BACKGROUND:
In response to COVID-19 being declared a pandemic, concerns were raised about impacts on people living with HIV (PLHIV), different communities affected by HIV and healthcare systems. EATG collected several data reporting the disruptions but also responses at the level of community services.

OBJECTIVE:
To understand how quality of care was impacted, how appointments as part of HIV care were being dealt with, and what the level of communication between healthcare providers and HIV patients/PrEP users was during the first months of the pandemic.

METHODS:
• EATG conducted its first online survey-based rapid assessment with a data collection period from 27 March to 3 April 2020.
• The questionnaire 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 survey which was also available in Russian and was disseminated from 27 April to 4 May 2020.
• The survey was addressed to PLHIV and communities most affected by HIV who are affiliated to organisations or as individuals.

RESPONDENT DEMOGRAPHICS:
• The respondents to the first 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 the first rapid assessment, 14/27 survey respondents to the question reported their scheduled appointments with health services were cancelled/postponed, 11/18 had their future visits cancelled/postponed.
• Disruption in HIV care was also observed in the second rapid assessment where 13/30 respondents reported healthcare provider-initiated contact about visits.
• Disruptions to follow-up care were also confirmed: 35/52 respondents identifying as PLHIV or PrEP users reported some communication with HIV healthcare providers, several (12/52) reported no interaction and 5/52 reported having no information about it (Graph 1).

PRACTICAL SOLUTIONS:
• Regarding delayed routine testing, there is not always clear information on how and when viral load, CD4 count and blood tests will be rescheduled.
• As a result of the disruption, alternative arrangements such as pick up at community pharmacist, post or direct delivery on a case by case basis were introduced, including by community organisations (21/51).
• E-prescribing, and an increase in supplied amounts of HIV medicines provided was reported by respondents from Albania, England, Greece, Italy, Kazakhstan, Kyrgyzstan, North Macedonia, Poland, Romania, Russia, the Netherlands.

CONCLUSION:
• Several healthcare facilities have tried to maintain a link with their patients using alternative arrangements like telemedicine tools, as appointments were reportedly moved online, demonstrating innovative approaches used in place of regular practices.
• With consultations being cancelled, rather than postponed, appointments may be lost entirely, that may result in people being left behind or lost from follow-up at crucial points of treatment and care unless patients are proactive and knowledgeable about their needs.
• The use of telemedicines was expanded and complementary e-health tools should be further explored, with particular attention to ensure no-one is left behind.

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