

How has the COVID-19 response changed medicine deliveries for people living with or at risk of HIV?



AUTHORS:

Greenhalgh, Fiona; Von Lingen, Ann Isabelle; Cigan, Bojan; Varasi, Pierre; Amort, Frank; Cascio, Mario; Schneider, Alex; Hodgson, Ian; Ngefor, Silvian - European AIDS Treatment Group, Brussels, Belgium

BACKGROUND:

In response to COVID-19 being declared a pandemic, concerns were raised about the various implications for people living with HIV (PLHIV), different communities affected by HIV and healthcare systems. EATG collected several data using two rapid assessments reporting the disruptions and solutions found at community level.

OBJECTIVE:

Given the emergency sanitary measures, a question was included on how medicines were accessed by PLHIV safely and easily, to document medicines delivery practices in different locations.

METHODS:

- EATG conducted an online survey-based rapid assessment with a data collection period from 27 March to 3 April 2020.
- The survey was addressed to PLHIV and communities most affected by HIV who are either affiliated to or not affiliated to local organisations.
- The survey included quantitative and qualitative questions in English and was disseminated through EATG and AIDS Action Europe networks.
- The results of the first survey informed the questions of the second rapid assessment which was also available in Russian and was disseminated for response from 27 April to 4 May 2020.

RESPONDENT DEMOGRAPHICS:

- The respondents to the survey included **30 people** from **22 different countries** across Europe and Central Asia. Overall, participants were made up of **23 respondents affiliated with a local organisation**, **20 were PLHIV**, **14 were MSM**, **5 were migrants**, **3 were women**, **1 was a PrEP user** and **1 person was injecting drugs**.
- The respondents to the second survey included **57 people** from **26 different countries** across Europe and Central Asia. In total, **50 participants indicated being affiliated with organisations advocating for or serving PLHIV** and communities most affected by HIV (**35 participants identified as MSM**, **19 people as injecting drug users**, **16 as sex workers**, **9 as trans persons** and **4 as migrant community members**).

RESULTS:

- In total, 39/51 respondents reported that HIV treatment was being delivered at hospital pharmacies and 11/51 reported that medicines could be accessed at local pharmacies (Graph1).
- Public entities (19/51) and community organisations (21/51) have been organising home delivery of HIV treatment.
- In Serbia, patients can choose to collect their medicines at dedicated pharmacies or, in some cases, delivery by community organisations. In Ukraine, most respondents report home delivery is possible.
- Respondents noted that PrEP, where available, is delivered at hospital pharmacies (12/22), at community pharmacies (7/22), home delivery by public entity (2/22), home delivery by community organisation (2/22) and other (15/22)-covering responses including on the internet and as part of a clinical study.
- Several respondents reported a lack of availability of PrEP, in Romania, Greece, Albania, Kazakhstan and in Abakan, Russia.

CONCLUSION:

- Community organisations can be seen to be playing a crucial part in HIV treatment through assisting with delivery of medicines.
- The possibility to receive treatment via local pharmacies and/or delivery rather than attending hospitals is an intervention that could be considered to improve the quality of life of PLHIV by reducing the amount of times they would need to visit a hospital/ hospital pharmacy and increase safety in times of sanitary crisis.

What is the current practice in the delivery of medicines due to COVID-19?

