

Call to action in response to COVID-19

Regional Collaborating Committee on Accelerated Response to Tuberculosis, HIV and Viral Hepatitis (RCC-THV)

Hosted by the WHO Regional Office for Europe

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During this time in which the COVID-19 pandemic is rampant, taking human lives and undermining health-care systems, we as members of the Regional Collaborative Committee on Accelerated Response to Tuberculosis, HIV and Viral Hepatitis (RCC-THV) hosted by the WHO Regional Office for Europe, are concerned with the safety and health conditions of people affected by HIV, tuberculosis (TB) and viral hepatitis. These populations are exposed to stigma and discrimination, and lack access to quality health services, universal health coverage, information and social support – which makes them more vulnerable during the COVID-19 pandemic.

We call on national governments, development partners, United Nations agencies and civil society to increase their efforts to ensure rights- and equity-based approaches in the provision of information, care and social support to the most vulnerable communities and key populations affected by the three diseases. We urge countries and partners to:

- **Follow evidence-based recommendations in the COVID-19 response:**
 - Follow evidence-based recommendations on how to prevent the spread of COVID-19, by creating an enabling environment for physical distancing and other protection measures recommended by WHO as a mitigation strategy to flatten the disease curve.
 - Follow the steps of the WHO readiness assessment to ease the phases of lockdown.
 - Ensure ongoing communication in line with WHO recommendations and based on evidence to educate populations and communities affected by the three diseases, keeping them informed of the developments on COVID-19 through the variety of media resources and channels, including printed and broadcast media, social media and community resources.
- **Ensure human rights, equity and dignity in the response to COVID-19:**
 - Ensure that the health sector response to COVID-19 is gender and rights-based, equitable and respectful of the dignity of people. Equity implies addressing the health and socioeconomic disparities of vulnerable communities, including people affected by TB, HIV and viral hepatitis.
 - Prevent punitive practices towards people infected with COVID-19, including people coinfecting with COVID-19 and one or more of the three diseases, by encouraging economic and psychosocial support and access to health and information, while also paying attention to gender disparities.
 - Ensure and facilitate reporting of human rights violations and gaps in care in order to evaluate and improve care and be prepared for a next wave of COVID-19.
- **Mitigate the risks and ensure programmatic and contingency planning:**
 - Apply the risk assessment and contingency planning tools, thus allowing systematic assessment of risks and planning of possible mitigation measures, changing the modes in service delivery, estimating the need for additional resources and strategizing sources of funding.

- Have national programmes, United Nations agencies and civil society take all necessary actions in the introduction of measures and risk mitigation tools to ensure sustainability of HIV, TB and viral hepatitis prevention and care services and the safety of affected people and communities during the COVID-19 crisis.
 - Develop supportive and risk mitigation strategies for people in congregated settings (including people affected by TB, HIV and viral hepatitis) including prisons, migrant camps and long-term care facilities, where the implementation of physical distancing measures might require special efforts, using available WHO guidelines. Governments should consider release of prisoners convicted of minor offences, as a COVID-19 impact mitigation strategy.
- **Ensure synergies between health services and resources:**
 - Actively engage health services, including national programmes to combat TB, HIV and viral hepatitis, in the effective and rapid response to COVID-19, while ensuring continuation of essential health services and operations dealing with underlying health problems, to protect the lives of people with TB, HIV, viral hepatitis and other diseases or health conditions.
 - Adopt and leverage measures from successful TB strategies and services – particularly those relevant for infection control, contact tracing, differential diagnoses (triage of patients with respiratory infections), other disease control tools (chest X-ray, computer tomography, polymerase chain reaction etc.) and existing diagnostic capacities available in TB, HIV and viral hepatitis laboratory services – in the response to COVID-19, by following relevant WHO recommendations, while ensuring that progress made in TB, HIV and viral hepatitis prevention and care is not reversed and services are maintained.
- **Provide psychosocial support:**
 - Mitigate the negative impact on mental health of anxiety and fear affecting those currently isolated – especially people living with HIV, TB and viral hepatitis who have complex needs or underlying medical conditions – with psychosocial support measures, including virtual/remote psychological support groups, helplines and peer-to-peer counselling.
 - Devote special attention to protection of women and children affected by the diseases, who may experience domestic and gender-based violence while in isolation.
 - Ensure that people, including those living with any of the three diseases, are safeguarded from catastrophic losses of income and economic hardship through social protection and welfare mechanisms.
 - Work with development partners, including the United Nations Family and the World Food Programme in particular, to provide people in need with food and other support, beyond allocations of national welfare and crisis support budgets.
- **Ensure continuity to simplified and easily accessible services:**
 - Ensure innovative, simplified and easily accessible preventive services, diagnostics and treatment, including treatment monitoring and support services for people living with TB, HIV and viral hepatitis.
 - Put in place alternative solutions for the delivery of diagnostics and treatment services close to patients and vulnerable populations to guarantee their uptake/continuation, such as take-home doses or home delivery of TB, HIV and viral hepatitis medicines and organization of opioid substitution therapy take-

home doses for people who use drugs, as well as access to take-home naloxone for overdose management.

- Decentralize the provision of antiretroviral therapy, oral direct-acting antivirals, pre-exposure prophylaxis, and harm reduction services for people who inject drugs, to make them available in local medical and nongovernmental organizations, while providing treatment and adherence support through confidential, safe and user-friendly digital means.
- Increase access to HIV self-testing and different preventive supplies (condoms, syringes and other paraphernalia).
- Make sure services are accessible to local citizens, stateless people and foreign nationals who are confined and cannot return to their country of citizenship.
- Support civil society to complement the government's response to COVID-19 and to ensure that TB, HIV and viral hepatitis services are continued during the COVID-19 pandemic, particularly in resource-poor settings, by spreading evidence-based messages, participating in the delivery of medications to TB, HIV and viral hepatitis patients, providing support and delivering social benefits.

- **Protect the health and security of frontline and community workers:**

- Fully supply frontline health-care workers, community health workers and community volunteers, including those delivering services to groups affected by TB, HIV and viral hepatitis, with personal protective equipment (PPE), evidence-based information and training.
- Protect against and mitigate burnout in health-care and community workers.
- Prioritize health-care and community workers in testing for the COVID-19 virus and offer them alternative housing during the COVID-19 response to protect their families.
- Make sure health-care managers do not pressure health-care workers and do not silence them when they report inadequate PPE or work conditions.

Endorsed by the members of the RCC-THV

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AIDS Healthcare Foundation (AHF)
AFEW International
Alliance for Public Health
Association "Stop TB Partnership, Tajikistan" (STBPT)
Association Youth for the Right to Live, Balti, Republic of Moldova
Center for Health Policies and Studies (PAS Center), Republic of Moldova
Correlation European Harm Reduction Network
Civil Society Task Force on TB (CSTF), WHO Global TB Programme
Eurasian Coalition on Male Health (ECOM)
European AIDS Treatment Group (EATG)

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