

# Cross-border movement restrictions during Covid-19 and foreign nationals access to healthcare and medicines



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## 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 by community organisations for PLHIV or communities affected by HIV. With the closure of borders, some PLHIV were unable to return to their countries of origin or residence. This represented a risk for continuity in treatment and care.

## OBJECTIVE:

The rapid assessments explored information on the impact of COVID-19 on HIV communities. It provided examples of innovations in both health and community services. And looks at the challenges and community-level responses.

## METHODS:

- EATG conducted an 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.
- The survey was addressed to PLHIV and communities most affected by HIV who are affiliated to organisations or individuals. It was disseminated through EATG and AIDS Action Europe networks.
- The results informed the questions of the second rapid assessment, also available in Russian, and was disseminated from 27 April to 4 May 2020. It included an open question about other impacts of COVID-19 and practical community-level solutions.

## 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:

- Where PLHIV were unable to return to their countries of origin/ residence due to closed national borders, respondents from community organisations in Italy, Cyprus, Lithuania, Malta, Poland, Russia and Serbia reported helping them to obtain needed ARVs when personal stock ran out.
- These persons could not access needed ARVs due to legal restrictions on who can access national healthcare systems. This included a number of migrants without residency status.
- Alternative solutions included: PLHIV paying for medications themselves; PLHIV switching to cheaper ARV combinations or "stretching" their therapy; pharmaceutical companies donating relevant medications (sometimes at the demand of community organisations); one Portuguese respondent reported a significant legislative change that ensured universal access to healthcare until 30 June.

## CONCLUSION:

- Responses to the rapid assessment indicate gaps in continuity of care for PLHIV stranded outside of their residential/origin country and demonstrate that community organisations have provided support for these PLHIV to troubleshoot personal ARVs shortages and bridge gaps in universal healthcare.
- Public health emergencies preparedness and respect for human rights warrants legislative change towards access to universal healthcare coverage.