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Interruption and Innovation

The Impact of policy measures during the COVID-19 pandemic on key- and vulnerable populations for HIV, tuberculosis and viral hepatitis in Eastern Europe and Central Asia

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Acronyms

Acronym	Definition
AIDS	Acquired Immuno Deficiency Syndrome
ART	Antiretroviral Treatment
ARV	Antiretroviral (medicine)
CDC	Centres for Disease Control and Prevention
CEECA	Central- and Eastern Europe and Central Asia
COPD	Chronic Obstructive Pulmonary Disease
COVID	Coronavirus Infectious Disease
CPAP	Continuous Positive Airway Pressure
CVD	Cardiovascular Disease
DOT	Directly Observed Treatment
DRCU	Disaster Response Coordination Unit
ECMO	Extracorporeal Membrane Oxygenation
ECOM	Eurasian Coalition on Male Health
EECA	Eastern Europe and Central Asia
ELISA	Enzyme-linked Immuno-Sorbent Assay
EU	European Union
EUR	Euro
GCA	Government-controlled Area
GCTA	Global Coalition of TB Activists
GDP	Gross Domestic Product
GF	Global Fund
GPS	Global Positioning System
HCV	Hepatitis C Virus
HIV	Human Immunodeficiency Virus
HR	Harm Reduction
ICU	Intensive Care Unit
IDP	Internally Displaced People (Person)
IT	Information Technology
LGBTQI	Lesbian, Gay, Bisexual, Trans, Queer, Intersex
LPV	Lopinavir
MDL	Moldovan Lei
MDR	Multi-Drug Resistance
MHI	Mandatory Health Insurance
MMD	Multi-month Dispensing
MOH	Ministry of Health
MSM	Men who have sex with men
NCDC	National Centres for Disease Control
NGCA	Non-government controlled area
NGO	Non-governmental Organisation
NSP	National Strategic Plan
NTP	National Tuberculosis Programme
OOP	Out-of Pocket
OSCE	Organisation for Security and Cooperation in Europe
OST	Opioid Substitution Tratment
PCR	Polymerase Chain Reaction
PDL	People Deprived of Liberty

PEPFAR	President's Emergency Plan for AIDS Relief
PLHIV	People Living with HIV
PPE	Personal Protective Equipment
PSM	Procurement and Supply Management
PWID	People who inject drugs
PWUD	People who use drugs
RT-PCR	Real-Time PCR
RUB	Russian Rouble
SARI	Suspected Acute Respiratory Infection
SARS	Severe Acute Respiratory Syndrome
SES	Sanitary Epidemiological Stations
STI	Sexually Transmitted Infection
SW	Sex Worker
SWAN	Sex Worker Advocacy Network
TABIB	Management Union of the Medical Territorial Unions (Azerbaijan)
TB	Tuberculosis
TG	Transgender
UAE	United Arab Emirates
UN	United Nations
UNAIDS	United Nations Joint Programme on AIDS
UNDP	United Nations Development Programme
UNICEF	United Nations Children Fund
UPHC	Ukrainian Public Health Centre
USAID	United States Agency for International Development
USD	United States Dollar
WHO	World Health Organisation

Introduction

The purpose of this report is to provide an overview of the impact of the pandemic with the novel coronavirus (SARS-CoV-2) and its associated disease, COVID-19, on the continuity of prevention, treatment and care of HIV, tuberculosis (TB), viral hepatitis and other relevant diseases in Eastern Europe and Central Asia (EECA). The regional scope of this report includes the countries Armenia, Azerbaijan, Belarus, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Russian Federation, Tajikistan, Turkmenistan, Ukraine and Uzbekistan. This report will pay special attention to the impact of measures to prevent COVID-19 on disruptions of services for key- and vulnerable populations to the diseases mentioned earlier. These key- and vulnerable populations are: people who inject drugs (PWID), sex workers (SW), men who have sex with men (MSM), trans people (TG), people living with HIV (PLHIV), people deprived of liberty (PDL) like people in prison or pre-trial detention, tuberculosis patients and their contacts, labour migrants, refugees and internally displaced people (IDP). This categorisation is to an extent artificial. The reader must keep in mind that individuals may simultaneously belong to more than one of these key- and vulnerable populations, adding additional layers of vulnerability.

SARS-CoV-2 is a moving target: it's a new virus, a lot around its epidemiology, spread, and risk factors and is as yet unknown. As the situation unfolds and new knowledge becomes available, authorities in the EECA region may take additional measures and publish new information. Therefore, this report is a snapshot reflective of the situation at the end of May 2020, rather than a comprehensive overview. The basis of this report can be updated with newly published information, using the relevant webpages of the sources listed.

This report is largely based on sources publicly available on the internet. In addition, some individuals working for NGOs providing services to key populations have been interviewed to obtain additional information or specific examples. They gave their permission to be mentioned and quoted in this report.

Measures taken to contain the COVID-19 pandemic in EECA countries

Due to the fast spread of the novel coronavirus, countries worldwide introduced measures, based on WHO recommendations to contain the COVID-19 pandemic. Major aim of the measures is to prevent a peak in new infections ('flatten the curve') in order to reduce the pressure on the hospital facilities, particularly the intensive care capacity and ventilation equipment necessary to treat severe COVID-19. Most countries introduced lockdown measures, which varied by country, based on both the capacities of the healthcare system and political decisions to moderate the economic and social consequences of lockdown.

Some EECA countries introduced an early lockdown approach, such as Kazakhstan that started measures 4 days after the World Health Organisation (WHO) declared COVID-19 a pandemic on 11 March 2020. Others reacted relatively late, like the Russian Federation, where measures were implemented 17 days after the WHO's announcement.

Many EECA countries have implemented the following measures to contain COVID-19:

- Closure of state borders.

- Closure of the borders of certain regions and restrictions on interregional travels, closing the biggest cities.
- Cancellation of international flights and/or flights from countries affected by the pandemic.
- Suspension of public transport
- Closure of public spaces such as bars, restaurants, shopping centres, theatres and other entertainment areas.
- Closure of educational institutions, such as schools and universities.
- Introduction of a state of emergency, lending extraordinary powers to governments to take prompt action.
- Social distancing measures that can take different forms: from a requirement to keep the physical distance more than 1,5 meters and/or wearing personal protection equipment
- Self-quarantine measures and other restrictions of movement.
- Shutdown or significant reduction of public transportation.
- Reprofiling of hospitals and organizing specialized COVID-19 treatment and care centres, and extending laboratory capacity.
- Restrictions or bans on mass public gatherings, events and festivals.

Tables 1a and 1b (Annex 1) present a detailed overview of measures that each EECA country took in response to the pandemic.

Consequences of the pandemic for key- and vulnerable populations in EECA

COVID-19 as a disease may have consequences linked to its pathophysiology for those with a health condition such as PLHIV, people with (history of) tuberculosis or with viral hepatitis, or other health conditions. The impact of COVID-19 on their individual medical condition is not likely to be different in EECA then elsewhere in the world. However, the epidemiology of some of the risk factors in EECA is such, that they are likely to have a substantial impact on certain populations, e.g. because of the relatively high burden of tuberculosis, especially drug-resistance TB. This is the reason why this dimension of COVID-19 is included in Annex 2.

At the same time, all the public health and socio-economic policy measures that are listed above and are taken in EECA countries, have wide-ranging consequences for key- and vulnerable populations in the societies concerned.

People who inject drugs

In most countries of the EECA region, opioid substitution therapy (OST) and sterile needle/syringe programmes (NSP) – key components of an evidence-based and comprehensive harm reduction (HR) programme – continue to operate under COVID-19 quarantine measures.[1]

[1] European Harm Reduction Association. Harm reduction programmes during the COVID-19 crisis in Central and Eastern Europe and Central Asia. EHRA: Vilnius, May 2020. https://harmreductioneurasia.org/hr-programs-overview-in-a-covid-19-situation/ accessed 26-05-2020.

For many countries of the region, OST medications have been made available to take home. The opportunity to get take-home OST (both buprenorphine and methadone) became available in all countries with OST, except for Azerbaijan, Belarus and Kazakhstan.[2] The closure of international borders has led to a disruption in the supply of substitution therapy medications in Moldova; similar risks exist in other countries. There are risks to clients and medical staff in case people are still obliged to come to a medical institution to get their OST. It is possible that some of them will neglect symptoms of COVID-19 and still come to a healthcare institution to get their treatment, as it is the case in Belorussia. Besides, initial symptoms of opioid withdrawal (runny nose, sweaty, rise of body temperature, feeling cold) and COVID-19 may be similar, making the picture more complicated.

In all countries of the region, organisations continued to deliver a range of commodities such as– sterile needles and syringes, masks, disinfectant, hygiene materials, naloxone, tests, and information materials for people who use drugs (PWUD). As a result of the restriction in movement caused by COVID-19, sufficient supplies to cover the needs of an individual for 1-2 weeks have been delivered. Organisations have arranged online counselling for clients and, wherever possible, HIV testing through self-test kits delivered to clients. Some non-governmental organisations (NGOs) in the Russian Federation see a disruption in access to HIV prevention services. PWID are not getting access to information related to HIV prevention and harm reduction programmes and report more difficult access to harm reduction services. The latter is due to scaled-down activities by NGOs, especially in the beginning when lockdown measures were introduced. Increased police patrols related to enforcement of lockdown rules also plays a role in reduced NGO activity and impaired access.

There are reports from Russian cities that drugs became less accessible, with higher prices and dealers selling larger batches at a time. This means that drug-users are more exposed to risks related to the consumption of cheaper, synthetic equivalents on the one hand and tend to break the self-isolation rules to gather in bigger groups to buy drugs collectively on the other. The police are patrolling the streets for people to follow the COVID-19 measures. With less people on the streets, people who are searching for drugs are more visible. Some organisations have re-planned budgets to make it possible to provide shelter to PWUD and women who are victims of violence, for instance in Kazakhstan. In Azerbaijan and Kazakhstan, harm reduction organisations have helped their clients to receive specific assistance for unemployed people in connection with COVID-19.

Sex workers

According to the Sex Worker's Rights and Advocacy Network (SWAN), the COVID-19 restrictions have crippling effects on marginalised communities like sex workers. A lockdown means complete loss of income, danger of losing their homes and struggle to provide food for themselves and their families. In most countries service provision has ceased or is very limited and sex workers report difficulties in accessing antiretroviral (ARV) therapy, hormone therapy, sexual, reproductive and mental health services.

National sex worker-led organisations face similar obstacles as harm reduction organisations for PWID. Lockdowns make it more difficult to operate and do outreach. Continuing such activities would pose a risk to staff for violating lockdown rules. Letting clients come for services is equally risky for the clients. Because they can no longer provide services to sex workers in the way these organisations used to do, they are in danger of losing funding and valuable human resources because meeting donor criteria is

[2] In the Russian Federation, OST is prohibited by law.

becoming impossible under current circumstances. Besides, needs of sex workers have changed. Nowadays, support packages typically should include sanitisers, masks, food packs and other daily necessities next to condoms, lubricants and other safer sex commodities.

SWAN members report that some donors have been understanding to the changing needs of sex workers, and are flexible with re-programming, thus allowing for a continuity of services adapted to the current needs.[4]

SWAN reports obstacles that sex workers face in Georgia, Kyrgyzstan, Kazakhstan, Russia and Ukraine. It is likely that sex workers in other countries face similar problems as described in the following examples.[3]

In all countries, lockdown measures mean that places like saunas or bars where sex workers meet their clients have closed, effectively shutting down possibilities to work. These places are also subject to police raids, like in Kazakhstan. This situation leaves the most vulnerable sex workers without a choice but to accept meeting dangerous clients. If a meeting with a client happens, it is difficult to arrange. Public transport is suspended and transport between cities or even within certain areas in cities is prohibited because of COVID-19 measures. The lack of choice also means that sex workers' power to negotiate condom use is reduced causing higher risk of HIV and other STIs, in addition to prolonged close contact without masks or disinfectant as a risk factor for COVID-19.

Current compensation schemes for loss of work that governments of e.g. Georgia, Kyrgyzstan, and Russia have put into place are only accessible to officially recognised categories of workers or vulnerable groups.

As sex work is not official in these countries, sex workers do not qualify for financial support, leaving them in poverty without any source of income. [4]

Some sex workers switch to working online, like in Russia and Ukraine. In Russia this reportedly makes them vulnerable to blackmail, while in Ukraine online sex workers face prosecution under articles concerning spreading of pornography.

There is a problem of homelessness among sex workers resulting in many of them being forced to take shelter in confined areas in groups. For Russia, this is reportedly especially a problem with the trans sex workers community, while in Georgia homelessness is a problem among migrant sex workers. Sex workers are then further criminalised by the police for not following the quarantine protocols and face fines, and violence. This extra criminalisation leaves sex workers more prone to violence, as they are afraid to report any incident to the authorities. Also, from Russia there are reports of misuse of power by law enforcement, where police raids are becoming more frequent and stigma is increasing as the media are using sex workers as scapegoats.

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[3] SWAN statement on COVID-19 and demands of sex workers. [cited 2020 May 27]. Available from: http://swannet.org/en/content/swan-statement-covid-19-and-demands-sex-workers.

[4] SWAN calls for stronger donor engagement and support for sex workers and sex worker-led organisations. SWAN, 18-05-2020 http://swannet.org/en/content/swan-calls-stronger-donor-engagement-and-support-sex-workers-and-sex-worker-led-organisation accessed 27-05-2020.

In Kazakhstan, restrictions on public transport in combination with the inconvenient locations of sexual health centres and harm reduction services causes access problems for sex workers. In Ukraine, access to Antiretroviral Therapy (ART) and Opioid Substitution Therapy (OST) has been difficult due to lockdowns and lack of human resources or funding.

Men who have sex with men

The Eurasian Coalition on Male Health (ECOM) has assessed the impact of the COVID-19 measures among 33 LGBT NGOs working in the field of HIV prevention and on other sexual health issues in Central and Eastern Europe and Central Asia (CEECA) through a web-based survey. Aside from Armenia, Belarus, Kazakhstan, Kyrgyzstan, Russia, and Ukraine, this report also covers reports from Bulgaria, Croatia, Czech Republic, and North Macedonia.[5]

Like harm reduction organisations and organisations supporting sex workers, the assessment shows that many community organisations in the region have stopped directly working with clients. Slightly more than half of the organisations report a drop of client contacts of more than 50% in the first month of quarantine measures. Three organizations report an increased number of client contacts.

Among the most reduced services are HIV and STI testing services, provision of condoms and lubricants, counselling and support services in connection with HIV testing and prevention, and psychological support for various sub- groups, including PLHIV.

Nevertheless, the majority of organizations are continuing to operate and are looking for ways to adapt to conditions under quarantine. The main area for adaptation entails transferring to service provision online. The primary service offered to clients online is various forms of counselling. All respondents noted the importance of developing various kinds of online and contactless services, including support and education services, the delivery of antiretroviral drugs (including PrEP), prevention materials and, if needed, food to clients' homes.

Only half of the participating organisations feel confident that they can keep staff for the next 3 months. A significant number fear that if quarantine is extended, they will have to start laying off employees. Two organisations already completely stopped their operations.

Organisations have action plans that include measures to increase their sustainability and safety for their staff for the near future. Many are planning for enhanced partnerships and coordination of work with local medical institutions and administrations, as well as with international organizations.

Trans people

According to a web-based needs assessment survey of trans communities in Eastern Europe and Central Asia during the COVID-19 pandemic, conducted from 25 March through 5 April, top 3 challenges are decreasing income, unemployment and deterioration of psychological well-being.[6]

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[5] Eurasian Coalition on Male Health (ECOM). COVID-19 situation assessment: quarantine measures affect to LGTB community NGOs working in the field of HIV prevention. ECOM, 2020. [cited 2020 May 27]. Available from: https://ecom.ngo/en/covid-19-report/.

[6] Rivkin L. Needs assessment of trans* communities in Eastern Europe and Central Asia during COVID-19 pandemic. Trans*Coalition, 2020. [cited 2020 May 27]. Available from: https://www.transcoalition.net/needs-assesment-2020-english/ Russian version: Рифкин Л. Оценка потребностей транс*сообщества региона Восточной Европы и Центральной Азии в

Survey participants are based in 10 countries of EECA region, in the EU and other countries. The majority of participants reside permanently or temporarily in Russia, Ukraine, Kazakhstan, Belarus and Kyrgyzstan. One-third of respondents report a lack of access to health care as one of their challenges. This includes having no access to hormone prescription (reported by 20%) because of lack of money and because they are out of stock in pharmacies. Trans people also report lack of access to other important prescription drugs, and lack of access, for financial and logistical reasons, to trans-friendly doctors. Of the respondents, 16% state that they live in an abusive situation, where they are subject to psychological or physical violence. All these problems add up to a deteriorating mental health status, whereas psychologists have become less accessible. Some survey respondents indicate they are in despair because of the whole situation. A tragic example is a Georgian trans woman setting herself on fire at Tbilisi townhall to protest the Georgia Government's inaction and ignorance towards trans people during the COVID-19 situation.[7] The results of the EECA survey very well mirror the conclusions of an assessment at global level of the impact of COVID-19 on LGBTIQ people.[8]

The immediate response to COVID-19 of NGOs in EECA that support trans communities is meeting the most basic needs by providing food packages in countries like Russia, Kazakhstan, Kyrgyzstan and Ukraine. Trans*Coalition opened an e-mail hotline and has started a peer-based mental health support for trans people, while extending their partner network and stepping up fundraising.

People deprived of liberty

People deprived of liberty, in prisons, pre-trial detention and other custodial settings, are at a high risk for infections including COVID-19. This is linked to their confinement and crowding in small spaces with poor ventilation, where distancing is impossible and the risk of spread of infectious droplets, therefore, is high. Staff in prisons and custodial settings is at increased risk for infection with COVID-19, as they largely share the same environment with those in custody.

Eastern Europe and Central Asia has among the highest ratio of imprisonment in the world and high levels of over-crowding, particularly in pre-trial detention facilities. Access to adequate healthcare is a long-standing problem in the region, where many countries fail to provide prisoners with the same standard of health care as the rest of the population.[9] As in many countries around the world, rates of HIV, tuberculosis are increased in custodial settings in EECA. Apart from an elevated risk to get COVID-19 for all people deprived of liberty, those with HIV and/or TB have extra vulnerabilities and may face additional risks to their health in case of a COVID-19 infection.

Prisoners' rights defenders from the Russian NGO "Rus' Sidiaschaya" state that the situation is worsening because transfer of prisoners, a regular practice in EECA, did not stop. This has already

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связи с пандемией COVID-19. Транс*Коалиция, 2020. [cited 2020 May 27]. Available from: https://www.transcoalition.net/needs-assesment-2020/.

[7] Bollinger A. Trans woman sets herself on fire to protest government's poor COVID-19 response. LGBTQ Nation, 01 May 2020. [cited 2020 May 27]. Available from: https://www.lgbtqnation.com/2020/05/trans-woman-sets-fire-protest-governments-poor-covid-19-response/.

[8] Bishop A. VULNERABILITY AMPLIFIED The Impact of the COVID-19 Pandemic on LGBTIQ People [Internet]. Outright Action International, New York, N.Y.; 2020 [cited 2020 May 30]. Available from: https://outrightinternational.org/sites/default/files/COVIDsReportDesign_FINAL_LR_0.pdf.

[9] Eastern Europe and Central Asia Confronted with COVID-19: responses and responsibilities. Amnesty International, 2020. [cited 2020 May 27]. Available from: https://www.amnesty.org/download/Documents/EUR0122152020ENGLISH.PDF.

caused the spread of infections in several prisons. Due to quarantine measures, no parcels from relatives are accepted, which can include medicines. This makes it impossible in some prisons to continue ARV therapy. Moreover, the reduced access to penitentiary institutions by lawyers and human rights defenders make lack of access to care invisible to the outside, and moreover impact on prisoner's rights to a fair trial.[9] Tajikistan, Kyrgyzstan and Georgia have, similarly to Russia, suspended visits to penitentiary institutions.

The World Health Organisation (WHO) has published interim guidance on the prevention and management of COVID-19 in prisons.[10] A joint statement by WHO, and other UN organisations on COVID-19 in prisons calls on political leaders to: reduce overcrowding, mainly by limiting the deprivation of liberty and starting release mechanisms for people at particular risk of COVID-19; ensure health safety and human dignity; ensure access to continued health services; respect for human rights; and adherence to United Nations rules and guidance.[11]

Labour migrants

EECA is a region with very high numbers of labour migration. Several EECA countries are among the top 10 sending and receiving countries of migrants worldwide. Russia is a significant destination country with 1.1 million registered workers. Kazakhstan is also a destination country. Most labour migrants in Russia come from Central Asian countries such as Tajikistan, Uzbekistan and Kyrgyzstan. In 2019 alone, 500.000 Tajik citizens left their country to work abroad.[12] Remittances represent a substantial part of GDP in Armenia, Georgia and Tajikistan.[13]

The COVID-19 lockdown measures typically include the closure of state borders, with the partial or total suspension of flights between the major cities and countries in the region. International bus and train connections have been suspended as part of the measures to contain the pandemic. Many countries have organised charter flights to bring citizens who were stranded abroad back home. The latter notwithstanding, many labour migrants in the region got stranded.

It is important to note that all disruptions in access to healthcare that were discussed previously, also concern labour migrants when they get stranded in a foreign country with no health- or unemployment insurance. Several key population groups, such as PLHIV, people with (a history of) TB, sex workers, and trans people, also belong to this category. Labour migrants living with HIV generally have an undocumented status, because being HIV positive is grounds for deportation from some countries. Without income, official papers and health insurance, it means that (labour) migrants experience almost unsurmountable obstacles to reach any health service. For instance, Tajik migrants living with HIV use informal networks for access to antiretroviral therapy (ART), or relatives send them medicine, or other people living with HIV share their medicines, or they buy it locally. Because of their undocumented status, many migrants would take their treatment for HIV, TB or HCV from their home

[10] Preparedness, prevention and control of COVID-19 in prisons and other places of detention. Interim guidance. WHO Office for Europe, 15 March 2020.

[11] UNODC, WHO, UNAIDS and OHCHR joint statement on COVID-19 in prisons and other closed settings. UNODC, WHO, UNAIDS and OHCHR: 13 May 2020.

[12] Migrants with HIV of Extra Concern in COVID-19 Era. IOM South-Eastern Europe, Eastern Europe and Central Asia, 2020. [cited 2020 May 28]. Available from: https://rovienna.iom.int/events/migrants-hiv-extra-concern-covid-19-era.

[13] ILO. Eastern Europe and Central Asia: Labour Migration. [cited 2020 May 28]. Available from: https://www.ilo.org/moscow/areas-of-work/labour-migration/lang--en/index.htm.

countries. When returning home is no option, their access to continuity of treatment is jeopardised and compounded by quarantine and lockdown measures. Left without treatment leaves them at great individual risk, and also has public health consequences, as HIV may become detectable because of treatment interruption, and tuberculosis may be insufficiently treated, developing resistance while people become infectious again. The poor general condition of migrants who are stuck in their receiving country is compounded by lack of food because of complete absence of funds.[14] This weakens their immune status and makes them more vulnerable to COVID-19 – not to mention their very crowded housing situations in their receiving country. NGOs providing services for PLHIV try to support these stranded clients through their networks, in order to enable access to ART in the country where they are staying. AFEW International with AFEW Kyrgyzstan have launched a project to improve migrants' access to HIV services last year.

IDPs, refugees, and people in breakaway regions in EECA

Refugees and IDPs face severe challenges because of COVID-19. Especially people living in a camp setting, with limited access to advanced health services and where physical distancing and hand hygiene are impossible to maintain, any outbreak of COVID-19 is likely to have disastrous consequences. EECA does not have large populations in camp settings.

In EECA, the impact of the pandemic is likely to be significant for the populations of territories with internationally unrecognised status: Abkhazia, South Ossetia, Nagorno-Karabakh, Transnistria, and the non-government-controlled areas (NGCA) of Eastern Ukraine. They live in physical, economic and diplomatic isolation and thus can become acutely vulnerable to the ravages of COVID-19. All these statelets have a disproportionally elderly population, putting them at increased risk for COVID-19.[15] In almost all of them, the de-facto authorities have imposed additional travel restrictions as measures to manage the pandemic, enhacing isolation and further limiting possibilities to seek health care, employment or access to pensions.

Around 40% of the local population in the Government Controlled Areas (GCA) of Ukraine most affected by the conflict is of pension age and almost all of them suffer from at least one chronic illness. Although information cannot be verified, It is expected that the situation in NGCA is similar.[16] Even before the conflict, both GCA and the NGCA in the Ukrainian Donbass had some of the highest incidences and prevalences of HIV and drug-resistant tuberculosis in Ukraine and Europe.[17] In areas outside Government control, the healthcare system has experienced severe deterioration due to the complete breakdown of medical supply chains with GCA, causing shortages of medicines, medical supplies and medical equipment and an insufficient numbers of healthcare workers (particularly specialized staff, as many qualified medical personnel left the area as a result of the conflict). The

[14] «Оставаться людьми»: как трудовые мигранты в России переживают эпидемию коронавируса. [cited 2020 May 28]. Available from: RFI, 2020. https://tinyurl.com/y72nreup.

[15] The COVID-19 Challenge in Post-Soviet Breakaway Statelets. Briefing 89, 6 May 2020, International Crisis Group. [cited 2020 May 23]. Available from: https://www.crisisgroup.org/europe-central-asia/b89-covid-19-challenge-post-soviet-breakaway-statelets.

[16] Ukraine 2020 Emergency Response Plan for the COVID-19 Pandemic. UN OCHA, March 2020. [cited 2020 May 28]. Available from: https://reliefweb.int/report/ukraine/ukraine-2020-emergency-response-plan-covid-19-pandemic-march-2020-enuk.

[17] Kazatchkine M. Towards a new health diplomacy in eastern Ukraine. Lancet HIV. 2017;4(3): e99–101.

healthcare system has been functioning at a sub-optimal level and has struggled to cope with existing healthcare needs of the population prior to the emergence of COVID-19,[16] although the quality of HIV services could be maintained during the past years thanks to international assistance.[18]

Transnistria has an outdated health care system that struggles to cope with what is, so far, the largest COVID-19 outbreak in the breakaway statelets in EECA. Capacity to test for COVID-19 is very limited.[15] As in the Donbass, TB, multi-drug resistant-TB (MDR-TB) and TB/HIV coinfection rates are higher than in neighbouring Moldova.[19]

Isolation has impacted on the quality of medical personnel and availability of supplies in Nagorno-Karabakh, where the local laboratory is unable to assess the results of COVID-19 tests sent by Armenia.[15] Abkhazia is successfully cooperating with Georgia, allowing Abkhazian patients to get treatment in Georgia. Of the self-proclaimed states reviewed here, South Ossetia arguably is at greatest risk. Seventeen per cent of the population is elderly (pensioners), hospitals are severely underequipped and there are anecdotal reports that doctors refused to work due to lack of PPE. Russia has stopped exports of medical supplies early March. Disinfectant is in short supply and medical professionals haven't been trained for years, lacking the know-how to operate ventilators.[15]

There is international assistance to respond to COVID-19 for the breakaway republics. WHO provides technical assistance where the authorities invite them to do so. The United Nations Children's Fund (UNICEF), with support from the GF Emergency Fund, has assisted with delivery of ARVs, medication for opportunistic infections and tuberculosis drugs, and test materials for the NGCA in Ukraine, and continues to support the conflict affected areas nowadays.[20] The Organisation for Security and Cooperation in Europe (OSCE) the European Union (EU), Ukraine, Russia and the United States assist with the response in Transnistria. The International Committee of the Red Cross/Red Crescent provides assistance to Nagorno-Karabakh and South Ossetia.[15]

People living with HIV, with (a history of) TB, or viral hepatitis

People living with HIV, TB or viral hepatitis need uninterrupted access to antiretroviral medication and other medical services. Their continuity of treatment is likely to be affected for two different reasons: direct effect of lockdown measures on key populations, and effects mediated through the health care system's reactions to the pandemic.

Direct effects of lockdown measures.

Like the other key populations described in this report, lockdown and quarantine measures including suspension or limitation of public transport restrict the ability to move around to pick up medication and access consultations. Because of the economic consequences of the lockdown for many patients, financial means for private transport are lacking. For key- and vulnerable populations including PLHIV, people with a history of TB and people with viral hepatitis, the increasing food insecurity and risk of

[18] Van Der Meer J. Antiretroviral treatment in the non-government controlled areas of Donetsk and Lugansk. Geneva: UNICEF, 2016.

[19] Review of the National Tuberculosis Programme in Review of the National Tuberculosis Programme in the Republic of Moldova. World Health Organization Regional Office for Europe, February 2013.

[20] UNICEF Europe & Central Asia Region (ECAR) Novel Coronavirus (COVID-19) Situation Report No. 7 7-15 May 2020. [Internet]. [cited 2020 May 29]. Available from: https://reliefweb.int/report/tajikistan/unicef-europe-central-asia-region-ecaro-novel-coronavirus-covid-19-situation-0.

homelessness that comes with unemployment as a result of the policy measures will have an impact on their health condition.

Effects mediated through the health care system.

Health care system capacity issues and repurposing of care. Repurposing of health care facilities for COVID-19 has occurred in almost all countries in the region.

This is the case, for instance, in the Russian Federation for the AIDS Centres. Public health experts at the AIDS centres are supporting epidemiological surveillance and contact tracing, using the approaches developed for HIV. Many of their doctors and nurses have been seconded to medical teams dedicated to providing care for people with COVID-19. "Many AIDS centres across the country have repurposed their laboratories to also diagnose coronavirus, but provision of quality medical care for people living with HIV continues," ensures Natalia Ladnaia, Senior Researcher at the Central Research Institute of Epidemiology of the Russian Consumer Protection Agency.[21] Also Georgia has repurposed HIV laboratories for COVID-19 testing (Table 1b).

National TB Programmes (NTP) report in rapid assessment by the Stop TB partnership[22] that at least 40% of TB facilities (hospitals, dispensaries) are being used for the COVID-19 response. All of the 16 NTPs, of which 6 are from EECA, mention that the national COVID-19 response plans envisage that TB facilities will be fully utilized if COVID-19 gets more widespread. For instance, in Kazakhstan, TB hospitals are being repurposed for COVID-19 isolation wards. All NTPs mention that they observe a decrease in the number of people presenting/accessing services for TB. Other situations observed are disruptions in sputum transportation and on providing different types of treatment support, interruption of active TB Case Finding activities, and disruption on diagnostic activities, due to lack of staff and sometimes even laboratory space. No NTP expressed significant disruption on commodities and supplies. The survey carried out by the Global Coalition of TB Activists (GCTA) through communities, civil society and people affected by TB found a severe, and similar impact of the COVID-19 situation on TB response and people with TB. In addition, GCTA's survey reports interruption of nutritional support, as well as the struggle of people affected by TB to get food as most of them are daily wage workers and buy food every day.[22]

Repurposing has paralysed the healthcare system in countries with a serious outbreak, and in states with a weak healthcare system. Planned surgeries and treatments are postponed for undefined periods of time in many of the countries in the region. Clinical monitoring of treatment results for HIV or TB are also postponed. Routine tests and other monitoring measures are held in smaller volumes, and labs are repurposed to do COVID-19 testing. According to some news reports from Russia, people in need of treatment for viral hepatitis do not receive their medication because of the repurposing of health care facilities.[23]

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[21] Российские региональные Центры СПИД ведут борьбу против COVID-19 | ЮНЭЙДС [Internet]. [cited 2020 May 30]. Available from: https://www.unaids.org/ru/resources/presscentre/featurestories/2020/may/20200514_russian-federation-covid19.

[22] THE TB RESPONSE IS HEAVILY IMPACTED BY THE COVID-19 PANDEMIC. Stop TB Partnership [Internet]. [cited 2020 May 29]. Available from: http://www.stoptb.org/news/stories/2020/ns20_014.html.

[23] Посторонние болезни нарушают карантин – Газета Коммерсантъ № 73 (6794) от 22.04.2020 [Internet]. [cited 2020 May 29]. Available from: https://www.kommersant.ru/doc/4327842?from=main_3.

NGOs and health service providers in the region have adapted to the COVID-19 reality by providing teleconsultations. Not everyone has the equipment and skills to work in this way, which may put especially elderly patients at risk. “In Belarus, we have more than 600 people living with HIV who are over 60” says Anatoli Leshenok of Lyudi Plyus, an NGO in Belarus. “They don’t have the skills to work with computers. Lyudi Plyus conducted an online survey to assess the needs of PLHIV in Belarus. It turned out that many PLHIV were not able to fill out the questionnaires on their own and had to call in the help of a peer counsellor. For this reason, UNAIDS has begun supplying our organisation with computer classes for conferences, surveys, etc. Also, we are planning to equip a computer classroom for teaching computer literacy, starting with the basics. Such training is necessary primarily for the elderly, as well as those who have been released after a long period of imprisonment”, Leshenok adds.[24]

Procurement and supply management (PSM) problems of essential medicines and medical supplies. PSM chains worldwide are affected for a variety of reasons. Closure of national and regional borders, stops the flow of goods through borders. Reduced passenger air traffic has also reduced air freight capacity by 31%.[25]

Lockdown measures in countries with large pharmaceutical industries that produce essential medication and medical supplies, or their raw materials, have a negative effect on the production, export and availability of those medicines worldwide. This has been the case for China and is still the case for India, which is a large producer of generic drugs, like ARVs, and tuberculosis drugs.

In EECA, procedures for procurement and tenders can be very complicated. Disruption in supplies of ARVs occur regularly, as documented mainly for Russia by the website https://pereboi.ru/. Besides Russia, also patients from other EECA countries report stock-outs of ARVs, for instance in Belarus.[24]

Increased demand for selected antiretrovirals. Next to supply challenges, there is increasing demand for certain antiretrovirals such as lopinavir/ritonavir (LPV/r), as there are preliminary reports that they might be effective against COVID-19 in a multi-drug combination.[26] After the Russian Ministry of Health recommended LPV/r as a treatment for COVID-19, the demand for the drug in Russia went through the roof, while prices increased.[27] There is anecdotal evidence that PLHIV have been selling their LPV/r.[24] There are reports from Kyrgyzstan that the Ministry of Health repurposed some LPV/r stock at

[24] Anatoli Leshenok, vice-president of NGO “Lyudi Plyus” (Belarus), personal communication; interview with Liza Turgeneva for this report.

[25] COVID-19 impact assessment on supplies and logistics sourced by UNICEF Supply Division. A picture of the situation as well as risk mitigation undertaken or to be actioned. https://www.unicef.org/supply/stories/covid-19-impact-assessment-supplies-and-logistics-sourced-unicef-supply-division accessed 29-05-2020.

[26] Hung IF-N, Lung K-C, Tso EY-K, Liu R, Chung TW-H, Chu M-Y, et al. Triple combination of interferon beta-1b, lopinavir/ritonavir, and ribavirin in the treatment of patients admitted to hospital with COVID-19: an open-label, randomised, phase 2 trial. Lancet [Internet]. 2020 May 19; https://doi.org/10.1016/S0140-6736(20)31042-4

[27] «Карантин может закончиться в июне»: миллиардер Репик о странностях COVID-19 и своем лекарстве от коронавируса. Forbes.ru, 11 April 2020. https://www.forbes.ru/milliardery/397503-karantin-mozhet-zakonchitsya-v-iyune-milliarder-repik-o-strannostyah-covid-19-i accessed 29-05-2020.

the AIDS Centre for treatment of COVID-19, fuelling fears for shortages.[28] This has first and foremost consequences for those PLHIV, who are treated with a triple combination that includes LPV/r, which is not the most used first-line combination ART. There are no estimates available how many PLHIV in EECA depend on LPV/r in their triple-drug ARV regimen, and how many of them experience shortages.

Overall effects of COVID-19 policy measures on the health care system. A recent modelling study estimates that in high burden settings, HIV, and TB related deaths over 5 years may be increased by up to 10% and 20%, respectively, compared to if there were no COVID-19 epidemic. The biggest impact on HIV will come from interruption to ART, for reasons outlined above.

The study estimates that for TB, the greatest impact will come from reductions in timely diagnosis and treatment of new cases, which may result from a long period of COVID-19 suppression interventions.[29] Although the study has not modelled viral hepatitis, similar effects can be expected to occur for this group of diseases.

Almost all countries in EECA qualify as high-burden settings for HIV (except for Turkmenistan and Armenia), and all EECA countries have a high-burden of TB.[30] The Stop TB partnership has modelled the impact of COVID-19 policy measures for TB in Ukraine (Table 2), which clearly shows the dramatic impact on TB morbidity and mortality in the country. This study is purely modelling the impact on TB alone, and does not take into account the effects of comorbidity with COVID-19 infection and the effects of TB/HIV.[31] It is, therefore, likely to be a conservative estimate.

This modelling study clearly indicates, that maintaining the most critical prevention activities and healthcare services for HIV, TB and hepatitis could significantly reduce the overall impact of the COVID-19 epidemic.

Table 2. Impact of COVID-19 policy measures on TB mortality and morbidity in Ukraine

Ukraine	Excess TB cases 2020-2025	Excess TB deaths from 2020 - 2025
2-month lockdown + 2-month recovery	2348 (1.19% increase)	455 (2.40% increase)
3-month lockdown + 10-month recovery	7589 (3,86% increase)	1578 (8,3% increase)
For every month of lockdown	1058	270

[28] Айбар Султангазиев: Лекарств для лечения от коронавируса не останется через несколько дней. Kaktus Media, 6 April 2020.https://kaktus.media/doc/410154_aybar_syltangaziev:_lekarstv_dlia_lecheniia_ot_koronavirysa_ne_ostanetsia_cherez_neskolko_dney.html accessed 29-05-2020.

[29] Hogan AB, Jewell B, Sherrard-Smith E, Vesga J, Watson OJ, Whittaker C, et al. Report 19: The Potential Impact of the COVID-19 Epidemic on HIV, TB and Malaria in Low-and Middle-Income Countries. [Internet]. [cited 2020 May 29]. Available from: https://www.imperial.ac.uk/mrc-global-infectious-disease-analysis/covid-19/report-19-hiv-tb-malaria accessed 29-05-2020.

[30] Eligibility List 2020. The Global Fund to fight AIDS, TB and malaria, November2019. [Internet]. [cited 2020 May 29]. Available from: https://www.theglobalfund.org/media/9016/core_eligiblecountries2020_list_en.pdf?u=637261641250000000.

[31] Potential Impact of Covid-19 Response on Tuberculosis in High Burden Countries – A Modelling Analysis. Stop TB Partnership, Imperial College, Avenir Health, Johns Hopkins University and USAID. Presentation at webinar 'How to prevent 1.4 million deaths: Advancing TB care and prevention in the time of COVID-19', The Union, 2020 May 21.

For every month of restoration	625	137

Conclusions

Cross-cutting issues

The previous section has discussed the implications of COVID-19 measures for key- and vulnerable populations. There are some cross-cutting risks, issues and trends that affect virtually all of these groups, which this section will discuss.

Social isolation and stress

Imposed social distancing and self–isolation weakened important social relationships and community links. Social isolation itself is already a challenge, especially in times of uncertainty. Social isolation, in combination with loss of income and unsafe or violent home environment, may lead to depression.[8,32] This is compounded by stress about not being able to access essential medication, be it for HIV, TB, opioid addiction or hormone replacement. The usual communication with community members and peer counsellors is very limited or has been completely transferred to online. At times, however, this is not enough to ensure the usual support the most vulnerable individuals rely on. The transfer of social life to online also means computer literacy and computer equipment to stay connected, which is out of reach for people with no or low income.

The overall hostile atmosphere in the cities, as a result of increased police presence for example, reduces the willingness to commute, even to get medical help or to purchase goods of first necessity. Researchers fear that the emotional distress caused by loneliness, a lack of support, and anxiety will lead to an increased consumption of drugs and alcohol.[33]

Many of PLHIV, LGBTQI, sex workers and PWID have not disclosed their status to their relatives, while they share their living space and home with them due to the present situation. This pressure affects their psychological as well as their physical wellbeing. They cannot turn to these family members for help in getting their treatment, for instance.

Domestic violence and gender-based violence

Worldwide, measures to contain COVID-19 are associated with a dramatic increase of girls and women facing abuse. Since the pandemic, the UN is reporting that Lebanon and Malaysia, for example, have seen the number of calls to helplines double, compared with the same month last year; in China they have tripled.[34] Calls to Russia's domestic violence hotlines have increased by 24% in March 2020

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[32] Meeting Targets and Maintaining Epidemic Control (EpiC): Strategic Considerations for Mitigating the Impact of COVID-19 on Key-Population-Focused HIV Programs. FHI360: Durham, NC; 2020. [Internet]. [cited 2020 May 29]. Available from: https://www.fhi360.org/sites/default/files/media/documents/epic-kp-strategic-considerations-covid-19.pdf.

[33] Batty D. Coronavirus crisis could increase users' drug habits – report | Drugs | The Guardian [Internet]. The Guardian. 2020 [cited 2020 May 30]. Available from: https://www.theguardian.com/society/2020/may/03/coronavirus-crisis-could-increase-users-drug-habits-report.

[34] UN chief calls for domestic violence 'ceasefire' amid 'horrifying global surge'. UN News [Internet]. [cited 2020 May 30]. Available from: https://news.un.org/en/story/2020/04/1061052.

compared to February, while other regions saw up to threefold increases.[35] [36] In Kazakhstan and other countries, there are concerns that women cannot call police due to proximity of the perpetrator, so incidence is likely to be even higher than reported.[37]

Before the pandemic, key populations like LGBQI already experience higher levels of domestic violence. Many of PLHIV, and LGBTQI are living with non-accepting family members. Being confined to a limited space increases pre-existing tensions and thus the chance that these tensions escalate into violence, while the situation isolates those who are assaulted from the people and resources that could help them.[8]

Access to Sexual and Reproductive health services

Another negative effect of Coronavirus measures in overwhelmed health care systems, concerns barriers to sexual and reproductive health services. A research team from the Guttmacher Institute estimated the impact of pandemic-related challenges on the provision of core services and subsequent health outcomes. For instance, a 10 % decline in short- and long-term reversible contraceptive use would result in an additional 15 million unintended pregnancies. In turn, this would lead to 3 million unsafe abortions and an additional 1000 maternal deaths due to unsafe abortions.[38]

These consequences are already being seen in EECA countries, where women wanting to terminate an unwanted pregnancy face significantly reduced access. In Moscow, women have gotten rejected from women consultation[39] and in Kyrgyzstan, NGO Asteria reports increases in the amount of illegal abortions.[40]

Corruption in the health care system

The current situation stimulates corruption in healthcare system worldwide, as is reported by Transparency International. The decision doctors are forced to make in the conditions of shortages of equipment significantly increases the risks of bribe-taking.[41] [42] Like many countries in the world, EECA

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[35] Russia Seeks Protections for Domestic Abuse Victims During Coronavirus Lockdown - The Moscow Times [Internet]. [cited 2020 May 30]. Available from: https://www.themoscowtimes.com/2020/04/22/russia-seeks-protections-for-domestic-abuse-victims-during-coronavirus-lockdown-a70071.

[36] Депутаты предложили срочные меры борьбы с домашним насилием на изоляции. РБК [Internet]. [cited 2020 May 30]. Available from: https://www.rbc.ru/society/22/04/2020/5e9f0a669a79478af08dfa86?from=from_main.

[37] UN Women Central Asia. Press Release Women and girls are left behind in COVID 19 response | UN Women – Europe and Central Asia. [Internet]. [cited 2020 May 30]. Available from: https://eca.unwomen.org/en/news/stories/2020/4/press-release-women-and-girls-are-left-behind-in-covid-19-response.

[38] Ahmed Z, Cross L. Crisis on the Horizon: Devastating Losses for Global Reproductive Health Are Possible Due to COVID-19 | Guttmacher Institute. [Internet]. [cited 2020 Jun 1]. Available from: https://www.guttmacher.org/article/2020/04/crisis-horizon-devastating-losses-global-reproductive-health-are-possible-due-covid.

[39] Правозащитники заявили, что в Москве перестали делать аборты. Власти это отрицают. [Internet]. [cited 2020 May 30]. Available from: https://tvrain.ru/news/v_moskve_prekratili_delat_aborty_v_period_povyshennoj_gotovnosti-507390/.

[40] Asteria, personal communication by e-mail to Liza Turgeneva for this report.

[41] Corruption and the Coronavirus - News - Transparency.org. [Internet]. [cited 2020 Jun 1]. Available from: https://www.transparency.org/en/news/corruption-and-the-coronavirus.

[42] Пандемия COVID-19: ГРЕКО предупреждает о рисках коррупции – Новости. [Internet]. [cited 2020 Jun 1]. Available from: https://www.coe.int/ru/web/portal/-/covid-19-pandemic-greco-warns-of-corruption-risks.

countries are not free of corruption in healthcare, due to the low salaries for doctors and the lack of trust in free medicine among patients. The poor conditions in which medical staff are forced to work in the region make bribes ever more likely.[43] Therefore, access to healthcare services that is already not easy for key- and vulnerable populations, is complemented by one more obstacle.

Health care workers

More than anybody else, health care workers are exposed to risk of infection around the world. In many countries, including those in EECA, they have to work in difficult circumstances, often without sufficient PPE. According to a survey in Russia, 39 percent of doctors said PPE was supplied irregularly or in inadequate quantities to their facility, and 48.5 percent said they had to reuse PPE. Over three-quarters of respondents -- 77 percent -- said they either already had COVID-19 or considered themselves to be at high risk of contracting the disease.[44]

This situation is likely to also affect health care workers involved in HIV, TB and hepatitis care, because their patients are more vulnerable to COVID-19. Especially since TB hospitals are often repurposed to COVID-19 care, it is likely to put a strain on TB doctors, which in turn may affect the quality of COVID-19 as well as routine TB care.

Income level and food security

It is important to note that a large proportion of key populations is working in informal sectors of the economy and in small or middle-sized businesses, whose activity was completely shut down due to the coronavirus. Many of them have been hired unofficially or semi-officially and therefore cannot call upon to any government assistance. The earlier sections about illegal immigrants and sex workers have highlighted this issue. It not only touches these groups. Trans people sometimes live temporarily (unofficially) outside of their home country or area in order to get the treatment they need, and cannot return because of the restrictions on movement, while being without source of income.

The social help offered by many states is very minimal and not sufficient to cover the costs of living. The maximum payment by Russia to compensate for loss of income is 12.130 roubles for one month (less than 160 euros). This brings people lucky enough to have had a job already into poverty and affects their food security,[45] amidst of reports of food price hikes.[46]

No income negatively affects continuity of treatment. Where public transport has been suspended during lockdown, patients often cannot afford a taxi going to their clinic, which is often located far from their place of residence, to pick up their medication, go for a lab test or check by their physician. Patients needing treatment for HIV, TB, and viral hepatitis all face similar problems.

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[43] Tikhomirova AV. Коррупция в здравоохранении. [Internet]. [cited 2020 Jun 1]. Available from: http://www.privatmed.ru/article/235/1712/274/.

[44] Survey: 1 In 3 Russian Doctors Told To "Adjust" COVID-19 Stats. [Internet]. [cited 2020 Jun 2]. Available from: https://www.rferl.org/a/one-in-three-russian-doctors-told-to-adjust-covid-19-stats/30629315.html.

[45] Выжить на 10 тысяч рублей. С чем столкнулись люди, доходы которых упали из-за коронавируса - BBC News Русская служба. [Internet]. [cited 2020 Jun 2]. Available from: https://www.bbc.com/russian/features-52103947.

[46] Рост цен ускорился в начале апреля – Ведомости. [Internet]. [cited 2020 Jun 2]. Available from: https://www.vedomosti.ru/economics/articles/2020/04/08/827482-prodolzhili.

Good practice examples

The COVID-19 pandemic has placed an enormous strain on prevention and care services for key populations as the previous sections of this report have shown.

Although people and organisations are faced with daunting problems, many have responded and adapted to the new situation with creative solutions and good practices.

Civil Society Organisations

- Many CSOs have been able to repurpose their budgets to purchase additional materials, such as PPE.
- Others saw a suddenly occurring need to provide shelter to their clients who suddenly lost their incomes and became homeless as a result, and were able to organise a roof over their clients' heads.
- CSOs in the region have adapted to rising poverty and resulting changing needs of their clients by providing food parcels.
- Many CSOs in the region have introduced remote working methods with their clients. These include:
    - Peer support groups, HIV and treatment counselling over phone or Skype
    - Trainings in computer literacy for older PLHIV and people recently released from prison
    - Home delivery of harm reduction materials, medicines, and HIV self-tests
- CSOs have assisted PLHIV, who were stranded abroad, to access the ART they needed.
- Many civil society networks have already done rapid assessments to get a better understanding of the impact of COVID-19 on their communities.

Governmental systems

- Doctors and health care systems have been able to switch to online consultations. While this may hamper access for mainly elderly patients and poor patients without computer equipment and/or -skills, for other patients it may improve access as they do not need to spend time and money on travel.
- Other services, such as registering for lab tests, have been made available online.
- Doctors and medical facilities have switched to Multiple-month dispensing (MMD) for ART for HIV and TB treatments, saving patients exposure to hospital environments, travel time and money.
- Longer-term dispensing has also been introduced for OST ranging from 5 days to multiple weeks.
- Delivery of treatments has been changed, outside of e.g. AIDS centres to decentralised locations that are easier to reach for patients.
- The Ministry of Health in Armenia has issued orders for TB and HIV services specifying paths for continuing provision of services to these patients in the light of COVID-19 outbreak. In particular, more patient-centred models of care are applied following up on DOT through video-observed treatment, home care by family member monitoring, etc.
- Switching to more ambulatory care for people hospitalised for TB may offer an opportunity for better outcomes of treatment – if treatment continuity is guaranteed. Community-based treatment exposes people with TB to less infection risk than in TB facilities.

- Some countries have announced amnesties for prisoners or alternative sentencing to reduce crowding in prisons. This will reduce not only COVID-19 exposure, but also to TB, HIV and viral hepatitis.

Donors

Donors have shown flexibility in repurposing budgets.

Early March, the Global Fund issued a first guidance note allowing countries to redeploy underutilized assets, repurpose grant savings and, in exceptional cases, reprogram up to 5% funding from existing grants to fight COVID-19. The Secretariat estimates the costs of these flexibilities at $500 million. A month later, the Global Fund announced an additional $500 million to a newly created COVID-19 Response Mechanism.[47]

PEPFAR is providing its country and regional teams with greater flexibility to determine how to optimally serve its HIV clients with prevention and treatment services in areas affected by COVID-19 based on the specifics of their local context.[48]

On 22 April the Commission proposed a €3 billion macro-financial assistance package to ten enlargement and neighbourhood partners that include Georgia, Moldova, and Ukraine. The proposal comes in addition to the €15.6 billion 'Team Europe' strategy in support of partner countries' efforts in tackling the coronavirus pandemic. The European Commission has also announced the reallocation of €840 million for the most immediate needs in Armenia, Azerbaijan, Belarus, Georgia, the Republic of Moldova, and Ukraine, as part of the global response to the coronavirus outbreak. These funds will support the supply of medical devices and protective equipment and to support businesses and jobs.[49]

[47] The Global Fund makes laudable efforts to tackle COVID-19, but questions remain. Aidspan. [Internet]. [cited 2020 Jun 2]. Available from: https://aidspan.org/gfo_article/global-fund-makes-laudable-efforts-tackle-covid-19-questions-remain.

[48] FAQs on PEPFAR's HIV Response in the Context of COVID-19. [Internet]. [cited 2020 Jun 1]. Available from: https://www.state.gov/faqs-on-pepfars-hiv-response-in-the-context-of-covid-19/.

[49] Crisis management and solidarity. European Commission. [Internet]. [cited 2020 Jun 2]. Available from: https://ec.europa.eu/info/live-work-travel-eu/health/coronavirus-response/crisis-management-and-solidarity_en#assistance-outside-the-eu.

Annex 1. COVID-19 policy response in EECA countries

Table 1a. COVID-19 policy response in EECA countries, based on this report and country reports by COVID-19 Health System Response Monitor

Country	Start date State of Emergency	(Planned) end date state of emergency	Health communication	Government sites with COVID-19 Info	Physical distancing	Start date movement restrictions	End movement restrictions /Easing of measures
Armenia https://www.covid19healthsystem.org/countries/armenia/countrypage.aspx	16-03-2020	13-06-2020	Daily info on: Number of tests conducted, new positive cases, cumulative cases, recovered, deaths, and health care information on ICU beds, ventilators, laboratories	moh.am; ncdc.am	Yes	24-03-2020	12-04-2020
Azerbaijan https://www.covid19healthsystem.org/countries/azerbaijan/countrypage.aspx	24-03-2020	31-05-2020	No formal State of Emergency declared. The dates refer to what is call 'Special Quarantine Regime'. Risk communication and community engagement are conducted through press releases, media, social media, TV, radio, and text message. Anyone attempting to disseminate false information or spread panic in the media (including social media) is liable to be fined. However, there is an issue with trust in official messaging as many people believe conspiracy theories about COVID-19 and do not respect policies to prevent transmission	https://koronavirusinfo.az	Yes	24-03-2020	04-05-2020
Belarus https://www.covid19healthsystem.org/countries/belarus/countrypage.aspx	12-03-2020	23-04-2020	Expert advice on hand hygiene, respiratory etiquette and social distancing was issued long before the first patient with COVID-19 was identified in Belarus (on 27 February 2020) through multiple press briefings and Ministerial speeches in January-February 2020	http://minzdrav.gov.by/ru/dlya-belorusskikh-grazhdan/COVID-19/.	Up to now, Belarus has introduced only mild restrictions and physical distancing measures, however, the Government expresses its commitment to introducing more severe restrictions when the situation with COVID-19 gets worse.	N/A	N/A

Country	Start date State of Emergency	(Planned) end date state of emergency	Health communication	Government sites with COVID-19 Info	Physical distancing	Start date movement restrictions	End movement restrictions /Easing of measures
Georgia https://www.covid19healthsystem.org/countries/georgia/countrypage.aspx	21-03-2020	23-05-2020	The government / National Center for Disease Control and Public Health (NCDC) has been working actively with mass media to inform the public about measures put in place. Official advice on hand hygiene, respiratory etiquette, and physical distancing has been issued and disseminated widely starting already in January 2020. Information on outbreak severity and responses are conveyed to the public through mass media and social media and it is updated regularly.	https://stopcov.ge/	People are asked to keep 2 m distance in food shops and pharmacies. Economic activities in Georgia will restart in six stages; a 2-week gap is planned between each stage.	31-03-2020	27-04-2020
Kazakhstan https://www.covid19healthsystem.org/countries/kazakhstan/countrypage.aspx	15-03-2020	11-05-2020	On 2 March, the Minister of Health, Yelzhan Birtanov, informed the public about measures taken to protect the population of Kazakhstan from coronavirus infection, including regular hygiene, treatment of face and hands.	Coronavirus2020.kz	On 15 March 2020, Kazakhstan declared a state of emergency and first public health and social measures. A ban on all public events, suspension of shopping, closure of entertainment facilities, national exit and entry restrictions were implemented on 16 March 2020. Shopping and entertainment centers were suspended, with an ease of measures in the course of May in designated areas.		04-05-2020
Kyrgyzstan https://www.covid19healthsystem.org/countries/kyrgyzstan/countrypage.aspx	22-03-2020	11-05-2020	In order to prevent transmission of COVID-19, official advice on hand hygiene, respiratory etiquette, and physical distancing was issued in mid-January 2020. The Government's official messages are widely circulated through multiple channels and formats (social media, TV channels, daily media briefings). Currently, a UN crisis communication strategy in response to the COVID-19 outbreak in Kyrgyzstan to support the government of Kyrgyzstan is being developed.	med.kg	Physical distancing includes recommendations to keep a physical distance of 1 metre, and to avoid hand-shaking and any other physical contacts.	N/A	11-05-2020

Country	Start date State of Emergency	(Planned) end date state of emergency	Health communication	Government sites with COVID-19 Info	Physical distancing	Start date movement restrictions	End movement restrictions /Easing of measures
Moldova https://www.covid19healthsystem.org/countries/moldova/countrypage.aspx	N/A	N/A	The MoHLSP coordinate and manages the main messages and communications related to COVID-19 and conduct two media briefings per day. The MoHLSP elaborated a COVID19 risk communication and community engagement plan covering travel advice, hand hygiene and respiratory etiquette, and physical distancing were issued early in the epidemic (February 2020).	https://msmps.gov.md/sites/default/files/legislatie/ordin_188_covid_19.pdf	An overall ban on public events and gatherings of more than 50 people started on 10 March. Educational institutions have also been closed since that date. From 25 March, older people (aged over 63 years) were advised to self-isolate at home, apart from shopping for food or medicines. Since 27 March, new distance requirements allowed up to three people to be together in public spaces and only two people to travel together in cars.	From community spread (first COVID_19 case: 7 March)	N/A
Russian Federation https://www.covid19healthsystem.org/countries/russianfederation/countrypage.aspx	28-03-2020	12-05-2020	Since the end of January, advice on hand hygiene and respiratory etiquette has been widely disseminated, and people are advised to stay 1.5 meter away from each other. The Ministry of Health strongly recommends the use of masks, gloves and hand sanitiser for employees in contact with the public. On 6 May, wearing masks was compulsory in 68 regions. Wearing face masks and gloves on public transport, in taxis and in shops is compulsory in Moscow from 12 May and strongly recommended in all public places. There is administrative and penal liability for disseminating false information about COVID-19, with sentences going up to two million RUB fines and five years of imprisonment.	https://www.rosminzdrav.ru/ministry/covid19	A nationwide paid leave ran from 28 March until 11 May (extended twice from the initial deadline of 5 April) in order to encourage Russians to stay at home and slow the spread of the virus.	28-03-2020	12-05-2020

Country	Start date State of Emergency	(Planned) end date state of emergency	Health communication	Government sites with COVID-19 Info	Physical distancing	Start date movement restrictions	End movement restrictions /Easing of measures
Tajikistan Various sources, most info from: https://en.wikipedia.org/wiki/COVID-19_pandemic_in_Tajikistan	N/A	N/A	On February 13, 13,000 copies of WHO guidelines and recommendations to reduce the risk of coronavirus infection were printed and distributed to Tajik citizens. On 30 April, the Ministry of Health reported 15 confirmed coronavirus cases as of 29 April: 10 in Khujand and 5 in Dushanbe. As of May 8, Tajikistan reports 461 cases and 12 deaths.	http://moh.tj/covid-19	In March, the government asked people to avoid public gatherings and mosque attendance. Nonetheless, Nowruz, a national holiday on 21 March, was not cancelled. The President was seen taking part in large public gatherings. On April 23, Tajikistan closed schools for two weeks to prevent the spread of coronavirus. Also, the mosques were closed as well as the country's borders.	N/A	N/A
Turkmenistan Various sources, most info from: 1) https://en.wikipedia.org/wiki/COVID-19_pandemic_in_Turkmenistan 2) https://fergana.ru/	N/A	N/A	The government has worked to control information about the virus. According to Reporters without Borders, the government has restricted information about the virus and provides "very one-sided information" (https://rsf.org/en/news/coronavirus-limits-turkmenistan). According to Chronicles of Turkmenistan, state media did not begin reporting on the measures that had been taken until 25 March.	N/A	N/A	N/A	N/A
Ukraine https://www.covid19healthsystem.org/countries/ukraine/countrypage.aspx	25-03-2020	24-04-2020	In January 2020, WHO recommendations on hand hygiene and respiratory etiquette were adapted and issued in January, then posted in different formats on social media channels, such the social media pages of the Ukrainian Public Health Centre of the Ministry of Health of Ukraine (UPHC). Shortly before the movement restrictions, which took effect on 12 March 2020, the recommendations on	https://covid19.com.ua/	Self-isolation, “stay at home” measures have been implemented throughout the country. People should keep 1-meter distance. Public transport, restaurants and entertainment centers were clsoed 17 March. On 2 April,	12-03-2020	30-03-2020

Country	Start date State of Emergency	(Planned) end date state of emergency	Health communication	Government sites with COVID-19 Info	Physical distancing	Start date movement restrictions	End movement restrictions /Easing of measures
			social distancing were issued and posted through official channels like the MOH facebook page. Situation updates on Ukraine and brief global updates are posted daily on the Ministry of Health Facebook page and via Viber messenger. There is also a monitoring dashboard on numbers of hospitalized patients with suspected and confirmed cases.		stricter measures were put in place: obligation to wear a respirator in public places and banning movements of more than 2 people. There is a roadmap for exiting restrictions.		
Uzbekistan https://www.covid19healthsystem.org/countries/uzbekistan/countrypage.aspx	N/A	N/A	On 6 February, a Risk Communication Campaign was conducted in partnership with WHO, the Ministry of Health and the Public Health Agency. Risk communication training was conducted for all risk communication officers from provinces, at the request of Ministry of Health. There are animated clips about hygiene measures broadcast on 5 channels and on the coronavirus website.	http://coronavirus.uz/	From 23 March, citizens must wear masks when in public within Tashkent and regional centres. From 6 April, It is forbidden for groups of more than 3 people to gather on the streets and a social distance of 2 metres is required. Movements are restricted to essential ones (e.g. shopping). All mass gatherings are cancelled.	27-03-2020	20-04-2020

Table 1b. COVID-19 policy response in EECA countries, based on country reports by COVID-19 Health System Response Monitor and this report

Country	Isolation and quarantine	Monitoring and surveillance	Testing	Health infrastructure	Maintaining essential services	Paying for services	Social welfare, vulnerable communities	International assistance	Last updated
Armenia	Migrant workers from Russia subject to 14-day quarantine.	According to WHO guidance. Mobile phone tracking has been used to support contact tracing. Routine surveillance system of acute respiratory illnesses and pneumonias as well as hospital sentinel surveillance system for severe acute respiratory infection is used for surveillance of COVID.	Based on WHO guidance, using PCR in 8 laboratories. Tests are free of charge.	Documented shortage of ventilators, ICUS equipment, PPE, lab reagents and supplies.	No disruption of normal services or shortages of medicines. For TB and HIV services the MOH issued orders specifying paths for continuing provision of services to these patients in the light of COVID-19 outbreak. In particular, more patient-centred models of care are applied following up on DOT through video-observed treatment, home care by family member monitoring, etc.	All COVID-19 related health services in the country are free-of-charge with no exceptions.	No additional support from state to unemployed or homeless.	Donor coordination with humanitarian partners is carried out by the UN.	22-05-2020

Country	Isolation and quarantine	Monitoring and surveillance	Testing	Health infrastructure	Maintaining essential services	Paying for services	Social welfare, vulnerable communities	International assistance	Last updated
Azerbaijan	From 15 March 2020, citizens returning from countries with COVID-19 cases were screened and quarantined for 14-21 days. From 31 March 2020, all arrivals to Azerbaijan are screened by border officials and required to stay in government-provided quarantine facilities for 14-21 days or 21-28 days depending on requirements. Quarantine measures are subject to change without prior notice.	A single unified database for COVID-19 has been developed. Surveillance strategy is based on the rapid identification and isolation of suspected cases and contact tracing. Surveillance for COVID-19 is conducted jointly by TABIB (Management Union of the Medical Territorial Unions) under the State Mandatory Health Insurance Agency and the Ministry of Health.	Based on WHO case definition. So far, 16 laboratories have been designated across the country to test for COVID-19. Principal method of testing is PCR. As of 12 May 2020, 202 282 tests have been conducted. Azerbaijan's total daily testing capacity for COVID 19 is about 5 950 The Government has a strategy to expand testing capacities and a roll out plan for additional laboratories to be added to the network when needed.	Fourteen hospitals in Baku and country regions designated for treatment of COVID-19 cases. Total number of beds: 3451. Total number of available ventilators: 173. There are no reported shortages. A factory in Sumgait has been given over to the production of medical facemasks, medical alcohol and disinfectants to ensure sufficient supply nationally.	The limited nature of the outbreak thus far means that no medical services have yet been suspended.	All testing and treatment should be provided at the expense of the state budget.	No take-home doses for OST. Up to USD 115 per month for unemployed.	Azerbaijan has also received external aid: USD 15 million assistance from the EU, USD 1.7 million from USAID, and medical aid from the Alibaba Foundation and Jack Ma Foundation. Nagorno-Karabakh received humanitarian assistance from ICRC.	19-05-2020

Country	Isolation and quarantine	Monitoring and surveillance	Testing	Health infrastructure	Maintaining essential services	Paying for services	Social welfare, vulnerable communities	International assistance	Last updated
Belarus	No travel restrictions were put in place, except to countries suspected of having a large COVID-19 outbreak, like the People's Republic of China. As the situation with COVID-19 in Belarus evolved, expert advice was regularly updated and communicated through official channels, by expanding the scope and content of prophylactic measures, and targeting specific population groups (elderly, people with chronic conditions, detained people, etc.).	Monitoring of the epidemiology of COVID-19 cases and their contacts is undertaken by the Sanitary and Epidemiology Service, subordinate to the Ministry of Health.	At Minsk International Airport and land border crossing. Suspected cases were tested during visits to GPs and at the reception hospitals, then hospitalized if symptoms were present or sent home to isolate if not. Their close contacts were also requested to isolate pending testing. There are 7 laboratories performing COVID-19 tests in Belarus. 5 additional laboratories will additionally be used for COVID-19 testing.	As of 27 March 2020, the Ministry of Health reports that there is a sufficient amount of beds, equipment, medications and PPE for staff in the country. The current total number of hospitals with intensive care units is 360. The current total number of ICU beds is 2575. As for 27 March 2020, the Ministry of Health reports that there is no shortage of staff with regard to response to the COVID-19 situation in Belarus. This seems to contradict the many private initiatives in that area (see column ' social welfare').	No special information available.	All care related to COVID-19 will be delivered free-of-charge in Belarus.	There is considerable grass-roots movement of people in voluntary support of those most affected by COVID-19. Dozens of local campaigns have sprung up to buy and produce medical protective equipment, crowdfund financial support from local and diaspora communities, provide lunches and discounted taxi journeys for health professionals, or maintain nursing support for older people and other at-risk populations. Minsk-based IT-companies donated 700,000 filter masks (protection class FFP2) to	WHO has provided 6,000 tests for COVID-19 from the Robert Koch Institute in Germany, which is a WHO Collaborating Centre.	19-05-2020

Country	Isolation and quarantine	Monitoring and surveillance	Testing	Health infrastructure	Maintaining essential services	Paying for services	Social welfare, vulnerable communities	International assistance	Last updated
							Belarusian doctors. (https://news.tut.by/society/681412.html). A couple of smaller companies, have been voluntarily using their equipment, for example, 3D printers, to produce medical protective equipment for hospital staff (https://tech.onliner.by/2020/04/02/minskij-xakerspejs). No take-home doses of OST. Challenges to access mask and sanitisers.		

Country	Isolation and quarantine	Monitoring and surveillance	Testing	Health infrastructure	Maintaining essential services	Paying for services	Social welfare, vulnerable communities	International assistance	Last updated
Georgia	Since 6 March 2020, two-week quarantine measures were mandatory for all citizens and travellers who had visited countries marked as affected by COVID-19 by the WHO and those who have come into contact with confirmed cases. Police have the power to enforce quarantine when necessary. Information on the rules of state quarantine has been widely distributed in Georgian and minority ethnic languages, which is important as severely affected municipalities have majority-Azeri communities. Public transport suspended.	The country launched active surveillance and COVID-19 has been included in the list of diseases that are subject to immediate notification. Contact tracing has been proactively implemented for all cases.	Testing is based on PCR method and is currently carried out by 11 laboratories across the country, including some HIV and TB laboratories. The reference laboratory has sufficient test kits. Initially, only suspected cases (people who travelled abroad or had contact with overseas visitors and had symptoms of acute respiratory infection) were tested. Now, also hospitalized patients diagnosed with pneumonia of unknown origin are tested. More than 21000 tests conducted to date, with daily capacity of existing laboratories being around 15000+ tests.	To date, 8 hospitals around the country accept patients with COVID-19. The total bed capacity is 3744 including ICU, ER, and isolation rooms. ICU capacity with ventilators in these hospitals is 528, oxygen could be provided to up to 3000 beds. Several medical facilities and hotels across the country have been transformed into quarantine facilities.	Planned medical services/procedures/surgeries have been suspended. All emergency services will remain in place and will not be affected for non-COVID-19 patients. As of 5 April, the case number remains low and health system capacity is quite high.	So far, all medical services related to COVID-19 have been financed from the state budget. Discussion with the private insurance industry on their roles and financial contributions is underway. A funding mechanism for the treatment of people diagnosed with COVID-19 has been developed. All necessary health services related to COVID-19 are supposed to be covered from the basic package of benefits with no out-of-pocket payments.	Increased benefit payments for low income families and people with disabilities, increased pension payments for those aged over 70 years from 1 July (with pensions being index linked from 1 January 2021). No additional support from state to unemployed or homeless. Homelessness is particular problem for migrant sex workers. Visits to penitentiary institutions suspended. Population of South-Ossetia is very isolated with little up-to-date medical facilities. Patients from Abkhazia needing treatment can go to Georgia.	As part of a larger Eastern Partnership support package, on 30 March 2020 the European Commission provided €20 million of new funds to mitigate the impact of the COVID-19 pandemic on the Georgian health system (including the purchase of medical equipment) and around €70 million redirected funds to alleviate socioeconomic consequences. South-Ossetia receives assistance from ICRC.	19-05-2020

Country	Isolation and quarantine	Monitoring and surveillance	Testing	Health infrastructure	Maintaining essential services	Paying for services	Social welfare, vulnerable communities	International assistance	Last updated
Kazakhstan	Quarantine measures were first implemented on 19-Mar-20, in Almaty and Nur-Sultan. Further quarantine and lock-down measures were imposed on a number of other cities and regions across the country between 30-Mar-20 and 30-Apr-20. Certain regions in the country or residential complexes in cities were closed off and/ or quarantined. Quarantine for travellers from certain categories of countries. Public transport largely suspended as of end of March.	Data on the infected and the contact persons are entered into the Web-app COVID-19. The medical information system shall integrate the results of remote medical monitoring into the COVID-19 Web application automatically as it is updated.	1) COVID-19 rapid testing is performed by enzyme immunoassay (ELISA) with determination of IgG/IgM class antibodies to SARS-CoV-2 coronavirus. 2) Testing by PCR for designated categories of cases. By 30-Apr-2020 Kazakhstan had conducted about 250,000 tests for free. 9 laboratories at oblast level – part of the influenza surveillance programme - are conducting PCR tests with the National Reference Laboratory conducting confirmatory tests.	There are some designated hospitals for COVID-19. There is no triage of patients. There an increased availability of video, telephone or other alternative consultations for health services. Remote medical monitoring of potential contact persons (calls, video calls) is provided.	Day-care facilities, rehabilitation departments, schools for patients with chronic diseases, birth preparation courses and other crowded rooms have been suspended. Consultations are done remotely if possible. Some planned medical services are being cancelled or limited. There is psychological assistance in quarantine hospitals.	Treatment for COVID-19 is covered by the state, but PCR testing for personal use is paid for by personal funds or private health insurance. PCR testing for domestic flights must be paid for out-of-pocket (NCE – 11,000 KZT, OLYMP CDC – 15,000 KZT).	No take-home OST. Police raids on places where sex workers meet their clients. State support for unemployed but reaching 1.5 million citizens while labour force is 9 million.	WHO, Global Fund	12-05-2020

Country	Isolation and quarantine	Monitoring and surveillance	Testing	Health infrastructure	Maintaining essential services	Paying for services	Social welfare, vulnerable communities	International assistance	Last updated
Kyrgyzstan	The quarantine regime restricts mass gatherings in public places, running non-essential businesses, closure of premises and a shift to working from home. Educational institutions have been closed due to the coronavirus since 16 March 2020. Restriction of movements in Bishkek, Osh and several districts and regions in the country. Despite lifting the state of emergency, restrictions continue to be in place.	Contact tracing is being implemented. So far, the Ministry of Health is able to trace all cases to several clusters. The Ministry uses event and indicator-based surveillance. Patient data is transmitted through an electronic system. Ministry of Health receives data from oblast health authorities, who get them from district level authorities and points of entry medical staff. The Ministry of Health reports to the Republican Task Force that is responsible for the national coordination and management of the COVID-19 crisis.	There are 10 labs (3 mobile PCR laboratories, 7 stationary PCR labs) to perform COVID-19 testing.	A shortage of protective equipment and medical supplies has been reported in the local media. The shortage mostly has been observed with regard to PPE (mostly masks, gloves), pharmaceuticals (paracetamol containing medicines) and some antibiotics. Confirmed Covid-19 cases will be treated in two designated hospitals: the Republican Clinical Infection Disease hospital in Bishkek and the Osh Oblast hospital. The total number of beds designated for COVID-19 is 850 beds of which 87 are Intensive Care Unit (ICU) beds.	As an alternative way of seeing patients, consultations are provided via the telephone helplines of primary care facilities, the Ministry of Health Task Force, and the ambulance services. Visits to health care facilities can only be carried out in emergencies. Planned antenatal care visits should be postponed or provided via teleconsultation by primary care providers. With the involvement of NGOs, there are efforts to support vulnerable people at home with the provision of care.	As primary care and emergency services are free of charge in Kyrgyzstan, hospitalized patients with COVID-19 are treated as emergency cases without co-payments or out-of-pocket payments.	The Government uses the available reserves to support socially vulnerable groups. Ten thousand tons of flour were dispersed from the State Material Reserves Fund under the Government. Grocery packages distributed, but not systematic; eligibility is unclear. Visits to penitentiary institutions suspended. Potential LPV/r shortages because of repurposing stock by MoH for COVID-19 treatment. Barriers to access to SRHR services, with reportedly increase in illegal abortions.	All UN agencies will provide substantial support during the implementation phase. The WHO Country Office is coordinating external contributions to the health sector through monthly meetings. UNICEF will supply medicines for cancer patients from its warehouses. World Bank, USAID, US Centers for Disease Control and Prevention (CDC), German Government, Asian Development Bank and Swiss Development Cooperation provide additional financial and/or material support.	19-05-2020

Country	Isolation and quarantine	Monitoring and surveillance	Testing	Health infrastructure	Maintaining essential services	Paying for services	Social welfare, vulnerable communities	International assistance	Last updated
Moldova	From 10 April, suspected COVID-19 cases are isolated at home. From 26 February all contacts self-isolate at home for 14 days with self-monitoring (temperature 3x/day and monitoring respiratory symptoms) and informing their primary care doctors. Older people with comorbidities and residents in long-term care facilities are monitored more actively than other groups. With the start of community transmission, a quarantine regime (full lockdown) was introduced in 4 districts and a couple of institutions / buildings in Chisinau.	All COVID-19 cases are reported in the routine national surveillance system for communicable diseases based on the WHO case definitions. Contact tracing (active case finding among family members and in places of work/study) and database handling are conducted by the epidemiologists. Medical supervision during 14 days self-isolation at home is provided by the primary care doctors.	COVID-19 testing is performed in four public laboratories. Total daily test capacity is about 1400 tests/day. Testing is done by real-time PCR.	At the beginning of the outbreak, there were shortages of PPE and specific antiviral drugs due to existing Republic of Moldova challenges associated with the annual procurement process, but the main issue was the global shortages of health care goods. National capacity was increased to 2780 beds (including 481 ICU beds), and a total of 53 hospitals were designated for COVID clinical case management, including some specialized tertiary level hospitals.	When the number of cases increased, additional hospitals were enrolled in COVID treatment and hospital capacity for other services was reduced. The plan for continuity of services specifies the hospitals and type of services needed to ensure other medical services.	Mandatory Health Insurance (MHI) funding covers more than 85 percent of public spending on health. Testing for patients with suspected Covid-19 and treatment in hospital is covered from MHI funds for all patients. From 10 April 2020, with the introduction of home treatment for mild cases, drugs are purchased out of pocket with the amounts paid in pharmacies ranging between 200 and 1000 Lei (10-50 EURO) depending on the symptoms. People can also get tested at 3 private laboratories; the amount paid out-of-pocket (OOP) is around 750 MDL (40 EURO).	The large number of labour migrants returned to the country after losing their jobs abroad will be automatically entitled to this social allowance. The state safety net level (minimum guaranteed monthly income), designed to support low income families, has been increased by almost 20%. No additional support from state to unemployed or homeless people. Key- and vulnerable populations in Transnistria at risk for disruption of services.	Important donations of tests, PPE and other medical goods have been provided by WHO, CDC, the People's Republic of China, the Russian Federation, the European Commission, Turkey, the United States of America, Romania, UNDP, UNICEF.	20-05-2020

Country	Isolation and quarantine	Monitoring and surveillance	Testing	Health infrastructure	Maintaining essential services	Paying for services	Social welfare, vulnerable communities	International assistance	Last updated
Russian Federation	The early approach to isolation and quarantine focused on international travellers. Since 19 March, two-week isolation at home or at hospital is mandatory for all people entering the country, even without symptoms. In Moscow self-isolation will be maintained until 31 May. Moscow uses facial recognition cameras to enforce quarantine. 21 regions have put in place official authorization systems with digital travel passes. From 28 March, isolation measures were extended to the whole country and only confirmed COVID	From 26 March in Moscow, citizens over 65 years of age, as well as citizens with diagnosed chronic conditions, have compulsory quarantine until 1 May. On 15 May, a large COVID-19 immunity screening programme was launched in Moscow with tests on IgM and IgG antibodies. Every three days, 70,000 randomly chosen Moscow citizens receive an invitation for testing via email or SMS. Data collected will be reviewed weekly and published on the mos.ru portal and will inform decision-making on easing of restriction measures.	On 14 May, 6.1 million tests had been conducted throughout the country by the 107 Rospotrebnadzor laboratories, 437 laboratories in state health care facilities and 85 private laboratories. Testing capacity increased from 2 000 tests performed daily on 1 March to 170,000 on 11 May. On 6 April, Rospotrebnadzor launched a large-scale voluntary screening campaign to better "identify, isolate, cure".	On 19 March, the government announced that there are 40,000 artificial ventilator devices dedicated to COVID-19 patients, and 124 devices of extracorporeal membrane oxygenation (ECMO) and that more than 500 additional ventilators were being purchased and 17 ECMO devices. As of 28 April, 8.5 million masks and 100,000 protective gowns were produced every day. On 4 May, the temporary ban on the export of PPE and other medical equipment was removed. Doctors report shortages in PPE. On 18 May, almost 160,000	Preventive medical examinations, cancer screenings and elective hospitalizations were postponed. Vaccination programs have been suspended, except for vaccinations of newborns. The validity of prescriptions for chronic conditions has been extended. Prescriptions can be filled by a family member. In Moscow as of 20 May discussions are underway to transition back to planned hospital care.	People can request a test from the Center for Molecular Diagnostics. The test is performed at home for a fee (1250 RUB per test plus 650 RUB per household). The Russian Government ensures that all testing and inpatient health care services for diagnosis and treatment of COVID-19 are delivered free-of-charge in state health facilities. If a patient self-refers for private testing, they pay directly. Moscow City also provides free of charge prescribed medicines for polyclinic patients, for patients with COVID-19, and for patients with any acute respiratory	Social benefits extended automatically for the next six months. Income requirements to access social benefits are relaxed for the recently unemployed. Several regions have additional social measures to support individuals and business In Moscow, support measures for citizens aged over 65 years are in place. No additional support from state to unemployed or homeless people. Russian NGOs report disruption in HIV prevention services. Trans SW face problems with shelter. Visits to penitentiary	N/A	22-05-2020

Country	Isolation and quarantine	Monitoring and surveillance	Testing	Health infrastructure	Maintaining essential services	Paying for services	Social welfare, vulnerable communities	International assistance	Last updated
	cases are hospitalized.			beds are dedicated to COVID-19 patients.		diseases being treated at home.	institutions suspended. Reports of decreased access to hepatitis treatment and abortions. Stockouts of ARVs reported. Increased reports of domestic violence.		

Country	Isolation and quarantine	Monitoring and surveillance	Testing	Health infrastructure	Maintaining essential services	Paying for services	Social welfare, vulnerable communities	International assistance	Last updated
Tajikistan	From mid-February, citizens who arrived in Tajikistan from China were being quarantined by doctors in Tajikistan's hospitals. As of April 17, this number was 7871. No cases of COVID-19 were reported, although it is unclear what the testing protocol was at the time.	N/A	According to the Ministry's Public Health Laboratory, 46.900 tests have been delivered to Tajikistan from various sources and countries. As of April 27, 4,100 tests for coronavirus had been conducted in Tajikistan. There is no information available about the testing algorithm or what sort of tests have been used for diagnosis of COVID-19.	N/A	N/A	N/A	Many Tajik citizens as labour migrants stuck in Russia.	On 14 April, the EU mission in Tajikistan announced plans to provide Tajikistan with €48 million to mitigate the consequences of the pandemic. Uzbekistan's Ministry of Emergency Situations delivered aid to Tajikistan including one thousand tons of flour, antiseptics and disinfectants, medical gowns, gloves, masks and medical shoes, respirators and goggles. A WHO mission arrived on May 2 to support the country's response to the pandemic.	08-05-2020

Country	Isolation and quarantine	Monitoring and surveillance	Testing	Health infrastructure	Maintaining essential services	Paying for services	Social welfare, vulnerable communities	International assistance	Last updated
Turkmenistan	On 29 February, Turkmenistan began refusing the entry of citizens from countries affected by the virus. Turkmenistan has 3 border quarantine zones (Turkmenbashi, Garabogaz and Lebap Province) for detecting COVID-19.	There are no confirmed COVID-19 cases in Turkmenistan. Around large settlements of Turkmenistan, including the capital city Ashgabat, additional control points have been created. Before entering large cities and towns, the body temperature of drivers or passengers of vehicles is measured using infrared thermometers.	On 9 April, Turkmenistan set up medical special groups to control public health in order to prevent COVID-19, primarily directed at kindergartens, schools and youth (https://tinyurl.com/ychsc7h3). All citizens of Turkmenistan will be checked for coronavirus.	N/A	N/A	N/A	N/A	N/A	25-05-2020

Country	Isolation and quarantine	Monitoring and surveillance	Testing	Health infrastructure	Maintaining essential services	Paying for services	Social welfare, vulnerable communities	International assistance	Last updated
Ukraine	As of 8 April 2020, all persons crossing the state border (including from NGCAs) are subjected to compulsory 14 days observation (quarantine) within specialized facilities ("observatories"). For those with mild symptoms, self-isolation at home is required, while severe cases are hospitalized in designated hospitals.	The existing respiratory disease surveillance systems is tasked with COVID-19 surveillance. Oblast Laboratory Centers organise contact tracing with involvement of primary healthcare workers through phone and on-line or personal visits. Contacts with symptoms should be tested. Ukraine has rolled out its own mobile app to monitor citizens in self-isolation. The app will send 10 push notifications at random times for 14 days, asking them to take selfies from their place of self-isolation. The app's artificial intelligence will then analyze the	Each patient who visits a family doctor or emergency aid unit with COVID-19 symptoms should be confirmed by a PCR test. Testing is largely conducted by the OLCs. The OLCs only use RT-PCR tests to confirm COVID-19 cases. As of 14 April 2020, PCR detection of SARS-COV-2 is conducted by all 25 OLCs with the maximum capacity to test around 100-200 samples per day. Since 27 January, when PCR testing for COVID-19 began, as of 12 May 2020 there were around 187,307 samples tested in Ukraine.	As of 27 March 2020, 242 and then 246 hospitals were designated as first line response hospitals for COVID-19 hospitalization. Together these have 4100 places for isolation of patients, 67 thousand beds, more than 1800 ventilators and 5855 doctors. There is a documented shortage of PPE, laboratory testing (reagents for PCR, consumables), equipment (oxygen concentrators, CPAP, disposables for ventilators). Stockpiling of medicines, equipment and personal protective equipment is ongoing.	The Ministry of Health issued an order that all elective procedures (planned hospitalization and planned surgeries) should be postponed, except urgent conditions; deliveries, neonatal care, cancer, palliative care and other urgent procedures need to continue. Routine immunization is maintained or restored using WHO guidance.	According to the current law on Programme of Medical Guarantees, all citizens of Ukraine are entitled to free health services, including COVID-19 related care. All testing and treatment in public facilities is free and without co-payments. There is testing available at private facilities which patients have to pay out-of-pocket.	The government covers loss of wages as a result of forced reduction of working time due to the suspension (reduction) of activities caused by quarantine. The Ministry of Social Policy called on local authorities to ensure that during the restriction period the protection of children's rights is being enforced. The Ministry noted that in conditions of forced self-isolation there are significant risks for parents' misconduct, alcohol abuse, drugs use, domestic violence and so on. Despite continuing harm reduction provision, reports	Ukraine receives USD 135 mln support from the World Bank to modernize the health sector and address the COVID-19 pandemic, with USD 35 mln dedicated to the COVID-19 response. Ukraine will receive an additional USD 150 mln from the World Bank, in particular, USD 50 mln to support vulnerable populations during the COVID-19 epidemic and USD 100 mln to improve the overall social protection system. United Nations issued a 2020 Humanitarian Response Plan for the COVID-19 Pandemic in Ukraine. The UN will mobilize USD 165 mln to	19-05-2020

Country	Isolation and quarantine	Monitoring and surveillance	Testing	Health infrastructure	Maintaining essential services	Paying for services	Social welfare, vulnerable communities	International assistance	Last updated
		selfies for their GPS locations.					of difficult access to harm reduction services for sex workers. Patients in NGCA may face particular problems in continuity of care.	prevent and fight the pandemic in Ukraine. The European Commission allocates a EUR 190 mln aid package to Ukraine to support the healthcare system, the economy, small and medium-sized businesses, and protect vulnerable groups of people. Separately, the EU has allocated EUR 13 mln for humanitarian needs in Donbas. The Government of the Republic of Korea has allocated USD 700,000 to assist Ukraine in the fight against the COVID-19 pandemic.	

Country	Isolation and quarantine	Monitoring and surveillance	Testing	Health infrastructure	Maintaining essential services	Paying for services	Social welfare, vulnerable communities	International assistance	Last updated
Uzbekistan	Passengers arriving with from affected countries are placed directly in quarantine for 14 days. Citizens over 65 years of age and citizens with chronic diseases are strictly prohibited from leaving their home except in emergencies. A person is strictly restricted from leaving the residence except for basic necessities. Quarantine restrictions are eased in areas, districts and cities in which no cases of coronavirus or epidemiological conditions were detected from 20 April.	Influenza sentinel surveillance platform will be used for COVID-19 surveillance. Persons with cough, fever, difficulty breathing and history of travel to endemic countries will be considered as suspected SARI. Body temperature of each citizen visiting public places will be measured, and when it is 37 C and above, these citizens are not allowed to enter these complexes	Testing strategy: all symptomatic cases, contacts and those under quarantine are being actively tested. Testing kits are being provided by WHO, the Russian Federation and China. 19 SES laboratories are conducting PCR tests. Daily testing capacity is 12,000 tests per day.	New hospitals will be built in Andijan, Navoi and Surkhandarya regions for patients infected with COVID-19. Four special quarantine institutions are created in Karakalpakstan and three institutions in Tashkent, as well as each other region in Uzbekistan. These will provide quarantine space for any residents mandated to undergo 14-day quarantine.	N/A	N/A	Many Uzbek citizens as labour migrants stuck in Russia.	WHO provides technical assistance in the development of the new national guidelines on operational COVID-19 protocols. These measures will cover risk communication, common courses for healthcare/non-healthcare workers, prevention and infection control, self-isolation, home care and hospital case management, amongst other issues. There is also support for mental health. UAE sent humanitarian aid to Uzbekistan to fight spread of COVID-19.	18-05-2020

Annex 2. Medical risk factors of COVID-19 disease for key- and vulnerable populations

Are PLHIV at increased risk of COVID-19? So far, there are no data that help answer this question clearly. Theoretically, living with HIV could be a risk factor for contracting COVID-19, as the immune system of PLHIV is compromised. This is most likely to be the case for people with poorly controlled HIV infection, with a low CD4 count that have not yet been diagnosed, are not linked into care, or are lost to follow-up for their treatment. People who are virologically suppressed do not have an increased susceptibility to COVID-19 infection, as their CD4 count and therefore their immunity response normalises.[50] As is pointed out below, older PLHIV may have increased risk of complications of COVID-19 because of underlying conditions that are linked to HIV or antiretroviral therapy (ART), such as cardiovascular complications.

People with TB, whether active TB or who had a history of TB, are more likely to be at risk for COVID-19. While experience on COVID-19 infection in tuberculosis (TB) patients remains limited, it is anticipated that people ill with both TB and COVID-19 may have poorer treatment outcomes, especially if TB treatment is interrupted.

Older age, diabetes and chronic obstructive pulmonary disease (COPD) are linked with more severe COVID-19 and are also risk factors for poor outcomes in TB.[51]

Currently, there is no information about whether people with hepatitis B or hepatitis C are at increased risk for getting COVID-19 or having severe COVID-19.[52]

There are several other health conditions that have been described as risk factors for COVID-19. These are[53]:

- Cardiovascular disease (e.g. hypertension, persons who have had, or are at risk for, a heart attack or stroke)
- Chronic respiratory disease (e.g. COPD, asthma)
- Diabetes
- Cancer.

Among the comorbid conditions, the highest fatality rate in COVID-19 infection was found for cardiovascular disease (CVD) (10.5%) and diabetes mellitus (7.3%), followed by chronic respiratory diseases (6.3%), hypertension (6.0%) and cancer (5.6%).[54]

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[50] https://iasociety.org/covid-19-hiv.

[51] https://www.who.int/news-room/q-a-detail/tuberculosis-and-the-covid-19-pandemic accessed 25-05-2020.

[52] https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/liver-disease.html accessed 26-05-2020.

[53] World Health Organization. Information note. COVID-19 and NCDs. WHO, 2019.

[54] Wu, Z. & McGoogan, J. M. Characteristics of and important lessons from the coronavirus disease 2019 (COVID-19) outbreak in china: summary of a report of 72,314 cases from the Chinese Center for Disease Control and Prevention. JAMA 323, 1239–1242 (2020). https://jamanetwork.com/journals/jama/fullarticle/2762130.

Severe cardiovascular disease including heart failure, coronary artery disease, stroke, and hypertension, may put people at higher risk for severe illness from COVID-19. Some of these cardiovascular conditions are a late complication linked to antiretroviral therapy and as such interacts with the risk profile of older PLHIV that have been treated with antiretrovirals long-term.

Asthma, and other obstructive lung diseases emphysema are risk factors for complications of COVID-19. COVID-19 can provoke or worsen an asthma attack, and possibly lead to pneumonia and acute respiratory disease.[55]

Diabetes has an effect on the immune system, and accelerates cardiovascular risk factors and as such is deemed to be a risk factor for COVID-19.

Conditions that have an effect on the immune system, such as cancer treatments and other treatment affecting the immune system, seem to be an extra risk factor for complications of COVID-19. Also, cancer itself affects the immune system and can thus be a risk factor for complications.[56]

Obesity (body mass index > 40) is a risk factor for severe complications of COVID-19. Obese people have a higher chance for admission on an intensive care unit (ICU) for COVID-19 compared to patients without obesity.[57]

Smoking is a risk factor for COVID-19 for several reasons: smokers are likely to be more vulnerable to COVID-19 as the act of smoking means that fingers (and possibly contaminated cigarettes) are in contact with lips which increases the possibility of transmission of virus from hand to mouth. Smokers may also already have lung disease or reduced lung capacity which would greatly increase risk of serious illness. Smoking products such as water pipes often involve the sharing of mouth pieces and hoses, which could facilitate the transmission of COVID-19 in communal and social settings. Conditions that increases oxygen needs, or reduces the ability of the body to use it properly, will put patients at higher risk of the consequences of bilateral viral pneumonia.[53]

Cardiovascular disease, diabetes and obesity are very prevalent in EECA. The same is true for smoking in some of the EECA countries. There are also interactions between these risk factors HIV and TB. Therefore, the consequences of the pandemic on populations in EECA with certain health conditions is likely to be substantial in terms of morbidity and mortality, including PLHIV, and people with (a history of) TB.

[55] https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/asthma.html accessed 26-05-2020.

[56] https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/immunocompromised.html accessed 26-05-2020.

[57] Stefan, N., Birkenfeld, A.L., Schulze, M.B. *et al.* Obesity and impaired metabolic health in patients with COVID-19. *Nat Rev Endocrinol* (2020). https://doi.org/10.1038/s41574-020-0364-6.