic support to patients. However, these are seen as insufficient, and more comprehensive welfare services are needed to ensure communities receive adequate support.

Based on these, we make the following recommendations:

Problem area	Advocacy Target	Recommendation
Insufficient welfare support for key populations	Government of the Republic of Moldova	<ul style="list-style-type: none"> ■ To authorise welfare support for marginalised groups, including HIV and TB populations
	International donors	<ul style="list-style-type: none"> ■ Emergency overseas development assistance to be approved for COVID-19 relief and welfare support for HIV and TB key populations.
A need to strengthen the health system for the ongoing COVID response, and for future pandemics	Government of the Republic of Moldova	<ul style="list-style-type: none"> ■ To develop and implement health human resource retention policies that are effective in adequate distribution and support of health staff; ■ To ensure adequate protection and levels of vaccination of all frontline workers, including in communities ■ To invest in mid-term-term continued pandemic response and develop build-back-better preparedness response.

Reduction of HIV testing	National AIDS Programme	<ul style="list-style-type: none"> ■ To support more extensive mobile testing in deprived areas. ■ To assess feasibility of HIV self-testing in Republic of Moldova.
Mobile x-ray screening for active TB case finding has stopped	National TB Programme; Ministry of Health	<ul style="list-style-type: none"> ■ To urgently resume active case finding with mobile x-ray screening; ■ To support advocacy activities to ensure mobile x-ray screening resumes, as well as other activities to ensure detection rates improve.
Changes in OST treatment regimens due to stockouts	Ministry of Health; International Drug Policy NGOs	<ul style="list-style-type: none"> ■ To conduct an assessment into the effects of switching patients from buprenorphine to methadone
Insufficient psychosocial support for HIV and TB populations	Global Fund; grant implementers	<ul style="list-style-type: none"> ■ Global Fund to ramp up support for psychosocial services, particularly in the context of TB and HIV prevention and support programmes.



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