



Russian Federation*



COVID-19 RESPONSE AND IMPACT ON HIV AND TB SERVICES

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Executive Summary

Population ¹	146,700,000
COVID-19 deaths per 100,000 population ² (at 23 March 2021)	126.79
COVID-19 lockdown(s) initiated	Yes - March 2020
Disruption to harm reduction services	Yes
Reduced TB detection	Yes
Integrated TB and COVID-19 testing	No for HIV, Yes for TB
Reduced access to clinicians	Yes
Reduced access to peer support and/or psychosocial support	Yes
Stockouts of HIV or TB medications	No

* Data collection for this paper was conducted in St. Petersburg, Sverdlovsk, Chelyabinsk, Krasnoyarsk, and Voronezh, with some literature sources from Moscow.

¹ Rosstat, 'Демография (Demography)', Federal State Statistics Service, Russian Federation (2021), <https://rosstat.gov.ru/folder/12781> accessed 8 February 2021.

² Official figures state that deaths from COVID-19 at 15 February 2021 is 80,520 (Worldometer), however the Deputy Prime Minister of the Russian Federation, Tatiana Golikova, states that these have been underreported, and that in December 2020, COVID-19 deaths were more than 186,000 people. This latter figure was used to calculate deaths per 100,000 population. Owen Dyer, 'Russia Admits to Understating Deaths by More Than Two-Thirds' (2020) 371 BMJ m4975 <http://dx.doi.org/10.1136/bmj.m4975>

The Russian Federation is the largest country in the world by surface area covering over 17 million square kilometres and a population of 146.7 million.³ The country borders Azerbaijan, Belarus, Democratic People's Republic of Korea, Estonia, Finland, Georgia, Kazakhstan, Latvia, Lithuania, Mongolia, Norway, People's Republic of China, Poland and Ukraine. In 2012, the World Bank upgraded Russia's income status to that of a high-income country, but after the major economic crisis in 2014, the country's status returned to upper-middle income status.⁴

Russia's national health system infrastructure is mostly inherited from the Soviet Union. Whilst the organisation of health services evolved significantly since 1990s, the system still keeps a high degree of centralisation with a focus on universal health coverage via basic healthcare as a constitutional right.⁵ Primary health care is free for all residents through a compulsory state medical insurance and available through polyclinics and hospitals. In addition, citizens receive free specialised and high-technology medical care, outpatient pharmaceutical costs for certain groups such as elderly people, injured veterans, and the disabled and emergency care. The quality of the state-provided medical care remains disputable. While the Ministry of Health said about 40.4% of citizens are satisfied by health services (2015),⁶ some commentators refer to independent surveys suggesting a mere 2% satisfaction rate, mostly from primary care.⁷

Private medical care, non-state medical insurance schemes, and out-of-pocket health services are widely available in the country.

The governance structure of the national health system comprises the Ministry of Health and its subordinate services and agencies, including the Federal Supervision Service for Healthcare ('Roszdravnadzor'), the Federal Medical-Biological Agency (FMBA), federal state institutions and unitary enterprises.⁸ The Ministry of Health also coordinates the Federal Mandatory Health Insurance Fund (MHIF). It should be noted that since 2012, state sanitary and epidemiological control, which is responsible for HIV/AIDS and COVID-19 surveillance among other responsibilities, is under the authority of the Federal Service on Surveillance on Customers' Rights Protection and Human Well-Being ('Rospotrebnadzor'), which reports directly to the Government of the Russian Federation.⁹

The national COVID-19 response strategy was of a decentralised nature, with no state of emergency announced nation-wide. The President had delegated authority for the announcement of lockdown measures to the governors of the territories, including the mayor of Moscow. The Government of the country was primarily responsible for the enforcement of Presidential orders, budget allocations and development and implementation of measures of socio-economic support for essential services and socially

³ Rosstat, 'Демография (Demography)', Federal State Statistics Service, Russian Federation (2021), <https://rosstat.gov.ru/folder/12781> accessed 8 February 2021

⁴ The World Bank, 'Data. Russian Federation', <https://data.worldbank.org/country/RU> accessed 8 February 2021

⁵ Larisa Popovich, Elena Potapchik, Sergey Shishkin, Erica Richardson, Alexandra Vacroux, Benoit Mathivet, 'Russian Federation. Health system review' Health Systems in Transition, Vol.13 No.7 2011, https://www.euro.who.int/data/assets/pdf_file/0006/157092/HiT-Russia_EN_web-with-links.pdf accessed 08 February 2021

⁶ Regnum 'Минздрав: Удовлетворены медицинской помощью 40,4% жителей России (Ministry of Health: 40.4% of Russian residents are satisfied by medical care)', <https://regnum.ru/news/polit/1960350.html>, accessed 8 February 2021

⁷ Newsweek 'Russia's Bad Health Care System Is Getting Worse', <https://www.newsweek.com/2016/12/02/dire-russia-health-care-523380.html> accessed 8 February 2021

⁸ The Russian Government 'Ministry of Health of the Russian Federation', <http://government.ru/en/department/23/events/> accessed 8 February 2021

⁹ Federal Service of the Russian Federation on Surveillance in Customers' Rights Protection and Human Well-Being (Rospotrebnadzor), 'Положение о Федеральной службе по надзору в сфере защиты прав потребителей и благополучия человека (Statute of the Service on Surveillance in Customers' Rights Protection and Human Well-Being)', <https://www.rospotrebnadzor.ru/region/functions.php> accessed 8 February 2021

deprived populations. State epidemiological control measures and guidance to the territories on lockdown and other safety measures were provided by Rospotrebnadzor.

The first COVID-19 outbreak was in April-June 2020, while the second outbreak came in late September–December 2020. Most of the regions were in strict lockdown in March-June 2020, with some regions extending lockdown until August. Our interviews indicate that this was among the most meaningful factors influencing access to HIV and TB services across the country. The reprofiling of medical facilities towards a COVID-19 focus and the associated additional workload on health staff, transportation problems, fears of leaving home due to COVID-19 infection risk, long queues for receiving services, and reduction in income level, were seen as among the most significant barriers to access to HIV and TB care.

Nevertheless, the national health system displayed resilience to pandemic impact in terms of supply chain of essential medications; no ARV or TB therapy supplies and no treatment regimens changes were revealed by interviewees, although our interviewees were based solely in St. Petersburg, Sverdlovsk, Chelyabinsk, Krasnoyarsk, and Voronezh regions, and thus is limited in geographical scope. In Sverdlovsk oblast (approximately 1,400 kilometers east of Moscow), we interviewed a formerly incarcerated individual who had fallen ill and received services during the COVID-19 pandemic, indicating smooth-running services in that area.

HIV and TB testing rates decreased significantly during the COVID-19 pandemic. Access to community-based harm reduction and HIV counselling and prevention services were also reduced as many NGOs had to suspend their activities to avoid COVID-19 infection risks to their clients and staff, as well as possible legal consequences from breaching lockdown rules.

In this report, we reviewed country legislation acts, clinical guidelines, scientific articles and study reports, as well as local press articles. All interviewees from Russia requested anonymity or to use pseudonyms. We interviewed representatives of the HIV and TB patient community, i.e. Evgenya from Krasnoyarsk region and Aleksei from Sverdlovsk region, Natalia, a healthcare worker from a health institution in Voronezh, an infectious disease clinician from St Petersburg (who requested anonymity) and Yury, an NGO leader from Chelyabinsk region.



The COVID-19 Response

Russia has the fourth highest number of COVID-19 cases in the world after the United States, India and Brazil.¹⁰ By 23 March 2021, the total of 4.42 million cases and 93,812 deaths associated to this disease were reported,¹¹ although in December 2020, the Deputy Prime Minister of Russia announced that deaths had been underreported, and that actual deaths stood at 186,000 at that time.¹² National authorities reported the first two cases detected in the country on 15 February 2020 among two citizens of China who had arrived to the border regions of the country, with the first infection occurring among a Russian citizen on 1 March 2020.¹³ As mentioned in the executive summary, in 2020, there were two phases of infection: April-June 2020 with a daily peak of 11,656 new infections (11 May) and in late September-December 2020 with the maximum of 29,935 daily infections (24 December).¹⁴

The national COVID-19 response strategy is characterised by a high degree of decentralisation. Via an April 2020 Decree, the President under his constitutional authority assigned the governors to take ongoing responsibility on identification of specific sites for lockdown regime within their territories, suspension or limitation of social and economic activity, free movements of people, and at the same time introduced a list of essential economic sectors which would not be subject to restrictions, such as health facilities, pharmacies, grocery stores, and Pension Funds.¹⁵ This enabled governors (and the mayor of Moscow) to introduce and dismiss lockdowns based on local disease burden. The only universal provision of this Decree, which was further prolonged until 12 May 2020, was the introduction of “work-free” days for all employed people, excluding those working in essential economic sectors, with salary payments retained.

¹⁰ Statista, ‘Number of coronavirus (COVID-19) cases worldwide as of February 8, 2021, by country’, <https://www.statista.com/statistics/1043366/novel-coronavirus-2019ncov-cases-worldwide-by-country> accessed 9 February 2021

¹¹ Stopcoronavirus, ‘Отчёт о текущей ситуации по борьбе с коронавирусом COVID-19. 7 февраля 2021 (Current coronavirus COVID-19 situation report. 7 February 2021)’, Communications Centre of the Government of the Russian Federation, https://xn--80aesfpebagmfb1c0a.xn--p1ai/ai/doc/756/attach/2021-02-07_coronavirus_government_report.pdf accessed 08 February 2021

¹² Owen Dyer, ‘Russia Admits to Understating Deaths by More Than Two-Thirds’ (2020) 371 BMJ m4975 <http://dx.doi.org/10.1136/bmj.m4975>

¹³ Interfax, ‘Глава Роспотребнадзора назвала дату первого случая заражения коронавирусом в России (The Rospotrebnadzor Head announced the date of the first coronavirus infection case in Russia)’ <https://www.interfax.ru/russia/709883> accessed 08 February 2021

¹⁴ Worldometer, ‘Russia’ <https://www.worldometers.info/coronavirus/country/russia> accessed 08 February 2021

¹⁵ Stopcoronavirus, ‘Указ Президента Российской Федерации «О мерах по обеспечению санитарно-эпидемиологического благополучия населения на территории Российской Федерации в связи с распространением новой коронавирусной инфекции (COVID-19)» от 2 апреля 2020 г. №239 (Decree of the President of the Russian Federation ‘On measures of sanitary and epidemiological well-being of the population at the territory of the Russian Federation related to the spread of new coronavirus infection (COVID-19)’ of 2 April 2020 No.239’ <https://xn--80aesfpebagmfb1c0a.xn--p1ai/ai/doc/87/attach/0001202004020025.pdf> accessed 9 February 2021

Measures taken by the Federal Government were predominantly related to the enforcement of Presidential orders, as well as development and introduction of specific socio-economic mechanisms to support businesses, socially deprived populations, health systems and other important public sector bodies. Federal government initiatives included the deployment of essential diagnostics and protective equipment to health facilities, although an interview with a medical specialist from Voronezh, in southwestern Russia, indicated that PPE needed to be supplemented with external assistance:

Allocations from the Federal budget for coronavirus response did not arrive immediately. Our region procured a huge number of PCR tests for COVID. Additional bed capacity was quickly deployed in the required quantity. Ventilators were purchased. At some point, for the first two weeks, masks were not available in enough quantity, so NGOs were sewing them themselves and were handling them over to doctors and elderly people for free. The government allocated money to provide people with individual protection commodities.¹⁶

Meanwhile, Rospotrebnadzor was responsible for epidemiological monitoring, introduction and enforcement of sanitary control measures, including self-isolation for all citizens arriving from abroad or those with detected COVID-19, as well as methodological guidelines for the territories on introduction and step-by-step release of lockdown regime.

A nationwide ‘emergency situation’ or state of emergency was never introduced in the Russian Federation, unlike other countries featured in this report. On the one hand, it could be explained by the heterogeneity of the COVID-19 burden across the territories of the country. For example, among the territories with the highest rates, Moscow was the most affected territory with the total of 947,036 confirmed cases and 14,031 coronavirus patients died, while Saratov region had cumulatively 45,356 cases and 582 deaths as of 9 February 2021.¹⁷ The same official source provides for the data on the least affected territory of Chukotka Autonomous Okrug with only 659 cases and 4 deaths over the same period. On the other hand, media commentators criticised the lack of political reaction on the COVID-19 crisis blaming the President for excessive concern about his own political ratings, and the Government for the lack of independence in taking responsible decisions, which would, among other things, entail additional budgetary obligations to address the crisis consequences.¹⁸

Nevertheless, the decentralised strategies have so far been in place with different levels of lockdowns (or even absence of lockdowns) in the territories. Interviews with study respondents showed that the strictest lockdown measures were simultaneous in different territories within the period of late March-June 2020 over the first wave of disease. In some territories, for example in Krasnoyarsk (in the central-south region of the country), limitations were in effect till late August:

¹⁶ Interview with Natalia, health specialist from Voronezh (in-person interview, 12 December 2020)

¹⁷ Stopcoronavirus, ‘Оперативные данные по состоянию на 9 февраля 11:00 (Operational Data as of 9 February 11:00)’, <https://xn--80aesfpebagmblc0a.xn--p1ai/information>, accessed 9 February 2021

¹⁸ Meduza, ‘«Даже слово „карантин“ стараются не употреблять» Как президент и правительство перекалдывают друг на друга ответственность в борьбе с коронавирусом (“They even avoid using the word ‘quarantine’”. How the president and the government are tossing the responsibility for coronavirus response)’, <https://meduza.io/feature/2020/04/01/dazhe-slovo-karantin-starayutsya-ne-upotrebyat> accessed 9 February 2021

During the time of overall isolation across the country, everyone was staying at home till August. (The) lockdown regime was lifted on 29 August. After that, no limitations were in place. However, shops were not serving people who weren't wearing masks; there was no chance of using public transportation in this case as well. However, people had a 'formal' attitude to wearing masks pulling them down to the chin. I was making comments to such people in AIDS Centre, which was the place where I think I got infected (with COVID). I told them to start wearing masks properly, that it was a pandemic.¹⁹

On 5 December 2020, Russia started COVID-19 vaccination with its own vaccine "Sputnik-V"²⁰ with two additional vaccines under development.



Effects on HIV Care

Russia has the fastest growing HIV epidemic in Eastern Europe and Central Asia with new infections growing by 10-15% annually.²¹ By September 2020, the total of 1,476,023 cases were registered over the whole HIV monitoring period, including 1,096,182 people living

with HIV.²² National HIV surveillance bodies estimate that HIV infection in Russia is no longer a concentrated epidemic and that trends show increased infections among the general population. Notably, based on 2020 data, HIV transmission routes have changed with an increase

¹⁹ Interview with Evgenya, person living with HIV from Krasnoyarsk (Zoom, 4 January 2021)

²⁰ Meduza 'В России началась вакцинация против коронавируса. Но вакцины разрабатывали меньше года — прививаться ими или нет? Это безопасно? (Coronavirus vaccination started in Russia. But the vaccines were developed in less than one year – vaccinate or not? Is it safe?), 19 December 2020, <https://meduza.io/cards/v-rossii-nachalas-vaktsinatsiya-protiv-koronavirusa-no-vaktsiny-razrabatyvali-menshe-goda-privivatsya-imi-ili-net-eto-bezopasno> accessed 9 February 2021

²¹ Avert, 'HIV and AIDS in Russia' Global information and education on HIV and AIDS (2017), <https://www.avert.org/professionals/hiv-around-world/eastern-europe-central-asia/russia> accessed 9 February 2021

²² HIVRUSSIA.info 'Справка ВИЧ-инфекция в Российской Федерации на 30 сентября 2020 г. (HIV Infection in the Russian Federation as of 30 September 2020)' Federal Research and Methodology Centre on AIDS Prevention and Control (2020) under the Central Research Institute of Epidemiology of the Rospotrebnadzor, 1, <http://www.hivrussia.info/wp-content/uploads/2020/11/Spravka-VICH-v-Rossii-9-mes-2020.pdf> accessed 9 February 2021

of the proportion of new cases from heterosexual contacts rising up to 65% of total infections, accompanied with a decrease of the proportion of infections attributed to injecting drug use, which was the dominant route of transmission, to 37%, while the proportion of new cases among men who have sex with men increased to 2.5%.²³

International sources, including UNAIDS, do not provide data on the HIV services cascade in Russia,²⁴ which may be attributable to national policies limiting disclosure and transparency on epidemiological data. From available sources, it can be estimated that by September 2020, 68.8% of people living with HIV were on 'dispensary monitoring,' i.e. that their HIV status is known and they are under clinical monitoring,²⁵ and 75.5% of those on monitoring were receiving antiretroviral therapy.²⁶

As an upper-middle income country, Russia fully funds its HIV treatment needs, while prevention programmes among key populations, firstly harm reduction and interventions among MSM, SW and transgender people remain dependent on external sources. Whilst the State Strategy on addressing HIV-infection for the period 2020-2030 calls for 'targeted measures'²⁷ for tackling PWID, SW and MSM and other key populations, it doesn't describe these in detail or prescribe specific

targets and interventions. The change of the country's income level status by the World Bank mentioned above influenced the presence of the Global Fund programmes in the country, which were traditionally the main source of funding of NGO-run HIV prevention programmes among key populations. Since 2018, the country faces widespread interruption in funding of such services. While partially compensated from local health budgets covering the needs of PLHIV communities in terms of treatment adherence and social support, the reduction in funding as a result of transition nevertheless presents a major concern in terms of rapidly decreased coverage by community-based essential HIV services.²⁸ In 2020, the Global Fund returned Russia into the Eligibility List 2020 for the allocation on HIV prevention under the NGO Rule²⁹ and the new 2021-2022 programme is underway.

The study revealed similar trends on COVID-19 impacts on access to HIV care in Russia as in other countries featured in this report. To a large extent, the health system was refocused onto COVID-19, and existing doctors had increased workloads due to having to work both on COVID and HIV. According to an NGO leader from Chelyabinsk, 210 kilometers south of Yekaterinburg in the Ural Federal District:

²³ HIVRUSSIA.info 'Справка ВИЧ-инфекция в Российской Федерации на 30 сентября 2020 г. (HIV Infection in the Russian Federation as of 30 September 2020)' Federal Research and Methodology Centre on AIDS Prevention and Control (2020) under the Central Research Institute of Epidemiology of the Rospotrebnadzor, 2, <http://www.hivrussia.info/wp-content/uploads/2020/11/Spravka-VICH-v-Rossii-9-mes-2020.pdf> accessed 9 February 2021

²⁴ UNAIDS Data 2020 '90-90-90 country scorecard: eastern Europe and central Asia, 2019', 343 https://www.unaids.org/sites/default/files/media_asset/2020_aids-data-book_en.pdf accessed 9 February 2021

²⁵ Common throughout the region

²⁶ HIVRUSSIA.info 'Справка ВИЧ-инфекция в Российской Федерации на 30 сентября 2020 г. (HIV Infection in the Russian Federation as of 30 September 2020)' Federal Research and Methodology Centre on AIDS Prevention and Control (2020) under the Central Research Institute of Epidemiology of the Rospotrebnadzor, 2, <http://www.hivrussia.info/wp-content/uploads/2020/11/Spravka-VICH-v-Rossii-9-mes-2020.pdf> accessed 9 February 2021

²⁷ Garant.ru, 'Распоряжение Правительства РФ от 21 декабря 2020 г. № 3468-р О Государственной стратегии противодействия распространению ВИЧ-инфекции в РФ на период до 2030 г. (Decree of the Government of RF of 21 December 2020 No.3468-r On the State Strategy to Address HIV-infection in the RF for the period until 2030)', <http://www.garant.ru/products/ipo/prime/doc/400033496> accessed 22 March 2021

²⁸ Regional Platform EECA, 'The sustainability of the results of the last Global Fund HIV grant for Russia are under a threat' Regional Civil Society & Community Support, Coordination and Communication Platform (27 September 2018), <https://ecapplatform.org/en/the-sustainability-of-the-results-of-the-last-russian-grant> accessed 10 February 2021

²⁹ The Global Fund Media 'The Global Fund Eligibility List 2020', 7, https://www.theglobalfund.org/media/9016/core_eligiblecountries2020_list_en.pdf accessed 9 February 2021

The AIDS Center worked well; they accelerated their activity. The problem was that many specialists of the AIDS Center were recruited to COVID hospitals, which at that time were urgently deployed at various medical institutions. There was a large shortage of employees of the AIDS Center and, besides that, limitations in a number of people to be inside the medical institution, so everyone else was just standing out in the street. All that put pressure on the AIDS Center system.³⁰

In St Petersburg, however, where the AIDS Centre is part of the Botkin Infectious Diseases Hospital, HIV staff were not redirected to COVID-19 and were able to continue working at full capacity on HIV. An infectious diseases specialist from the city told us:

The AIDS Centre was not reprofiled (to COVID-19). It provided care for patients routinely and there were no changes (for them). The larger Botkin Infectious Diseases Hospital was refocused on COVID-19 patients with a specialized ‘infectious box’³¹ system for patients. So, Botkin Infectious Diseases Hospital continued as usual until it became overloaded, and after that other medical institutions under the City Health Administration and even federal ones began to reprofile.

Face-to-face contact with clinicians reduced, and there was a transition to telemedicine and mobile health. A medical specialist from Voronezh, described changes in her facility due to COVID:

In (my) medical institution, patient flows are pulled apart, there is a red and green zone. Observation and treatment of patients is carried out in three ways, depending on the condition of the person: the doctor conducts a survey by telephone remotely, you can come to the red zone or call the doctor at home.

In St Petersburg, electronic prescriptions were introduced to optimise access to ARVs so patients could obtain their three-month supply of antiretrovirals³² at the pharmacy linked to the AIDS Centre. The infectious diseases clinician in St Petersburg told us:

On average, in 2019, drugs were provided for three months (take home supply). Then the patient would come back to the doctor to go through viral load and other tests if necessary. When lockdown measures were introduced, the workload increased and there were risks of overcrowding. We decided to start issuing electronic prescriptions. Such prescriptions were available to those patients who were adherent. A patient would then call the “hotline” or “information desk”, provide their full name and ID (a dispensary monitoring number). These data are then checked by our medical worker and verified against the database, after which an electronic prescription is issued and sent to the patient. The next day, the patient is invited to come to the pharmacy accredited to the AIDS Centre to collect his free medications. Such an algorithm helped to reduce patient visits and organise our work in better way.³³

³⁰ Interview with Yuri (name changed by request), an NGO Leader from Chelyabinsk (Zoom, 22 December 2020)

³¹ A system where COVID-19 patients are sectioned in cubicle-type structures

³² These are provided for free

³³ Interview with infections specialist from St. Petersburg (Zoom, 5 March 2021)

In Voronezh, a medical specialist reported that she had observed some increase of stigma due to the diversion of PLHIV to general infectious diseases departments, resulting from the repurposing of the AIDS Center for the COVID-19 response:

HIV-positive patients are transferred to the infectious diseases hospital... The patient was not left without help, but the conditions were worse. If we again talk about key populations, the AIDS Center is used to working with these groups, there is no stigma and discrimination. In the infectious diseases hospital, the staff were shocked by people who use drugs.

It is unclear at this stage whether similar displacements across the country resulted in increased stigma for key populations, and whether there were populations who were deterred from accessing services due to this.

There did not seem to be ARV supply interruptions, although testimony from one PLHIV from Krasnoyarsk, in the central-south of Russia, indicated that NGO assistance was necessary to ensure seamless supply of medications while she was hospitalised with COVID:

No, there was not much difference (in HIV treatment regimens). Everything remained the same as it was before. The pandemic did not influence

procurements of antiretrovirals. For our territory, my treatment regimen is already not being used widely. The only thing is when I was in hospital with COVID, I had to apply for help to an NGO to get some medications supply for me, as I was not able to come to see the doctor.³⁴

Other interviewees also testified that there were no ARV stockouts in their regions and no associated change of regimens among patients.³⁵ These testimonies can be read with findings of the joint study of the Central Research Institute of Epidemiology of Rospotrebnadzor and International Treatment Preparedness Coalition (ITPC) conducted in 2020 to assess, among other issues, the impact of the COVID-19 pandemic to HIV/AIDS medical care. Among 562 people receiving antiretroviral therapy in different territories of the country the vast majority (70.5%) indicated that they had no problems in accessing ARVs, while only 4.1% stated that they were missing medications uptake due to AIDS Centre's failure to provide them.³⁶

Nevertheless, according to the aforementioned 2020 study, 30% of the respondents mentioned a range of other barriers they faced in access to HIV treatment due to COVID-19 restrictions, including transportation problems (14.9%), fears of leaving home associated to COVID-19 risk (10%), lack of prescribed medications in pharmacies (4.6%), AIDS Centre closure or reduced working hours (3.7%), financial constraints for using transport (3.4%), long lines

³⁴ Interview with Evgenya, a person living with HIV from Krasnoyarsk (Zoom, 4 January 2021)

³⁵ Interviews with clinicians from Voronezh and St.Petersburg, Yury, an NGO leader from Chelyabinsk (name changed per request) and Evgenia, HIV patient from Krasnoyarsk

³⁶ Ladnaya N.N., Kozyrina N.B, Babikhina K.A., Mikhailov A.V., Godlevskaya M.V., Yegorova N.V., Semenchenko M.V., Zograbyan L.C., Pokrovsky V.V., 'Изучение распространенности коронавирусной инфекции COVID-19 среди инфицированных ВИЧ пациентов в России и влияния эпидемии коронавирусной инфекции COVID-19 на оказание медицинской помощи при ВИЧ-инфекции (Studying coronavirus infection COVID-19 spread among infected HIV patients in Russia and influence of coronavirus infection COVID-19 epidemics on HIV medical care), Central Research Institute of Epidemiology of Rospotrebnadzor and International Treatment Preparedness Coalition (ITPC) (2020), 27, <http://www.hivrussia.info/wp-content/uploads/2020/11/Issledovanie-VICH-SOVID-19.pdf> accessed 10 February 2020

for accessing AIDS Centre (2.1%), disability (1.1%) and other reasons.³⁷

In March 2020, AIDS Centres, in collaboration with local NGOs, began planned towards accelerating mobile units for provision of antiretroviral medications for patients and addressing other urgent needs. An NGO leader from Chelyabinsk told us:

On access to treatment, at the end of March, the Chief Doctor of the AIDS center called me to discuss the issue of providing people living with HIV with ARV at a distance, without visiting the AIDS Center. That is, they had the task of reducing clients (attending in person), but our task was to continue treatment without interruption for every HIV-positive person. From our side, we negotiated redistribution of funds with donors and organised mobile work among our volunteers using their cars and covering their fuel costs. We established multidisciplinary teams together with the AIDS Center comprising an infectious disease specialist, psychologist and peer consultant. During two and a half months, when there was the peak of the epidemic, our mobile teams were

coming to people living with HIV. Our criteria were as follows: age 60 plus (those who were advised not to go to public places), people with immune status of less than 350 CD4, and women with children.³⁸

The antiretroviral supplies were provided to the patients for 2-3 months period, but in some cases, patients were able to get a 6-month supply, although the proportion of such patients was relatively low (6.4%).³⁹

Interviewees for this study indicated that testing, counselling, and ancillary services came secondary to retention of current patients and PLHIV clients. As the NGO leader from Chelyabinsk stated:

Unfortunately, at that moment our main task was to keep those who were already on therapy, but not to attract new patients. Currently, we are trying to pay more attention to those who by some reason is lost, do not attend doctors and so-called “naive” patients who have not yet started taking ART. We continued to provide express testing, medical counselling and social support. The detection rate

³⁷ Ladnaya N.N., Kozyrina N.B, Babikhina K.A., Mikhailov A.V., Godlevskaya M.V., Yegorova N.V., Semenchko M.V., Zograbyan L.C., Pokrovsky V.V., ‘Изучение распространенности коронавирусной инфекции COVID-19 среди инфицированных ВИЧ пациентов в России и влияния эпидемии коронавирусной инфекции COVID-19 на оказание медицинской помощи при ВИЧ-инфекции (Studying coronavirus infection COVID-19 spread among infected HIV patients in Russia and influence of coronavirus infection COVID-19 epidemics on HIV medical care), Central Research Institute of Epidemiology of Rospotrebnadzor and International Treatment Preparedness Coalition (ITPC) (2020), 28, <http://www.hivruusia.info/wp-content/uploads/2020/11/Issledovanie-VICH-SOVID-19.pdf> accessed 10 February 2020

³⁸ Interview with Yury, an NGO leader from Chelyabinsk (Zoom, 22 December 2021)

³⁹ Ladnaya N.N., Kozyrina N.B, Babikhina K.A., Mikhailov A.V., Godlevskaya M.V., Yegorova N.V., Semenchko M.V., Zograbyan L.C., Pokrovsky V.V., ‘Изучение распространенности коронавирусной инфекции COVID-19 среди инфицированных ВИЧ пациентов в России и влияния эпидемии коронавирусной инфекции COVID-19 на оказание медицинской помощи при ВИЧ-инфекции (Studying coronavirus infection COVID-19 spread among infected HIV patients in Russia and influence of coronavirus infection COVID-19 epidemics on HIV medical care), Central Research Institute of Epidemiology of Rospotrebnadzor and International Treatment Preparedness Coalition (ITPC) (2020), 28, <http://www.hivruusia.info/wp-content/uploads/2020/11/Issledovanie-VICH-SOVID-19.pdf> accessed 10 February 2020

*slightly decreased, but nevertheless continued.*⁴⁰

Prior to the COVID-19 pandemic, in St Petersburg, NGOs would provide wide-scale HIV testing campaigns among key populations and the general public, but lockdown meant that these activities halted. An infectious diseases specialist based in the city told us:

*With the start of the epidemic, the NGO-run HIV testing in the city stopped. Since March (2020) everything was closed, and projects were suspended. We routinely had two public HIV testing campaigns led by NGOs that were not organised last year... Last year (2020), NGOs covered more than 32,000 people with rapid HIV testing, and more than 1,000 people tested positive. However, temporary interruption of the activities and especially with key populations, entailed a reduction in a number of clients coming for anonymous testing at our Centre. There was time in March-April-May, when we faced a reduction in clients by half.*⁴¹

Official data corroborates the above testimony; in 2020, HIV testing coverage reduced by 19.6% compared to 2019, and similarly 24% less HIV cases were registered compared to 2019.⁴² Nationwide figures show similar trends with HIV testing reducing by 15.2% during January-September 2020 compared to the same period in 2019, with a decrease of 13.7% in HIV cases detected.⁴³ Given that new infections grow by 10-15% annually,⁴⁴ this is unlikely due to a sudden decrease of cases generally, and more likely to attributable to reduction in testing coverage due to the COVID-19 pandemic.

⁴⁰ Interview with Yury, an NGO leader from Chelyabinsk (Zoom, 22 December 2021)

⁴¹ Interview with the infections specialist from St.Petersburg (Zoom, 5 March 2021)

⁴² St. Petersburg Centre for the Prevention and Control of AIDS and Infectious Diseases, 'Информационные бюллетени по ВИЧ в Санкт-Петербурге (HIV Information Bulletins in St. Petersburg)', <http://www.hiv-spb.ru/lsn/informaczionn-yie-byulleteni.html> accessed 9 March 2021

⁴³ HIVRUSSIA.info 'Справка ВИЧ-инфекция в Российской Федерации на 30 сентября 2020 г. (HIV Infection in the Russian Federation as of 30 September 2020)' Federal Research and Methodology Centre on AIDS Prevention and Control (2020) under the Central Research Institute of Epidemiology of the Rospotrebnadzor, 2, <http://www.hivrussia.info/wp-content/uploads/2020/11/Spravka-VICH-v-Rossii-9-mes-2020.pdf> accessed 9 February 2021

⁴⁴ Avert, 'HIV and AIDS in Russia' Global information and education on HIV and AIDS (2017), <https://www.avert.org/professionals/hiv-around-world/eastern-europe-central-asia/russia> accessed 9 February 2021



Effects on Harm Reduction Services

HIV prevalence and injecting drug use rates in Russia vary significantly across territories. National data is limited in providing HIV prevalence rates among people who use drugs, while international donor funding for HIV has seen a decrease in independent bio-behavioural surveys that would provide an illustrative picture of HIV in Russia. UNAIDS data states that HIV prevalence among PWID in Russia is 26%.⁴⁵ Other studies suggest that this figure ranges between 18% and 47% in different territories.⁴⁶

From a political standpoint, after a period of relatively neutral attitudes towards harm reduction programmes, 2012 onwards saw national authorities taking a more conservative stance towards harm reduction in line with zero tolerance approaches. While the 2020-2030 National Anti-Drug Strategy declares an

increased access of PWUD to the prevention, diagnostics and treatment of infectious diseases among its strategic objectives,⁴⁷ the Strategy has very little to do with development of community-based harm reduction interventions. After the end of the Global Fund-funded programme in 2018, only 20 needle/syringe programmes were remaining across the country.⁴⁸ Moreover, pursuant to legislation enacted in 2012, some harm reduction and HIV service NGOs were labeled as ‘foreign agents’⁴⁹ due to receiving foreign funds, and operate under significant political pressure. In addition to this, OST is banned in the country. Methadone is in List 1 of controlled substances, while buprenorphine is in the List 2 (signifying degrees of criminalisation), and its use for drug treatment is explicitly prohibited by federal legislation.⁵⁰

Lockdown measures enforced from March to

⁴⁵ UNAIDS Country Factsheets ‘Russian Federation. 2019’, <https://www.unaids.org/ru/regionscountries/countries/russian-federation> accessed 10 February 2021

⁴⁶ Judyth Twigg, ‘Russia’s Avoidable Epidemic of HIV/AIDS’, PONARS Eurasia Policy Memo No. 581 (March 2019), https://www.ponarseurasia.org/sites/default/files/policy-memos-pdf/Peppm581_Twigg_March2019.pdf accessed 10 February 2021

⁴⁷ Decree of the President of the Russian Federation of 23 November 2020 No.733 ‘On the adoption of the Strategy of the State Anti-Drug Policy of the Russian Federation until 2030’, <http://static.kremlin.ru/media/events/files/ru/ZAgYxcqq1I-KueTyaLLjTATA23PraYrDr.pdf> accessed 10 February 2021

⁴⁸ Judyth Twigg, ‘Russia’s Avoidable Epidemic of HIV/AIDS’, PONARS Eurasia Policy Memo No. 581 (March 2019), 5, https://www.ponarseurasia.org/sites/default/files/policy-memos-pdf/Peppm581_Twigg_March2019.pdf accessed 10 February 2021

⁴⁹ BBC, ‘Russian parliament adopts NGO ‘foreign agents’ bill’ BBC (13 July 2012) <https://www.bbc.co.uk/news/world-europe-18826661> accessed 23 March 2021

⁵⁰ ConsultantPlus, ‘Федеральный закон от 08.01.1998 N 3-ФЗ (ред. от 08.12.2020) “О наркотических средствах и психотропных веществах” (Federal Law of 08.01.1998 No.3-FZ (amend. of 08.12.2020) ‘On narcotic Drugs and Psychoactive Substances’), art.31(6), http://www.consultant.ru/document/cons_doc_LAW_17437/be6c2ae152c15284383b024dd5f1c-04bc06ce156/ accessed 9 February 2021

June in the territories affected NGO activities on PWUD care and support, although this varied based on the territory or municipality they were in. In Moscow⁵¹ and St. Petersburg⁵² for example, community-based organisations had to suspend their activities to prevent COVID-19 infections among staff, as well as to avoid additional legal risks arising from potential non-compliance to lockdown regulations. In Chelyabinsk, NGOs continued providing services despite the risk of fines. Yury, the head of an NGO based there, told us:

Over the first disease outbreak in spring (March-April), we, like many NGOs, faced a substantial workload increase. On March 30, a strict lockdown regime was announced, so we began issuing passes for our staff when there was a need to move around the city or work at our sites. We used a standardised form and printed them (ourselves). Our work at the mobile site reduced slightly. We never stopped working with key populations; it was a unequivocal decision of the team to do so despite the risks of sanctions. But (to reduce the risks of getting sanctions), we reduced the frequency of our outreach sessions by half. We had been doing five street rounds before, and reduced them to 2-3 rounds. In any case we did not close our offices. We have several of them in the region.

We continued to welcome our clients and provide services.⁵³

NGOs deployed online services in addition to individual phone counselling to try and fill the gap in terms of counselling needs. Yury told us, however, of a number of barriers that impeded the transition to online services, including technological skills of both health specialists and clients, and poor internet quality:

There were a lot of such people (in need of counselling and education) so we tried to organise online counselling to involve these people in care, but there were difficulties. Online counselling required technical means and new competencies from specialists, it was not easy to quickly switch from in-person to online communication. Often clients were not able to turn on the camera, asked weird questions, abruptly cut the connection, and it was not easy for our specialists to adapt to such a situation.⁵⁴

At time of publication, the actual decrease in access to harm reduction programmes is unclear, although available data indicates scaling-down of relevant programmes. A 2020 countrywide study found that during the pandemic, 10.1% of people living with HIV lacked access to harm reduction commodities, while 16.4% of PLHIV did not

⁵¹ EHRA, 'Harm reduction programmes during the COVID-19 crisis in Central and Eastern Europe and Central Asia', Eurasian Harm Reduction Association (May 2020), 21-22 https://harmreductioneurasia.org/wp-content/uploads/2020/05/regional-review_FINAL_ENG.pdf, accessed 9 February 2021

⁵² Interview with the infections specialist from St.Petersburg (Zoom, 5 March 2021)

⁵³ Interview with Yury,(name changed per request), an NGO leader from Chelyabinsk (Zoom, 22 December 2021)

⁵⁴ Interview with Yury,(name changed per request), an NGO leader from Chelyabinsk (Zoom, 22 December 2021)

have access to condoms.⁵⁵ Harm reduction programmes are often important contact points to onward HIV care for PWUD, so COVID-19 may have affected these as well. Some data, such as a 27% reduction in HIV

detection among PWID in St Petersburg,⁵⁶ are illustrative, although extrapolation from multiple data sources is necessary to understand if these occurred nationwide.



Impact on TB Testing, Treatment, and Care

Russia is a high TB and MDRTB burden country.⁵⁷ TB incidence per 100,000 population is 50, and out of new cases in 2019, 35% had MDRTB.⁵⁸ According to the WHO, the country fully funds TB treatment and care, with 2019 annual national TB expenditure pegged at \$1.57b.⁵⁹

The national TB service is one of the oldest health systems in the country and there

are established diagnostics and treatment infrastructure nationwide. According to a 2020 Stop TB Partnership document on TB policies, the Russian Federation has rapid molecular diagnostics as the initial test for TB but does not have TB LAM for routine diagnosis of TB

⁵⁵ Ladnaya N.N., Kozyrina N.B, Babikhina K.A., Mikhailov A.V., Godlevskaya M.V., Yegorova N.V., Semenchenko M.V., Zograbyan L.C., Pokrovsky V.V., 'Изучение распространенности коронавирусной инфекции COVID-19 среди инфицированных ВИЧ пациентов в России и влияния эпидемии коронавирусной инфекции COVID-19 на оказание медицинской помощи при ВИЧ-инфекции (Studying coronavirus infection COVID-19 spread among infected HIV patients in Russia and influence of coronavirus infection COVID-19 epidemics on HIV medical care), Central Research Institute of Epidemiology of Rospotrebnadzor and International Treatment Preparedness Coalition (ITPC) (2020), 32, <http://www.hivrussia.info/wp-content/uploads/2020/11/Issledovanie-VICH-SOVID-19.pdf> accessed 10 February 2020

⁵⁶ St. Petersburg Centre for the Prevention and Control of AIDS and Infectious Diseases, 'Информационные бюллетени по ВИЧ в Санкт-Петербурге (HIV Information Bulletins in St. Petersburg), <http://www.hiv-spb.ru/lsn/informacziionnye-byulleteni.html> accessed 14 March 2021

⁵⁷ WHO, 'Global Tuberculosis Report 2020', World Health Organization (2020), 205 <https://apps.who.int/iris/bitstream/handle/10665/336069/9789240013131-eng.pdf> accessed 10 February 2021

⁵⁸ World Health Organization, 'Tuberculosis Profile: Russian Federation' (2020), https://worldhealthorg.shinyapps.io/tb_profiles/?inputs_entity_type=country&lan=EN&iso2=RU accessed 10 February 2021

⁵⁹ World Health Organization, 'Tuberculosis Profile: Russian Federation' (2020), https://worldhealthorg.shinyapps.io/tb_profiles/?inputs_entity_type=country&lan=EN&iso2=RU accessed 10 February 2021

in PLHIV.⁶⁰ Coverage with the rapid molecular diagnostics, however, is low.⁶¹ In addition to that, while Russia has decentralised MDRTB treatment to primary healthcare facilities and homes, it does not have bedaquiline and/or delamanid indicated for routine MDRTB treatment,⁶² perhaps owing to high prices and the absence of mechanisms that allow the country to procure drugs from international pooling mechanisms such as the Global Drug Facility. Large gaps persist in MDRTB treatment coverage, with only 63% of MDRTB patients receiving treatment.⁶³ So while infrastructure exists, there may be a need to update diagnostics and treatment regimens.

The COVID-19 pandemic saw a number of changes to the TB health system and outcomes. In Moscow for example, specialist staff and vehicles of the Moscow TB Control Centre were deployed in collaboration with the Moscow emergency services, to create 40 mobile teams for contact tracing in COVID-19.⁶⁴ In addition, TB institutions in the country have been the 'backbone of the clinical response to COVID-19 due to the availability of beds equipped with oxygen therapy and ventilators for intensive care.'⁶⁵

There is very little published evidence, however, of major disruptions to TB treatment and care because of the use of TB institutions for COVID-19, and more articulation on this is needed. One study indicates that only 9% of patients were

unable to obtain their TB and HIV medications from AIDS Centres across the country during the pandemic.⁶⁶ One interview with a formerly incarcerated individual in the Sverdlovsk region (approximately 1,400 kilometers east of Moscow), who became ill during the COVID-19 pandemic in the autumn of 2020, indicated fairly seamless access to diagnostics, hospitalisation and TB/HIV co-infection treatments despite the pandemic being in full swing:

My wife died on December 1. When I was in the hospital, my apartment was sold and I was left homeless. I have two therapies: HIV and tuberculosis. They were prescribed immediately at the TB dispensary, and I never come to the AIDS center. I have been receiving HIV therapy since last autumn, right after the diagnosis. The viral load was about 30 thousand and 146 CD4 count. Probably I got ill a long time ago, but never applied for help [...] I am taking HIV therapy for four months. I had high fever, about 40, and could not breathe. I called an ambulance. First, they did a tomogram, took blood sample, sputum, all tests. I was immediately admitted to the hospital, there were no problems with hospitalisation.⁶⁷

⁶⁰ Stop TB Partnership, 'TB Policies in Russian Federation' (2020) <http://www.stoptb.org/suft/factsheets/3.%20Country%20Factsheets/Russian%20Federation.pdf> accessed 15 February 2021

⁶¹ Ibid

⁶² Ibid

⁶³ Ibid

⁶⁴ E. Bogorodckaya, M. Sinitsyn, S. Borisov, and Evgeny Belilovskiy, 'Collaboration in TB and COVID-19 Control in Moscow' (June 2020) 24(6) The International Journal of Tuberculosis and Lung Disease 639-640

⁶⁵ Ibid

⁶⁶ Ladnaya N.N., Kozyrina N.B, Babikhina K.A., Mikhailov A.V., Godlevskaya M.V., Yegorova N.V., Semenchenko M.V., Zograbyan L.C., Pokrovsky V.V., 'Изучение распространенности коронавирусной инфекции COVID-19 среди инфицированных ВИЧ пациентов в России и влияния эпидемии коронавирусной инфекции COVID-19 на оказание медицинской помощи при ВИЧ-инфекции (Studying coronavirus infection COVID-19 spread among infected HIV patients in Russia and influence of coronavirus infection COVID-19 epidemics on HIV medical care), Central Research Institute of Epidemiology of Rospotrebnadzor and International Treatment Preparedness Coalition (ITPC) (2020), 30, <http://www.hivrussia.info/wp-content/uploads/2020/11/Issledovanie-VICH-SOVID-19.pdf> accessed 10 February 2020

⁶⁷ Interview with Aleksey, TB patient from Sverdlovsk region (telephone interview on 9 February 2021)

While this is a positive example of seamless access to diagnostics and treatment during the COVID-19 pandemic, this is but one example from across the country. Further documentation is needed on the effects on TB institutions taking on COVID-19 work on TB services nationwide. Questions also remain about access to supplementary care and social support – especially given that the above interviewee was homeless, does not have regular income, and is unlikely to have proper nutrition required for optimum TB outcomes.

The COVID-19 pandemic also saw the development and introduction of Provisional Guidelines on TB care, which among other recommendations, introduced a number of measures on diagnostics and treatment, including a preference for outpatient or home-based treatment and care of TB patients where possible, integrated TB and COVID-19 diagnostics, and consideration for potential contraindications of COVID-19 and TB medications.⁶⁸

An interview from the head of an NGO in Chelyabinsk (an oblast approximately 1780 kilometres east of Moscow) indicated that individuals who lived remotely had challenges to access diagnostics, and that there were additional barriers to TB detection as a result of COVID-19 restrictions, including long queues at TB facilities:

In principle, we have access to diagnostics of tuberculosis, but it is limited by the physical location of tuberculosis institutions, where a

person needs to come. In the COVID story, everyone with symptoms tried to get a CT scan. There was a lot of confusion, long queues, appointments needing to be made 2-3 weeks in advance... When there are queues in one corridor and waiting for 12-15 people, and someone coughs very hard with blood, and all the people are in one place (close together), this is a collapse. One man came, saw this line, and his intention (to visit the doctor) disappeared and he left. And the second time he was already (feeling) so bad, that he was brought to the facility (by someone else) and now is the source of infection for others.

Official statistics show that in November 2020, 3,100 new TB cases were registered, which is only 64.1% of the number of new cases revealed in the same period of 2019,⁶⁹ and according to a number of Moscow-based clinicians writing in the International Journal of Tuberculosis and Lung Diseases, they predict that the COVID-19 pandemic ‘could have a significant impact on the progress achieved, particularly among TB patients with HIV co-infection or other comorbidities.’⁷⁰

A number of countries in the region, such as Ukraine and Moldova saw the increased of video-supported therapy (VST). Unlike these countries, VOT was not seen as a necessary intervention during the pandemic, and this may be due to

⁶⁸ NMRC, ‘Временные методические рекомендации по оказанию противотуберкулезной помощи в условиях пандемии новой коронавирусной инфекции (COVID-19) (Provisional guidelines on tuberculosis care in the conditions of the pandemic of new coronavirus infection (COVID-19)’, National Medical Research Centre for Phthisiopulmonology and Infectious Diseases of the Ministry of Health, Russian Federation, Russian Society of Phthisiologists, Association of Phthisiologists (2020), <https://nmrc.ru/all/b5/vremennye-metodicheskie-rekomendatsii-po-okazaniyu-protivotuberkulezno.pdf> accessed 10 February 2020

⁶⁹ Rosstat, ‘Федеральная служба государственной статистики. Социально-экономическое положение России, 2020 год (Federal State Statistics Service. Socio-Economic Situation in Russia, 2020)’, No.12 (Moscow, 2020), 241, <https://rosstat.gov.ru/storage/mediabank/f9w652x0/osn-12-2020.pdf> accessed 9 March 2021

⁷⁰ E. Bogorodckaya, M. Sinitsyn, S. Borisov, and Evgeny Belilovskiy, ‘Collaboration in TB and COVID-19 Control in Moscow’ (June 2020) 24(6) The International Journal of Tuberculosis and Lung Disease 639-640

the donor-driven nature of VOT programmes and the reduction of international donor funding for TB programmes in Russia. Overall, the true extent of the impact of TB institutions being repurposed for COVID-19, and effects of COVID-19 restrictions generally on access to TB diagnostics, treatment, care, and support requires follow-up exploration.



Impact on Human Rights and Social Care

COVID-19 brought a complex set of effects on human rights and social care of HIV and TB key populations, including reduced access to testing and harm reduction services, risk of heavy fines due to non-compliance of lockdown restrictions, data privacy violations, and increased stigma. In Russia, migrants from countries in Central Asia appeared to be one of the most vulnerable populations with the International Organisation for Migration finding that over 80% of the surveyed migrants and their partners reported loss or reduction in their incomes in 2020.⁷¹

A number of interviewees for this study indicated that PLHIV feared revealing their status when accessing COVID-19 treatment facilities. An NGO leader from Chelyabinsk told us of one PLHIV who was admitted to a COVID hospital, but at the same time suffered ARV treatment

interruptions as a result of being worried about HIV stigma at the COVID hospital, and thus being unable to communicate that he needed to be allowed visitation to get his ARV supply:

This whole (COVID) story had a very strong impact on the population in general in the context of human rights... An HIV-positive person who was admitted to a COVID hospital with no supply of ART medications was afraid of or embarrassed to tell (health staff) about his or her status there. He often had no one to call. When he managed to get the delivery, he could continue treatment. But due to stigma and discrimination, many people living with HIV were afraid of

⁷¹ IOM, “Clear and Present Crisis” in Russian Federation and Central Asia – IOM Launches Urgent Appeal, <https://www.iom.int/news/clear-and-present-crisis-russian-federation-and-central-asia-iom-launches-urgent-appeal> accessed 22 March 2021

talking about it, and there was a major risk of interruption of HIV treatment and this had a detrimental effect on health.⁷²

Additionally, Evgenya, a PLHIV from Krasnoyarsk, told us that she feared she wouldn't be admitted to a COVID-19 treatment facility due to her HIV status. Upon arrival at the facility she was subjected to unprofessional treatment:

It was in the evening. I came to the hospital at around 9pm. There were no people there at that time. The therapist was called and I realised that I would have to reveal my HIV status. Usually we avoid telling this in order to get to the hospital. But I thought that this was a different situation given the lack of clarity on HIV and COVID-19 and the implications on my health. So, I revealed my status, and the doctor immediately exclaimed: "What? People like you have special hospitals, special treatment!" So, they tried to get rid of me. I understood that my health is only my concern and no one would bring up my child. I warned the doctor that I worked for an organisation that had lawyers... I was isolated in the hospital room temporarily until my PCR was ready.⁷³

These, as well as testimony from a specialist in Voronezh that staff at general infectious diseases hospitals were shocked at PWUD patients who were diverted away from AIDS Centres,⁷⁴ are illustrative of how HIV stigma can become a barrier to care for COVID-19, TB, and HIV simultaneously and individually as well.

During the pandemic, to provide a buffer for potential exacerbation of social conditions, the government endorsed a set of measures to support NGOs that were officially registered as providing social services.⁷⁵ These included tax relief and relief from social insurance, pension funds, etcetera, which are significant parts of NGO budgets.⁷⁶ Despite only a section of NGOs being eligible for this support, many organisations, including those providing HIV and TB services, were able to save substantial funds to retain and continue their activities. In addition, the Presidential Grants Foundation – one of the main sources of domestic funding for NGOs - in addition to regular grant rounds, announced a special call on COVID-19 response in summer 2020. Over 900 NGOs were supported with a total investment of 2 billion roubles (\$27.3m).⁷⁷ While these measures helped ease the ability for NGOs to deliver much needed services, COVID-19 lockdowns and other restrictions continued to affect the daily lives of key populations.

In Moscow, the Department of Information Technologies of the Moscow Government developed and introduced a mobile application called "Social Monitoring", which was presented as a tool to help the city enforce self-isolation measures among citizens and cohabitants who were undergoing home-based COVID-19

⁷² Interview with Yury, an NGO leader from Chelyabinsk (Zoom, 22 December 2021)

⁷³ Interview with Evgenya, person living with HIV from Krasnoyarsk (Zoom, 4 January 2021)

⁷⁴ Interview with Natalia, health specialist from Voronezh (in-person interview, 12 December 2020)

⁷⁵ COVID Economy, 'НКО и СОНКО (NGOs and Socially Oriented NGOs)' <https://covid.economy.gov.ru/nko> accessed 10 February 2021

⁷⁶ Ibid

⁷⁷ Kremlin.ru, 'Подведены итоги специального конкурса на предоставление грантов Президента для некоммерческих организаций (Results of the special call for applications for the grants of the President for non-profit organisations were announced)', <http://kremlin.ru/events/administration/63960> accessed 10 January 2021

treatment.⁷⁸ Citizens and cohabitants were required to install this app to their smartphones within 24 hours pursuant to a written notification, and faced administrative penalties in case of refusal.

The application was enabled with geolocation and required the owner to take frequent selfies to ensure the individual was at home. In case the individual was detected to be outside the home, or if the individual had failed to take a selfie within one hour of a request generated by the app, the individual would receive an automatic fine. By autumn 2020,

there were over 60,000 administrative fines claimed at the Moscow City Court (the second instance court) with a total amount of 270 million rubles. Over 22,000 of these fines were repealed or revoked by the Moscow authorities.⁷⁹ PLHIV and TB communities in specific may have been unable to access services due to fear of these fines.

In other regions the requirements were more relaxed, with less stringent enforcement. A PLHIV in Krasnoyarsk, in southern Russia, told us “I signed the notification to stay home, but no one monitored that.”⁸⁰



Conclusions

Russia faced one of the most severe COVID-19 outbreaks in the world, ranked fourth globally based on disease burden.⁸¹ Furthermore, with the fastest growing HIV epidemic in Eastern Europe and Central Asia and high TB and MDR-TB burden, and juxtaposed with criminalisation of drug use and sex work, and political pressure against NGOs providing HIV services, health and community systems saw substantial impact. While the country fully relies on own resources in terms

of HIV and TB treatment and care, community-based and low-threshold prevention services aimed at key populations of people who use drugs, sex workers, MSM and others, to a large extent still rely on external funding. Whilst the Global Fund resumed allocations under the NGO rule to support HIV prevention programmes among key populations, such support is not integrated in to the government-owned HIV response strategies in view of conservative policies. Moreover, NGOs

⁷⁸ Mos.ru, ‘Social Monitoring’, An Official Website of the Mayor of Moscow, <https://www.mos.ru/city/projects/monitoring> accessed 8 February 2021

⁷⁹ RBK ‘Москвичи оспаривают штрафы за нарушение самоизоляции и опять жалуются на приложение «Социальный мониторинг» (Muscovites appeal fines for self-isolation violations and complain again for the “Social Monitoring” application), <https://www.bfm.ru/news/456792> accessed 8 February 2021

⁸⁰ Interview with Evgenya, person living with HIV from Krasnoyarsk (Zoom, 4 January 2021)

⁸¹ Statista, ‘Number of coronavirus (COVID-19) cases worldwide as of February 8, 2021, by country’, <https://www.statista.com/statistics/1043366/novel-coronavirus-2019ncov-cases-worldwide-by-country> accessed 9 February 2021

running Global Fund programmes face risks of being labeled as ‘foreign agents’ due to receipt of foreign funds. As a result of this label, NGOs are subject to complex reporting procedures and additional administrative burdens, and face negative connotations due to being labelled as ‘foreign agents’.

■ **No stockouts reported for ARVs and TB medication.**

No stockouts of medications were reported by our interviewees. In general, national procurement and supply mechanisms displayed resilience to the pandemic crisis.

■ **Reduced access to HIV and TB treatment facilities.**

This was due to a number of factors, including:

- *Reprofiling of medical facilities to COVID-19 patients, additional workloads on health staff and more frequent cases of stigma and discrimination towards representatives of key populations applying for care;*
- *Lack of access to public transportation;*
- *Fears of leaving home and of COVID-19 infection;*
- *Ineffective measures to organise attendance at facilities, resulting in long queues out in the street, often in cold weather conditions, and overcrowding indoors;*
- *Lack of technical skills and equipment for a wider use of online communication methods for distance counselling and other service provision by community-based NGOs.*

■ **Reduced access to harm reduction services.**

Lockdown restrictions saw the coverage of harm reduction services reduce due to legal risks associated with breaching COVID guidelines.

■ **Reduced testing in HIV and TB.**

According to official data, coverage of general population by HIV testing reduced for 15.2% in the first half of 2020 as compared to the same period of 2019, with the reduction in new revealed HIV cases for 13.7%. TB diagnostics in January–November 2020 reduced for 34% as compared to the same period of 2019. At the same period, dynamics of HIV and TB testing among PWID and other key populations remains unclear by the time of this study.

■ **Socioeconomic effects and income loss among key populations.**

NGOs played a key role in social and economic support of HIV and TB patients over the pandemic. In 2020, the government provided substantial support to NGO activities through additional grants and temporary relief from taxation and social payments, but prospects for the continued support in 2021 remains unclear. In the territories covered by this study, NGOs provided transportation, psychological care and peer counselling to the patients and clients of the services. Not all patients received support. Given that 50% of TB patients already face catastrophic costs in obtaining treatment and care,⁸² these income losses due to COVID-19 may exacerbate these rates.

Strengthening of community-based HIV and TB programmes is needed to address the above-mentioned barriers. Resources of the new Global Fund country programme on HIV may be helpful, while possible sources for TB care strengthening remain fragmented and available mostly in the big cities.

⁸² World Health Organization, Global Tuberculosis Report 2020

Based on these, we make the following recommendations:

Problem area	Advocacy Target	Recommendation
Insufficient research on the impact of increased focus on COVID-19 on health outcomes for TB and HIV key populations across the nation	Researchers/ Academics	<ul style="list-style-type: none"> ■ To provide representative data on COVID-19 on access to diagnostics and treatments across Russian territories and oblasts via further investigations
Low coverage of essential HIV prevention programmes	The Global Fund and the principal recipient organisation of the 2020-2023 Programme	<ul style="list-style-type: none"> ■ To increase coverage by harm reduction and other essential HIV prevention interventions for key populations ■ To provide additional support to NGOs working with key populations in the restrictive political environment, including legal risks and administrative burdens of being categorised as ‘foreign agents’.
Reduced access to HIV/TB treatment facilities and harm reduction programmes during lockdown	NGOs and patients’ communities, donors	<ul style="list-style-type: none"> ■ Wider introduction of non-contact, online, and mobile service provision models, such as condom and syringe machines, online counselling and HIV self-testing for key populations
Myths and misconceptions around COVID-19 implications in PLHIV, people living with TB	Health workers, NGOs, mass media	<ul style="list-style-type: none"> ■ Training and capacity building of NGO staff, health workers, mass media on actual COVID-19 status and implications; ■ Studies to explore COVID-19 morbidity and mortality rates among PLWH and people living with TB, including those on therapy
Income losses among TB and HIV communities	Global Fund and NGOs	<ul style="list-style-type: none"> ■ Authorisation of emergency COVID-19 relief, including cash handouts to TB and HIV communities, including migrants, internally displaced persons, and homeless persons; and scale-up of activities to connect individuals to social welfare



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