

# **IMPACT OF THE COVID-19 PANDEMIC**

**FOLLOW-UP REPORT ON THE CONTINUED  
IMPACT OF SARS-COV-2/COVID-19  
PANDEMIC ON MEMBER ORGANISATIONS  
WITHIN AIDS ACTION EUROPE NETWORK  
SURVEY**

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# INTRODUCTION

AIDS Action Europe is a regional network of a diverse group of more than 420 NGOs, national networks and community-based groups, most of which are AIDS service organisations, in 47 countries spanning the WHO European Region. The membership is free and open to all civil society organisations that endorse AAE's mission, guiding principles and ethical code. AAE is guided by the Strategic Framework 2018-2021.

With the onset of the SARS-CoV-2/COVID-19 pandemic, there has been a growing concern about the consequent public health measures and regulations and their impact on the HIV, viral hepatitis, and TB response in Europe and beyond. From June 4 to 24, 2020, AAE implemented a survey among our network members and partners to learn how the Covid-19 Pandemic has affected the services and finances, and their organisations in general. In total, 43 organisation representatives, based in 29 countries of the WHO European Region, submitted the survey. The AAE Office published the report with the main findings in November 2020.

In order to get a broader picture and understand how the pandemic has affected our member and partner organisations in the longer run and what impact it has had on the future of their work, we reached out to the same organisations who replied in the first survey phase 6 months later.

The questions focused on the same four areas as in the first phase: the impact of these measures on 1) services in general and online services, 2) finances and sustainability, 3) the organisation in general, and 4) practices that emerged in response to the pandemic and its consequent public health measures. We asked the respondents to reflect on the situation compared to what they reported in June 2020.

During the first phase of the survey, our respondents identified several concerns regarding the impact of the SARS-CoV-2/COVID-19 pandemic and its consequent public health measures. In this second round, we asked the respondents to reflect on whether they have experienced these concerns and how relevant they are in their national context.

The second phase of the survey was open from 18/12/2020 to 31/01/ 2021 and we received 28 responses from 27 organisation, based in 20 countries of the WHO Europe Region.

One should also take into consideration while interpreting the findings of this report that countries have implemented different public health and lockdown measures during the past year of the pandemic, including regional differences within some of the countries.

# EXECUTIVE SUMMARY

## **Continued negative impact on service provision due to extended COVID-19 pandemic measures**

Despite their resilience and innovation, AAE member organisations report that the extended public health and hygiene measure negatively affect their services. Although most of the services – where possible – have been moved to online formats, and services requiring face-to-face client-provider contact have been adjusted to the hygiene and safety requirements, there are substantial losses reported in activities that provide community building and peer-to-peer support.

There is continued financial distress due to increased service costs and suspension of projects and activities that require face-to-face meetings.

## **COVID-19 pandemic disproportionately affect most marginalised communities, further negative impact on HIV-, viral hepatitis-, and TB-policies and outcomes expected**

Besides the decline in service provisions and financial losses reported by AAE member organisations, it is also clear that the existing inequalities in societies, the main drivers behind the HIV pandemic, surfaced again during this current COVID-19 pandemic. Populations and communities, who have been marginalised in our societies, have been disproportionately affected by the COVID-19 pandemic and were left behind the public health responses.

AAE member organisations expressed their well-founded concerns regarding COVID-19 public health measures and their long-term impact on HIV-, viral hepatitis-, and TB-policies and outcomes. Due to lockdown and other public health measures, they expect increase in late diagnosis, delayed linkage to care and treatment services, and disconnect to comprehensive combination prevention services, which will all impact reaching the global HIV-, viral hepatitis, and TB targets.

## **Resilience of AAE member organisations and innovation proved crucial during COVID-19 pandemic**

Despite the many difficulties and challenges, AAE member organisations proved again their resilience and use of innovative approaches and solutions when they faced the changing environment due to COVID-19 pandemic lockdown measures and restrictions. They found alternative ways of reaching their clients and communities, and introduced service provision measures that were not available before the COVID-19 pandemic. Lessons learned from the COVID-19 pandemic provides an opportunity for policy change in areas concerning prevention and testing delivery that were not accepted or supported before.

# IMPACT ON THE PROVISION OF SERVICES

AIDS Action Europe has a wide range of membership from all over Europe and Central Asia. They differ in size and structure; they work with a diverse group of people, including people living with HIV and other key populations.

They also differ in activities; some members solely focus on advocacy and policy work at the national or regional level, while other members are national or regional networks or umbrella organisations. However, most of the AAE member organisations are service providers with direct, mostly face-to-face contact with the members of the communities they work with and for.

Public health measures following the outbreak of the SARS-CoV-2/COVID-19 pandemic, including lockdowns, introduction of hygiene measures, and restrictions on assembly and movement, most substantially affected organisations providing face-to-face, direct client services. During the first phase of this member and partner survey, 91% of the responding organisations were direct client service providers, while in this current second phase of the survey, all responding organisations provide direct client services.

## **FURTHER EXPANSION OF SERVICES TO COMMUNITIES NOT SERVED BEFORE THE PANDEMIC**

During the first lockdown and in the following months, our members reported that many of their clients and also clients outside their usual community were disproportionately affected by COVID-19 and the inherent restrictions and other public health measures. Besides reorganising their services for their usual clients, they also expanded their services to other communities that were left behind in the pandemic responses.

The trend of expanding services seemed to have continued in the following months as 17.25% of the organisations responding to the second survey reported that they have provided services, mostly providing HIV and other STI testing for gay men and other MSM, beyond their usual scope.

*“In addition to trans people the scope of our activity has been extended to all the members of the LGBTI+ community, including the sub- and cross-groups.”*

The resilience and flexibility of our member organisations in responding to the need to adapt their existing services to the requirements of the pandemic continued to prove useful in reaching members of the communities in different settings outside their usual service provision facilities.

*“nowdays, we can have more interaction with our clients either on the street with our mobile unit and also, in our daycare centre (..) recently opened in the midlle of communitie”*

One of our members reported of expanding services outside civil society and communities, providing support to staff of state institutions that assist members of different key populations.

*“In the second half of 2020 the medical staff of state institutions (doctors, nurses), who provide assistance to key population groups, began to actively seek psychological help from us. Thus, in 2020(.) this group is included in the top five categories receiving assistance from our organization.”*

## AMOUNT OF SERVICES PROVIDED VARY BY ORGANISATIONS – MORE STABILITY AND INCREASE

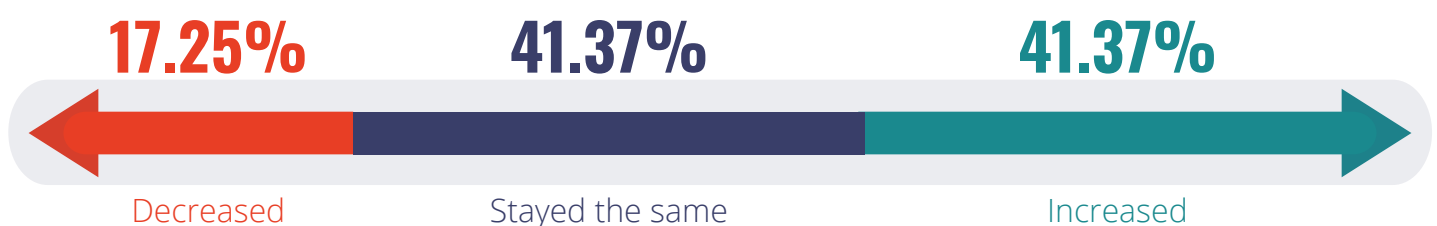
A large majority of the organisations responding to our survey stated that the amount of services they provide has increased (41.375%) or stayed the same (41.375%) compared to the times of the first survey. This is partially due to the organisations finding novel ways of providing services for the clients but also due to expanding their scope with additional services.

*“The drop in added 2 more service days per month designated just for women.”*

*“Re-started the operation on PrEP Point and regional checkpoints, started a new service (covid-19 testing)”*

After the first lockdown measures as countries relaxed the restrictions, both the organisations and their clients adapted to the hygiene requirements, this also helped increase the uptake of services.

### Amount of services provided



*“We developed a specific protocol that allows us to offer rapid tests for HIV, HCV and syphilis by appointment in our premises, even during lockdowns. So, essential services that were unavailable from March to end of May were restored and increased.”*

*“The volume of assistance has increased as clients from key groups had applied for personal protective equipment and material assistance. Sponsors, partners themselves have approached with proposals to finance material assistance and the purchase of personal protective equipment.”*

Additionally, novel partnerships also supported stabilising and even increasing access to services, especially testing services, which was one of the biggest concern of our member organisations during the first survey period.

*“In addition, (...) has commenced a partnership with (...) from a major hospital in (...) to provide an on site HIV and STI screening clinic. This has seen the number of HIV and STI screening service users rise by approximately 200 users per month.”*

After the initial lockdown and suspension of services shock, some of the funders also started adapting their funding schemes and introduced emergency COVID-19 funding possibilities to reduce the damage lockdown measures had on continuity of service provisions. This also helped some of the organisations to introduce additional services and reach communities other than their usual communities.

*“(...) did not participate in the implementation of the GF country grant, but due to the additional financing of the GF in connection with Covid-19, they significantly expanded the geography of the provision of services, which naturally influenced the volume of services provided.”*

Unfortunately, not all organisations and services could recover or stay at the level. 17.25% of the responding organisations reported further decrease of services they provided since the previous survey period.

*“We were due to open 2 new test facilities which has been delayed due to Covid-19 pressure on partners, as well as training sessions needing to be postponed until the guidelines allow it.”*

Despite of adapting the services to the hygiene measures and continuing to offer their services, organisations reported a drop in the number of clients, especially during the second lockdown period, where restrictions on movement prevented people from accessing services.

*“(...) the second wave of COVID-19 has prevented people from coming to get tested at our CBVCT Centre, and thus the amount of users using our services has decreased significantly.*

Some of the increase in the number of clients and service uptake has been due to the additional psychological burden of the lockdown and constant distress from the pandemic.

*“In addition, there is an increased caseload in telephone and online counselling, the need for psychological and mental health support has grown dramatically, as well as the demand for psychotherapy and psychiatry services.”*

Another consequence of the lockdown measures has been the increase in domestic violence. Due to restrictions of movement and lack of open public places to seek shelter, those confined in abusive and violent households increasingly used services providing support, where these services are available.

*“The demand for individual counselling and case management (high outbreak of domestic violence) has increased.”*

## **MAJORITY OF CLIENTS ADAPTED TO ONLINE AND HYBRID SERVICE FORMATS**

The majority of organisations (72%) reported that clients have adapted to the changed format of services. After the lockdown measures eased, most organisations reinstated some of their face-to-face services, while keeping those services online, which do not require face-to-face contact.

*“we mix on-line and real consultation, we open VCTs but still also sending HIV selftest kits”*

However, some services are simply not possible to conduct due to lockdown measures that affect public places and other venues where most of the outreach work of organisations take place.

*“Rapid testing service users remain lower than previous to June 2020 survey and this service was formally offered in social venues.”*

The majority of organisations expressed that their clients have accepted and been satisfied with the changed format of services introduced due to the COVID-19 measures.

*“The format for providing HIV, STI, and hepatitis testing remained the same as in the summer of 2020. Clients have accepted and have been satisfied with the format proposed (including pre-registration for testing and in-person counselling).”*

At the same time, organisations also reported that the speed of adjusting to the changed format and in some cases requirements and conditions of accessing services has been slower than they have foreseen. They also noted the limitations of moving services to online formats and that not all communities have access to reaching services online.

*“There are groups of people for whom the online format is not available. (...) and of course, some of the services simply cannot be transferred from offline”*

Besides the lack of access to internet and mobile services for some communities and in certain areas, some clients deter from using services in online formats due to mistrust in data protection and fears that the information they provide during these discussions might be accessed by third parties.



*“The feedback is 50% positive, 50% negative. (...) it is not always possible to provide advice and assistance online or on the phone, as the confidentiality of information about the person is violated.”*

Another issue that organisations and their clients face are the ever-changing regulations following the change in the state of the COVID-19 pandemic.

*“(...) it is mixed, consultations are online or when Covid-19 restrictions are eased, the services are in person”*

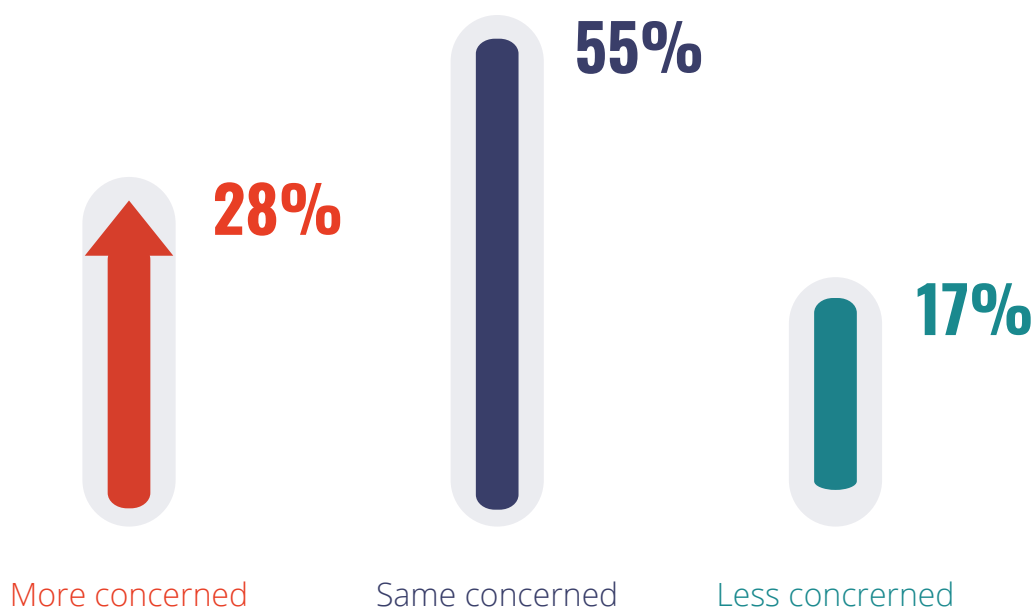
## CONTINUED CONCERNS ABOUT SERVICE PROVISION DUE TO PROLONGED HYGIENE MEASURES

With the outbreak of the COVID-19 pandemic and the introduced hygiene measures that substantially impacted the responding organisation, most organisations responding to the first survey expressed their concern how they will manage maintaining services and keeping their clients if the hygiene measures were prolonged.

Although most organisations and their clients adapted to the changed reality of services and the introduced hygiene measures, half a year later, during the second round of the survey, only 17% of the responding organisations reported that they were less concerned in relation to the continued application of hygiene measures.

The majority – 55% - reported that their level of concern has not changed compared to six months earlier, while 28% reported that they were more concerned with the impact of continued hygiene measures.

### Concerns about service provisions due to prolonged hygiene measures



## **MOST ADAPTABLE SERVICES MOVED ONLINE**

Moving services when possible to an online format has been the general practice of organisation since the introduction of the very first COVID-19 related restrictions. However, online service provision is not new to the majority of AAE's member organisations. 81% of the organisations responding to the survey stated that they already had online service provisions before COVID-19 pandemic.

During the first phase of the survey 92% of the responding organisations reported that they had moved some of their face-to-face services online in addition to those that they already conducted online. Six months later 85% of the responding organisations reported moving further services online.

*"- All meetings have been moved online. - All trainings have been moved online. - Lots of the sessions - Psychosocial Counselling have been moved online."*

Organisations have not only made use of the available mobile and online tools to provide services in the absence of face-to-face services, but also created novel ways of continuing services that they could not shift to online formats, keeping in the forefront the application of hygiene measures for the interest and safety of their clients and staff.

*"All services are currently being provided online save for [distribution] of food and essential items which are done through door [step] delivery with PPE"*

*"Testing among key groups for many customers is carried out by transferring tests through couriers and cabs."*

Regardless of the already tremendous efforts of shifting services and work to online formats, half of the organisations responding to the survey are still planning to move further services online in the future.

*"- Planning to digitalise the pre-test questionnaire (move it online). - Looking into the possibility of moving the Annual General Assembly and Elections Procedure of the [organisation] online too."*

The other half of the organisations responded that they are not planning to move further services online, either as *"Our clients [usually] don't have access to the internet", or having moved "Almost everything that was possible was transferred online"*.

## **FORESEEN CHALLENGES WITH ONLINE SERVICES**

Regardless of the flexibility and resilience of organisations and their efforts to move most face-to-face services online, over 50% of the organisations responding to this survey expressed concerns about the continued provision of services in online format.

*"Ongoing provision of online counselling services is difficult. These services are not designed for online delivery. In addition, there may be fatigue among service users of outreach and support services only being online. However, demand remains high."*

There are several issues provision of services only in an online format. Some individuals due to lack of access to internet and mobile apps are left behind if services are only available online.

*“Not all (...) have access to Internet or Zoom, the attendance may be patchy.”*

Another clear problem with online services is that they have reduced affect due to lack of personal, face-to-face contact. Trainings, educational events, and other meetings, including meeting with your counsellor provide additional opportunity for community building and socialising with peers in a non-judgemental environment.

*“counselling is limited, also clients can not just chill/sit inside the drop in like before due to preventative measures.”*

*“People on drugs in particular have not been able to do phone or video calls for counselling as it activates their paranoia. Its impossible to do proper therapeutic work if not face to face. Some counselling and advice is harder to do via messages or phone.”*

There is concern about the reachability of different communities online, respondents mentioned reaching *“Foreigners living in the country and refugees”*, communities that are isolated due to restrictions of movement between different regions of a country, and people in prison.

*“The mobile clinic has reduced visits to the regions due to the lockdown.”*

*“The services that are most impacted by the crisis are interventions in prisons, because prisons are absolutely inaccessible during lockdowns and online services cannot be established with prisoners, at least for the time being.”*

There is also justified fear of losing touch with the communities and individuals with whom organisations have built connection.

*“Meetings, Events, Festivals we took part in, are no longer organised. This affects our visibility and the feeling of connection between people who are part of the marginalised groups we serve.”*

Another major concern about losing the connection with clients is their exposure to other information sources whose influence the organisations cannot counterbalance and this might result in negative health outcomes.

*“There is no access to medical institutions. Meanwhile, this is the best entry point for communication with HIV-positive women who learned about HIV only during childbirth [...] the communities of those who deny HIV [...] are still very active and pregnant women are strongly influenced by them.”*

However, there are organisations that see the situation in a more optimistic way, they see the opportunity to learn from the introduced changes following the restrictions due to the COVID-19 pandemic and adjust their working environment in the future.

*“All the services will remain online, we view this crisis as a window of opportunity for change. Of course, there were additional costs, but this is a very small amount when compared with the savings (rent, tickets, meals, accommodation)”*

# IMPACT ON FINANCIAL SITUATION OF ORGANISATIONS

Besides its impact on service provision due to public health measures, including lockdown and hygiene and other safety measures, the COVID-19 pandemic substantially affected the financial situation of the AAE member organisations.

This was partially due to the need to invest into hygiene measures, with 76.19% of organisations reporting in June 2020 that they had to invest funds into the application of new hygiene measures. In addition, 51.28% of the organisations stated that their service provisions would suffer if the hygiene measures were prolonged for longer than the following six months.

Besides the costs involved in complying with the COVID-19 hygiene and safety measures, 53% of the organisations reported in June 2020, that they were already suffered financial losses due to cancelled activities or due to the combination of reduced activities, reduced number of client, and increased costs of service provisions. In addition, 74.4% of the organisations expected further financial losses in 2020.

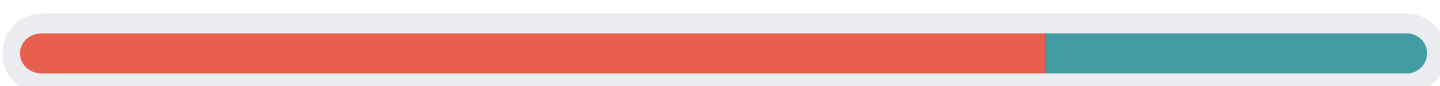
Moreover, some of our member organisation reported that they fear the existence of their organisation is at threat due to the financial losses suffered due to COVID-19 pandemic. In this aspect, there was a significant difference between member organisations in the West and those based in Eastern Europe and Central Asia, reflected in a more optimistic view of the future in the West.

In this second survey, six months after the first reflections on the situations, we asked the same questions from the organisations regarding the continued financial impact of the continued lockdown and hygiene measures, extended for over a year during the time of the writing of this report.

## Additional invest into hygiene measures

**YES 78,57%**

**21,43% NO**



## CONTINUED LOCKDOWNS AND HYGIENE MEASURES REQUIRE ADDITIONAL INVESTMENT

As hygiene as safety measures and repeated lockdowns have continued since the outbreak of the COVID-19 pandemic in March 2020, organisations adapting their services to the changed reality, had to invest into hygiene and safety equipment to keep both their clients and staff safe. Moving most of their services also required additional investment into software and technical equipment.

*“One of the donors paid for the extended (...) package for a year and it created an opportunity to purchase equipment.”*

A large majority of the organisations responding in this second survey reported continued additional investment into hygiene measures since June 2020. The role of emergency funding to mitigate the losses caused by extended hygiene and safety measures helped some of the organisations to reduce the losses and implement some of the activities that would have disappeared without these funding sources.

*“Some of the interventions had great results, but these changes have only taken place through additional funding for our COVID-19 / SARS-CoV-2 mitigation activities.”*

## MIXED FEEDBACK ON THE GENERAL FINANCIAL SITUATION COMPARED TO JUNE 2020

As the reports from our members, concerning the impact of the COVID-19 pandemic on their financial situation showed substantial losses and expected further financial difficulties in June 2020, we asked them to reflect on their situation six month after.

The majority of the responding organisations did not report any improvement compared to June 2020. Their financial situation either stayed the same (60.71%) or deteriorated (10.71%). One of the reasons reported by the organisations was the reduction or total disappearance of public funding due to funding of COVID-19 related activities.

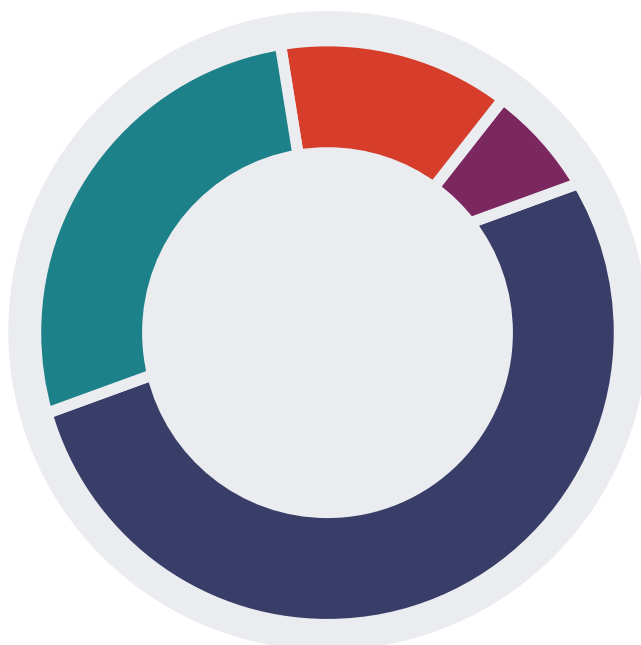
### Financial situation compared to June

**21,42%**

imporved

**60,71%**

stayed the same



**10,71%**

became worse

**7,16%**

other

*“Funding for Psychosocial Support and Counselling has been decreased 45% by the Ministry of Health. The explanation given was that its because of COVID.”*

Another consequence of the continued lockdown measures and restrictions on public gatherings and events on the financial situation of AAE member organisations is that they cannot organise fundraising events, leaving no opportunity for increasing their budgets, while their costs of operation due to the hygiene and safety measures have increased.

*“Opportunities for planned largescale fundraising events have been curtailed. This will likely continue in 2021. The loss of fundraising income is having a negative effect. There has been no increase in statutory funding for 2021. However, fixed costs have increased.”*

Those who could mitigate their initial financial losses or reported improvement in their financial situations reported the proactive role donors and partners played in this respect.

*“Many sponsors and partners have proactively offered to provide additional financial support during the COVID period”*

Others received in kind donations of materials, furniture and other goods that they could use in launching their adapted activities.

*“(…) in this period of time, we gained some logistical materials (cars, resources for an opening daycare center, food donation)”*

Another way of stabilising the financial losses cause by the COVID-19 pandemic was the introduction of new services and the reduction of running costs of the organisation.

*“Covid-19 testing brought additional funding”*

*“We have been successful in reducing costs (…)”*

Besides the impact of the COVID-19 pandemic, some of our member organisations lost additional funding due to the political situation in their country of operation, where legislation discriminates against foreign donors and as a consequence the organisations themselves.

*(..) we had to terminate our cooperation with a donor because the donor organization was recognized as a "foreign agent", but this is more related to the country's politics than to coronavirus.”*

### **MAJORITY OF ORGANISATIONS EXPECT FURTHER FINANCIAL LOSSES**

Understanding the financial impact of the COVID-19 pandemic on AAE member organisations in June 2020, and that the majority of responding organisations in the second survey reported no improvement of their financial situation, it is no surprise that when asked about the future, the large

majority of the organisations (71.43%) expect further financial losses in 2021.

*“We expect the same situation for most of 2021, which will not allow us to improve our financial situation. We will anyway try our best to look for funding.”*

Organisations providing HIV-, viral hepatitis-, and TB-services have expressed their concern that pressure on public funds due to COVID-19 will further deteriorate funding opportunities for them, envisioning further losses in funds for 2021.

*“Pressure on the public finances may lead to cuts in funding. Further loss of fundraising income is expected.”*  
*“State budget for 2021 [envisages] cuts for NGOs - patient organizations are also likely to be affected, (...).”*

*“Our financial situation has been difficult in the last years since (...) do not fund NGOs that work on HIV, hepatitis and STIs; therefore it became more and more difficult to access sufficient public and private funding to maintain and improve the financial stability of our organization. The COVID crisis made such situation even more difficult.”*

In addition, they expressed their concern that the continued financial difficulties will result in reduction of service provision, which in the long term will affect health related outcomes. The organisations that look positive into the future either had substantial reserves and thus could better cope with the additional costs and reduction in funding for their services.

*“We are fortunate in having a strong level of reserves”*

## **THE EXISTENCE OF ORGANISATIONS AND SERVICE PROVISION**

Although the majority of organisation (78.57%) responding to this survey stated that their existence is not at risk, they also expressed that the continued financial difficulties they experienced before the COVID-19 pandemic got substantially more difficult with the onset of the current pandemic.

Finally, similar to the responses in the previous survey, organisations again highlighted the importance of volunteer work, which has been essential for the continuation of many of the organisations and their services.

*“(...) online services can be provided on a voluntary basis. No one has yet [cancelled] volunteering, which many organizations have completely forgotten about!”*

# IMPACT OF CORONAVIRUS/COVID19 MEASURES ON HIV-, VIRAL HEPATITIS-, AND TB-POLICIES

One of the major concerns of HIV-, viral hepatitis-, and TB-service organisations since the onset of the COVID-19 pandemic has been the impact of COVID-19 measures on HIV-, viral hepatitis-, and TB-policies.

As AIDS Action Europe emphasized at the beginning of the COVID-19 pandemic:

*“we must remain vigilant that measures taken by governments are always justified, proportionate and limited in their time for the period of the threat. We know from experience that public health measures that lack human rights principles will disproportionately affect vulnerable populations and will favour privilege over individual rights of every person.”*

In addition, we expressed our concern:

*“what the HIV/AIDS movement has reached in reforming the public health responses to communicable diseases in the last 30+ years will disappear and we go back to policies and laws that cause harm but have no public health value or might be replaced by high-tech surveillance and tracking systems and draconian unjustified measures that violate our fundamental human rights.”*

As the COVID-19 pandemic remained part of our life in 2021 and seem to stay for the good part of the future, our member organisations also expressed their concerns about COVID-19 measures affect in the end on HIV-, viral hepatitis-, and TB policies.

Eight month into the COVID-19 pandemic, we asked the AAE organisations replying to this survey to identify their top three priority concerns where public health policies related to other communicable diseases and health outcomes and prevention and treatment targets are at stake.

On top of the concerns identified among the AAE members responding to the survey was the disruption of HIV-, viral hepatitis-, and STI-testing services.

*“The continued reduction in clinical and community based testing has impacted negatively on detection and subsequent treatment of HIV, viral hepatitis and TB.”*

Because of reduced testing activities, diagnosis of cases, and linkage to care and treatment services was the second highest concern among the organisations responding to the survey. They also expressed their concern about the quality of routine care due to limited access to doctors and clinics for PLHIV and patients with other communicable diseases.



*“Several PLHIV have not been able to go to hospital for their monitoring - they've simply been given their medicine but not seen any staff. We worry about [people's] health and wellbeing. So many PLHIV's only talk to their health care providers about their health, worries and concerns.”*

The third top priority concern for organisations responding to the survey was the lack of political interest in other than COVID-19 issues. In their experience policy development in HIV, viral hepatitis, TB, STIs have slowed down or have disappeared from the agenda of decision makers.

*“The delay in the development of the new national strategy on sexual health and the delay in implementing Fast Track Cities will negatively impact achievements in HIV, viral hepatitis and TB.”*

*“COVID is an additional factor for not implementing the national strategy to reduce HIV-related stigma and discrimination. Especially, at the end of 2020 it became acutely clear that the Ministry of Health only retains positive news in the information flow.”*

AAE organisations responding to this survey mentioned further issues, which concern the situation of patients and key populations. During lockdowns and restriction of movement and gathering in public and private places, key populations, especially sex workers and migrants have experienced increased stigma and discrimination.

*“Stigma, discrimination, racism and [xenophobia] against migrants affected by or at risk of the above.”*

Key populations due to their increased risk of HIV infection need comprehensive prevention programmes that were limited or in case of total lockdowns due to COVID-19 were unavailable. This also raises the concern of increase in incidence of communicable diseases in the future and delay in reaching global targets in health.

*“The impact on the rollout of the national PrEP programme and restrictions to services has meant fewer people accessing and enrolling in the PrEP programme than should have in 2020/2021.”*

The financial situation of patients and key populations who lost their income due to COVID-19 restrictions adds to the concern related to the current situation and the future of these communities.

Another frequently mentioned issue was the lack of funding for community initiatives as national and international donors diverted most of the public funding to activities on COVID-19; community-led service targets are also at risk.

*“Shifting donor priorities and governmental health funds to Coronavirus response may respectively deprioritize HIV, HEP and TB activities, with less funds for HIV prevention.”*

However, some positive policy changes took place because of the changed conditions and environment caused by the COVID-19 pan-

demic. Policy makers finally agreed to change some legislation and policies that were barriers towards innovative solutions to service delivery for decades.

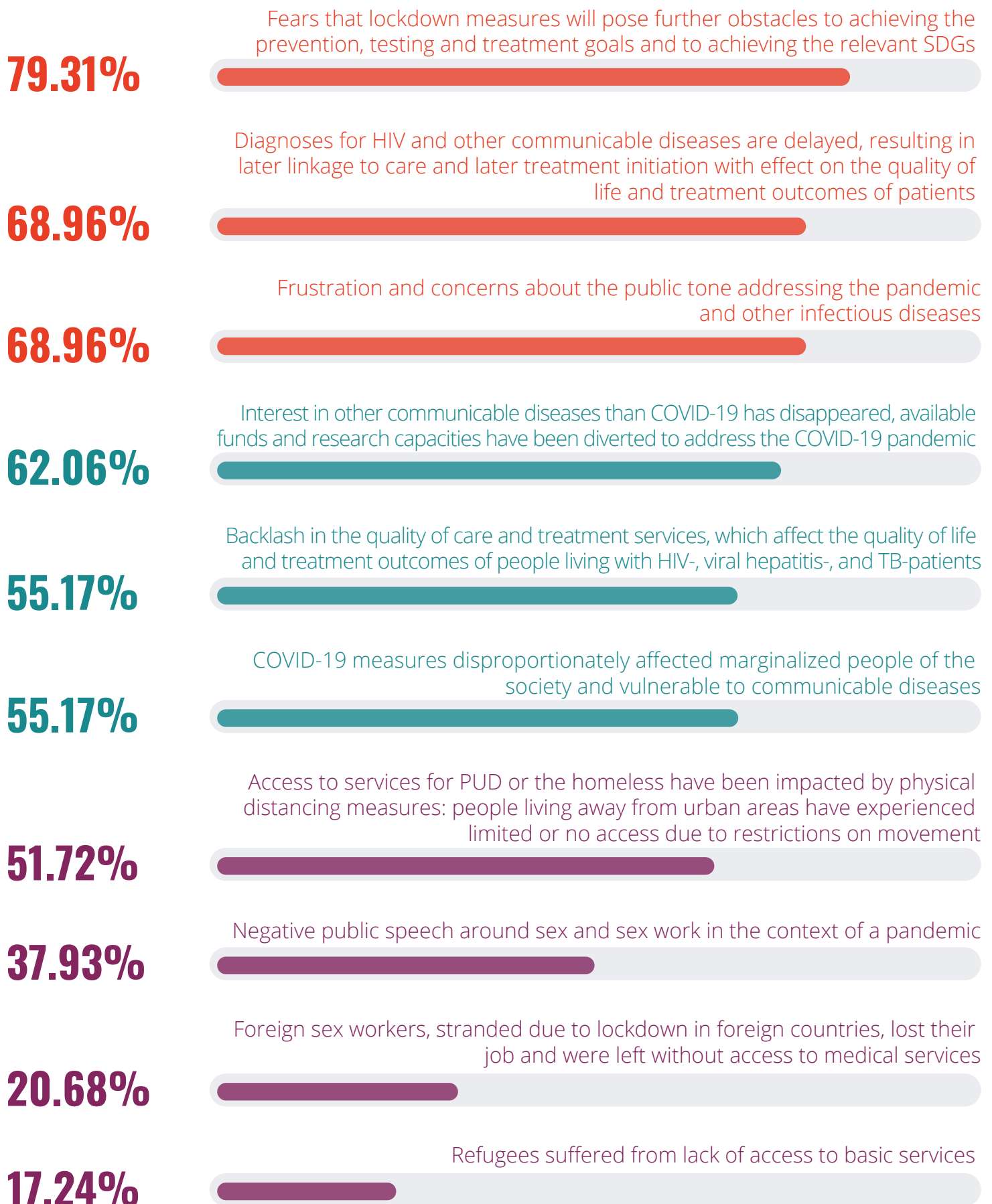
*"(...) some policies might improve because our health [institutions] need collaboration and support from community organizations to maintain patient services and this situation might lead to improvement in policies (e.g. rapid testing by lay providers might be allowed in the next months because infectious disease units in hospitals are focussed on COVID.)"*

In addition to the policy concerns, the responding organisations shared in this survey, in June 2020, the AAE organisations responding to the first survey already reflected on issues that can influence future policies and outcomes in the responses of other communicable diseases.

During the second survey, we asked the organisations to identify those top priorities from June 2020 that were also valid in their national context.

The next page shows the percentage of the AAE member organisations that consider the issue relevant in their national context.

## The percentage of the AAE member organisations that consider the issue relevant in their national context



# LIST OF ABBREVIATIONS

<b>AAE</b>	AIDS Action Europe
<b>AIDS</b>	acquired immune deficiency syndrome
<b>CBVCT</b>	community-based voluntary counselling and testing
<b>COVID-19</b>	coronavirus disease 19
<b>GF</b>	The Global Fund to Fight AIDS, TB and Malaria
<b>HCV (OR HEP)</b>	viral hepatitis C
<b>HIV</b>	human immunodeficiency virus
<b>LGBTI+</b>	lesbian, gay, bisexual, transgender, intersex
<b>MSM</b>	men who have sex with men
<b>NGO</b>	non-governmental organisation
<b>PLHIV</b>	people living with HIV/AIDS
<b>PPE</b>	personal protective equipment
<b>PREP</b>	pre-exposure prophylaxis
<b>SARS-COV-2</b>	severe acute respiratory syndrome coronavirus 2
<b>SDG</b>	sustainable development goal
<b>STI</b>	sexually transmitted infection
<b>TB</b>	tuberculosis
<b>VCT</b>	voluntary counselling and testing
<b>WHO</b>	World Health Organisation