Eurasian Women's Network on AIDS

Women, HIV and COVID-19

in Eastern Europe and Central Asia

Summary of the Report
2020

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This is a summary of the findings and recommendations of a community-led research project **"Women, HIV and COVID-19 in Eastern Europe and Central Asia".** The study was planned and conducted by EECA women living with HIV and women from key populations themselves.

The aim of the study was to explore the impact of the COVID-19 pandemic and lockdown measures on the access to sexual and reproductive health and rights, HIV treatment and protection against gender-based violence among women living with HIV and women from key populations in Eastern Europe and Central Asia (EECA). In June - August 2020, 50 in-depth interviews were conducted among women from community-led organisations in Armenia, Belarus, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Russia, Tajikistan, Ukraine, and Uzbekistan.

The study was led by Eurasian Women's Network on AIDS and supported by UNFPA, UNDP and UNAIDS. For more information, please contact Svitlana Moroz at svetamorozgen@gmail.com.

By the time the research project was finished and the report was written, EECA countries transited to a new phase of the COVID-19 epidemic. This new phase is characterized by the growth of the number of new COVID-19 cases in October-November 2020, and the overload of infectious diseases hospitals. As the research project has shown, the first stage of the COVID-19 epidemic revealed systemic issues of access to HIV prevention and treatment in EECA countries. Drawing from the research conclusions, we hope that the experience the countries of EECA region went through in the beginning of the pandemic will be considered by the governmental structures and international donors and will help prevent collapse of the system of providing vital medical and social care for women from the most vulnerable strata of population.

1. **Many women from key populations that lived below the poverty line even before the pandemic, found themselves without means of subsistence after the quarantine measures were introduced.**

Inability to continue the usual economic activities and total lack of social protection caused catastrophic consequences for women from the key groups, with circumstances as dire as starvation and homelessness among most vulnerable women and their children.

"They didn't have money to buy bread. How to feed the children? Those who could, those who were brave enough were writing on Facebook and elsewhere: SOS, help me. This is scary. When one is left without a job, and on top of everything, there is a diseasethat needs to be treated all the time." Uzbekistan

"They stopped taking it [HIV treatment], just stopped. [Peer] consultants couldn't find them. I can tell you: two persons[women-migrants with HIV], I found them in NN, in a park. I asked them: What's with the [ARV]-treatment? [They answered me:] Why? We don't have anything to eat, why would we need any medicine?" Kyrgyzstan

Access to governmental social support was obstructed due to issues with documents, absence of registration, inability to officially prove employment or loss of employment, complications with access to the Internet and overcoming bureaucratic complications. In the cases when women's organizations helped the women living with HIV and women from the key populations overcome these barriers, the amount of governmental assistance was insufficient for overcoming financial difficulties.

"Sex work is illegal, so one gets no employment record. They were getting absolutely no cash transfers [during the pandemic]. It's hard to register as unemployed, to show your income level or anything related to the registration or child's certificates. It's a snowball. So, the majority of sex workers don't even apply for state social support". Ukraine

RECOMMENDATIONS:

- For the government: to designate women living with HIV and women from key populations to a separate category of socially vulnerable citizens in order to provide them targeted social support;
- Forthe government: to establish cooperation with community-led organizations and networks with the goal of reducing the gap of digital inequality in access for women living with HIV and women from key populations to digital governmental services;
- Fordonors: to provide for targeted funding to secure food and temporary shelter for women living with HIV and women from the key populations, who at the time of the pandemic found themselves without means for subsistence;
- For community-led organizations and networks: to develop partnerships with state and non-state actors and cooperate with them in addressing social needs of women from key populations;
- For community-led organizations and networks: to include food support, housing support, digital skill building and other services in service packages for women living with HIV and from key populations.

2. Prevention of HIV among key populations is no longer a priority - for the government, but not for the community.

To obtain a permission to continue with the prevention among sex workers, women who use drugs, and LBT in the context of the pandemic, community-led organizations directly contacted the municipal authorities and explained how important it is not to terminate provision of HIV prevention services.

Integration of the COVID-19 prevention into the HIV service package happened in many cities immediately, even though community-led organizations initially received no support from the governmental sector. The reason for this integration lies in the fundamental principles of the community-led work: flexibility, informal approaches in solving problems and using internal resources of the community.

"We have provided our staff with disinfectants, masks, in sufficient volume, not so that they don't have to use one mask for two weeks. And they provided their clients with masks. We have reprogrammed some project budgets to purchase direct humanitarian aid for women with children and for women who find themselves in a difficult situation. Of course, we have added the minimum basic knowledge about COVID to the leaflets that we distribute among our clients. As well as psychological support in relation to what happens during the pandemic." Ukraine

With the start of the pandemic, clients of opioid substitution therapy (OST) faced huge challenges in getting OST medications, mainly methadone. The reason for these difficulties is that the clients are supposed to get methadone daily, by personally coming to the OST service point. In Georgia, Kyrgyzstan, Moldova and Ukraine, thanks to the community's persistent demands, it became possible to have a multi-day dispensary of methadone and therefore prevent treatment interruptions.

"Every morning they went to NN, received OST, and then they were taken back to the checkpoint [in another city], from where they had to walk home. ... They are tired of going 20 km every day to the OST clinic. We wrote appeals on behalf of the Kazakhstan Union of People Living with HIV. We wrote to the chief narcologist of the country, it's only the President that we didn't write to... They are tired, already three of them are decreasing the dose, they want to quit the OST program. " Kazakhstan

RECOMMENDATIONS:

- For the government: to secure working conditions for the HIV prevention programs under the pandemic restriction measures (access authorization documents/passes, transportation, personal protection equipment);
- For the government: secure dispensing OST medications for several days/weeks to the clients;• For the donors: to maintain the level of funding for HIV prevention programs among women from the key populations, even with other priority health care problems during the pandemic;
- For community-led organizations and networks: to get a formal permission from state authorities to continue the service provision in during lockdowns;
- For community-led organizations and networks: to provide personal protection equipment for staff, volunteers, and clients.

3. The governmental system turned out to be unprepared to secure uninterrupted HIV treatment under the conditions of heavy lockdown restrictions ("self-isolation").

Absence of a system for informing people living with HIV about how and where to get therapy, inability to secure dispensing of ARV-medication for half a year period (as recommended by WHO), inability to secure delivery of medications in the conditions where transportation does not work, and roadblocks are set up at the entrance to the capital and oblast centers - all this could cause many women living with HIV to be left without access to treatment en masse. Women migrants, being unable to return to their home country, found themselves without access to ART for an indefinite time.

"People received ten ARV pills at once. For only ten days, then people fled again, and it was very problematic. " Armenia

"There was no coordination when the borders closed. When the people from Azerbaijan, Ukraine, Moldova ended up in Georgia and there was no longer communication [between the countries], they got access to ARVs, but not through government agencies. ... There was no informational support for migrants: what to do if you are in another country, with the amount of medicines that are in short supply, where you can turn to and how to arrange it all." Georgia

Cooperation between community-led organizations and health care workers helped prevent this course of events, while this cooperation was often conducted based on personal contacts and on a volunteer basis. Women's networks and other community-led organizations were informing women living with HIV about the new rules of diagnostics and dispensing of ART medications, and delivering the medications. This work was done at the cost of internal resources of the community, personal transport, and contacts inside the community that had been developed during the years within the community and with the medical services, and due to the support of some donor organizations who were flexible enough to make timely decisions to re-align their current projects.

"I personally delivered ARVs to NN, it's not far from here. I really had to walk by foot. Well, in general, it took an hour and forty minutes in one direction . It was hot, about 30 C. It's around 7-8 kilometers. I just put on a mask, put on gloves, took medicine, if I needed to deliver medicine or the baby formula, I just went at my own peril and risk." Kyrgyzstan

RECOMMENDATIONS:

- For the government: to secure dispensing to clients ARV medications sufficient for several month, as recommended by WHO;
- For the government: to establish systematic cooperation with the community-led organizations on informing people living with HIV and on delivery of the medications, and to allocate funding, transportation and personal protection equipment for this;
- For the donors: to fund projects of financial/technical aid to support the community's participation in delivery of the medications;
- For the donors: to provide funding for establishing "ART banks" for migrant women;
- For community-led organizations and networks: to continue documenting and addressing HIV treatment interruptions including through community-led monitoring.

4. In EECA, serious deterioration in access to sexual and reproductive health services took place, and this access was lacking even before the pandemic started.

Access to the sexual and reproductive health services during the COVID-19 pandemic differed from one country to another. While in some countries changes in access were insignificant, in others, sexual and reproductive health services virtually stopped. Access to the sexual and reproductive health services is closely connected with infrastructure and transport communications, which took a serious hit due to the COVID-19 pandemic. Police regulation of movement inside and between cities caused additional barriers for women to access services and forced them to reveal their HIV positive status to police officers.

"A woman is pregnant and they wouldn't even register at a maternity clinic so long as she didn't make a COVID-19 test. But it costs money, and she doesn't have any. And the OB/GYN wouldn't see her, so long as she didn't bring the test results. ... She is from a village, well, she doesn't have money. Does that mean she has to undergo her labour at home?!" Moldova

The research has shown that in many countries of the region, access to abortion was significantly reduced or cut off completely, even in situations of rape. Pregnant women with HIV were afraid to give birth or be under observation during pregnancy. In the EECA countries, gynecologists significantly reduced their working hours or stopped seeing patients altogether; many STI clinics also closed.

"There was a woman in NN who wanted to terminate the pregnancy. They refused to terminate the pregnancy and told her: 'Come back later, after the lockdown'. After the lockdown it was already too late, so she could only give birth... She said: I don't know what to do? I can't afford to feed the baby. I have 3 kids already, I don't work, I don't have a husband." Kyrgyzstan

At the same time, NGOs and community-led organizations did not cease their work and continued to distribute condoms, along with ART medications delivery, through using mobile clinics that they had organized before the pandemic had started.

RECOMMENDATIONS:

- For the government: to provide uninterrupted sexual and reproductive health services, including access to contraception, to pregnancy and childbirth support and to abortion - in the conditions of the pandemic;
- For the government: to establish systematic cooperation with community-led organizations to improve access to sexual and reproductive health services, and to allocate necessary funding, transportation and personal protection equipment;
- For the donors: provide financial/technical assistance to support access to sexual and reproductive health services;
- For community-led organizations and networks: to continue advocating for SRHR and report on SRHR to national human rights instruments and international treaty bodies.

5. COVID-19 pandemic provoked a new surge of violence against women, to which governmental systems were unable to respond properly.

Main reasons for the increase in violence are social and economic in nature. They are related to a prolonged stay in the same space with violent men and to a degraded financial situation; this goes both for women from the general population and for women from the vulnerable groups. Police response to violence strongly depends on national laws. The fact that not all EECA countries ratified the Istanbul Convention and introduced laws against domestic violence before the pandemic affected women's vulnerability after the lockdown measures were introduced.

"While previously the violence came from clients, now it is violence from family members. She doesn't work, she doesn't bring any money, she is the outcast." Tajikistan

The COVID-19 pandemic affected the work of existing crisis centers/shelters: in some places, crisis centers continued working, but did not accept new clients; in other centers, a problem emerged due to the necessity to isolate new clients. Stigma and discrimination against HIV-positive and drug depended women, and against sex workers and trans women limited their access to help for violence they experienced even more.

"Concerning crisis centres, there always was a shortage of them. Usually [only] women without drug dependency, without HIV could get a shelter". Russia

RECOMMENDATIONS:

- For the government: to immediately ratify the Istanbul Convention and to introduce laws on domestic violence prevention and response;
- For the government: to increase the capacity of crisis centers/shelters, to develop recommendations on prevention of COVID-19 for them, and to secure resources for implementing these recommendations;
- For the donors: to support activities of the crisis centers and havens/shelters run by the community;
- For community-led organizations and networks: to start/continue with systematic documentation of violence against women living with HIV and women from key populations; to broaden partnerships with local stakeholders to increase shelter/crisis centres capacities.

6. During the pandemic, organizations of the community and women's networks found themselves on the frontline of the HIV response, becoming the link between HIV positive women / women from the key population groups, and the vital services.

When the COVID-19 pandemic began, women's communities and groups mobilized and started producing personal protective equipment (PPEs) to protect themselves, including use of their own funds, to deliver the therapy to people living with HIV, to consult on COVID-19, and to provide comprehensive assistance to women from the key groups. The activists became motivated for new initiatives and for development. Women's self-help groups and mutual help groups for psychological support began developing more actively; organizations of the women of the key groups accelerated their cooperation. Partnership between community-led organizations and professional organizations during the pandemic of the coronavirus infection helped in exchanging resources and providing help. At the same time, some projects stopped their activities receiving support neither from the government nor from donors in reprogramming their project activities.

Due to the pandemic, activists had a sudden workload increase. Women had to use their own resources to secure access and to provide services: personal transport, personal finances, and personal time. As a result of the “death march” work, by the beginning of the pandemic’s second wave, many of the community leaders found themselves in dire straits emotionally, mentally, and financially. Resources of the community are exhausted.

RECOMMENDATIONS:

- For the government: to recognize the importance and to financially support the work of community-led organizations including through social contracting;; through introducing positions of peer consultants based at the AIDS centers and other government-owned institutions; to stimulate the work of community-led organizations by providing lease discounts for premises, cooperation in securing unobstructed movement of employees (access permits) during the lockdowns and providing personal protection equipment;
- For the government: to establish cooperation with the community-led organizations with the goal of reducing the digital inequality gap and securing access of women living with HIV and women from key populations to digital governmental services;
- For the donors: to institute flexible approaches with regards to re-programming of existing donor-funded projects;
- For the donors: to provide technical support and grants focused on improving sustainability of women's organizations, and on prevention of professional burnout among women activists;
- For community-led organizations and networks: to increase monitoring, reporting and advocacy capacities through multi-country community-led initiatives, within EECA and globally;
- For community-led organizations and networks: to continue to support each other and to take a moment to become conscious of communities’ victories, big and small, in these extremely hard times.