

Minutes from the Conference

The on-line **Conference on protection of vulnerable populations in South East Europe** was held via Zoom on Thursday 23 April 2020 starting at 14:00 CET (15:00 EEST).

The aim of the Conference is to contribute to ensuring the sustainability of services for key populations during and after the coronavirus epidemic.

The Conference will be held with support of the **Service for Combatting Drug Abuse** at the Croatian Institute for Public Health and the United Nations Office on Drugs and Crime - **UNODC Programme Office in Serbia**.

Besides DPNSEE member organisations and other civil society organisations from the region and wider, national drug agencies and health institutions, international organisations partners and donors were invited. In total, 59 participants joined the Conference. Several invitees apologised due to other events they participated in.

The **Agenda** included two items:

1. Overview of situation with coronavirus among vulnerable populations in South East Europe.
2. Proposed actions to ensure sustainability of services for key populations during and after the coronavirus epidemic.

The **background documents** for the Conference included:

- *Overview of the situation with coronavirus COVID-19 in SEE, with two annexes:*
- *Annex 1 - Information received from countries of South East Europe during conference calls*
- *Annex 2 - DPNSEE activities during the coronavirus outbreak*
- *Draft list of actions and measures to ensure sustainability of services for key populations during and after the coronavirus epidemic.*

At the start of the Conference, Milutin Milošević, the DPNSEE Executive Director who moderated the Conference, welcomed participants and gave brief explanation about how the Zoom operates.

Agenda point 1

Overview of situation with coronavirus among vulnerable populations in South East Europe

Nebojša Đurasović, the DPNSEE President, introduced the topic presenting some important point from the background documents. He underlined that COVID-19 has a devastating effect on general population as well as on people who use drugs and other connected vulnerable populations. DPNSEE reacted early, inviting them to prepare for the coronavirus outbreak with brief instructions, publishing the Public appeal to protect vulnerable groups from coronavirus COVID-19, sharing and translating instructions and advice on coronavirus and keeping contacts with our member organisations and international partners. In general, key populations are side-lined and not enough covered by health care except OST, but we earned that situation is under control except in Albania, Bosnia Herzegovina, Bulgaria and Romania.

Alexis Goosdeel, Director, European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) congratulated DPNSEE for organising the Conference and send his greetings to all participants. He expressed solidarity to colleagues from Croatia who were recently hit by an earthquake. EMCDDA is very interested in the information presented before and during the Conference and several other officer beside him joined. As the EMCDDA Director, it is important for him to show that treatment and services provided to drug users, including harm reduction interventions, should have priority everywhere in Europe. We are aware that it is not the case in most of the countries and that services even don't have protective equipment. EMCDDA developed the initiative and resource webpage and other activities and projects are in-going. They are committed to support all the countries from South East Europe, working with both civil society and national institutions, also through an IPA-7 project, being scientifically objective and neutral and fully committed to be useful to practitioners on the field and drug users. EMCDDA has partnership with the European Centre for Disease Prevention and Control (ECDC), who has the lead in the follow-up and the management of the epidemic, on initiatives they could jointly take to insist that even during the COVID-19 epidemic vulnerable populations, not only people who use drugs but also homeless people, in some case migrants, people who are engaged in prostitution and some who cumulate many of those risks, should receive the same attention and same level of priority. He wished a very good meeting to all participants.

Nicoleta Dascalu, ARAS, Bucharest, Romania expressed her opinion that the Conference is a good opportunity to share information but also to find long-term solutions because, as many specialists said "this is just a beginning". ARAS had big challenges. First was continuation of harm reduction services, mainly in Ferentari - the ghetto of Bucharest where now it is forbidden for them to enter because of the state of emergency (and people can't leave that neighbourhood because of the regulations), while the second was that the vulnerability of their beneficiaries have now even multiplied by the epidemics. We tried and managed to find some solutions to the situation. Another challenge is return of our citizens - many of them work abroad and also many came home for Easter. Several of them wanted to enter methadone treatment, either because they were drug users in the country they currently work or they have already been there at the methadone treatment and wanted to continue it. Unfortunately, for the moment this is impossible in Romania because private centres have no slots or substance available (ARAS have no additional supply but those planned for their regular users) while the public centres also claim that they can't accept any new clients. So, we have these people somewhere on streets probably trying to buy methadone on the black market or starting to use drugs again. They thought of syringes distribution machines as a solution to the problems. They are not available in Romania and there were some attempts to

buy them internationally or get some of local distributors to adapt similar machines for food and drinks distribution. ARAS intend to put a pressure on the National anti-drug agency to purchase such machine, at least for the ghetto. They also think that it is a very important moment for cooperation among NGOs working in the field, but also between NGOs and public institutions. In Romania, they need to partner more with social and health public institutions. The drug issue is a complex problem and none has the best solution to it.

Vlatko Dekov, HOPS, Skopje, informed that in North Macedonia there are no cases of coronavirus infection among people who use drugs, NGO and other staff who provide services to them. That is the proof that prevention from COVID-19 was done in a good way. All the services in the country operate, they are available, mostly on-line or by phone. Needle and syringe exchange is being provided in all cities through outreach service. Usually, distribution (including other materials) is arranged in advance by phone. All these programmes are financed by the Ministry of Health. As there are information every day that there are some cuts of the budget, they have a fear that the Ministry will cut some of the grants allocated for these programs. That haven't happened so far and two weeks ago they received from the Ministry the instalment for the first three months. They have a good cooperation with the Ministry and hope that there will be no problems for the next quarter's payment. Another important point for HOPS is that they have a very good cooperation with the Open Society Foundation in the country. They allocated grant for food and hygienic materials for Roma families, including drug users and sex workers. Last two weeks their outreach team visited some most vulnerable Roma families and gave them these materials. Another thing that may be important for all is availability of the drugs. We just notices that prices of some drugs are increasing. Price of cannabis, for instance, increased for more than 80%. Today police seized more than 1.000 kilograms of cannabis in Skopje which may influence the price. All treatment programs in the country work properly. Clients get their methadone or buprenorphine therapy for one or two weeks. New clients have to come and pick it every day.

Ivana Vujović, Juventas, Podgorica, thinks that the epidemic is under control in Montenegro and the Government have relaxed the measures hoping that the situation will fully be normalised in the next 45 days. Government also invited to start working in offices from 4 May. That means that their drop-in centre and outreach service will re-start working in usual way. But we can say that we are still in the crisis and faced with two challenged. One is the lockdown, and the other is sustainability of the services as we are again in the phase of not being fully sustainable not knowing if and when grants for NGOs will be fully available this year. We have signed the contract with the Government for the Global Fund supported project. Unfortunately, the contract should have been signed in January and now is April - and we have already implemented the project. There are two good things. One is the funding from the Open Society Foundations, which is now signed as an overdraft of the bridging fund and the second that the potential grant from the Government may be used for the activities already implemented. She shared these information because the start being worried because of the situation. The measures which included small amount of time available to people to be outdoor and restriction of travel between cities, forced them to adjust their work. Both organisations providing harm reduction services were working. Drop in centres are operating but services are not provided indoor. Outreach is implemented in Podgorica and other cities where they worked before the crisis and a lot of work is done on-line and by phone. Actually, they had much more contact with people in need than in regular times. From the beginning of crisis they understood that it is extremely important to start distributing food. So now they provide food to 50 clients, mostly those who were already in the harm reduction program. They also cover needs of the people from the LGBTI community and sex workers. Their staff is at disposal to different governmental services. That includes operating the

SOS helpline for children and young people who need psychological support. The situation at the drug market is similar as around the region. Price of cannabis have raised but not of cocaine and heroin. There are no new drugs, at least among their clients but use of prescribed drugs and alcohol are in raise. They were afraid of potential cases of overdose but that didn't happen although they were involved in few cases of prevention of overdose of their clients. There is no naloxone in the country any more (and it is not legal). OST is organised so that clients come once a week, but they have to come to Podgorica accompanied by one adult person. But, ignition to the treatment is not possible during the crisis. The same goes for anyone who want to start recovery. They are afraid that after the crisis is over, their clients will be faced with a severe economic crisis.

Neda Makević, Office for Combating Drugs of the Government of the Republic of Serbia excused Mr Milan Pekić, the Director of the Office, who is not present due to health reasons. She presented updated data about the number of infected, cured and those who died of COVID-19. Currently, there are no data about the ky populations, but they expect to have then in coming months. Special hospitals and methadone centres haven't had problems with the coronavirus and work continuously. The Office responded to the first information about the spread of the virus in Serbia. On 13 march they organised a meeting with relevant state institutions (Ministry of Health, Special hospital for addictions) and representatives of NGOs. The Office invited 15 organisations with whom the Memorandum of Understanding was signed to send information about the number of clients they service and list of resources required for their adequate protection. After acquiring the information, the Office prepared an aggregate list of the needs (masks, gloves, sterilisers) and send it to the Ministry of Social Affairs. Their response is still pending. The Office got a contingent of masks and protective materials from other sources and distributed it around the country. The Office is very satisfied with the cooperation with civil society organisations and hope to continue in that way.

Marios Atzemis, Positive Voice, Athens, Greece, DPNSEE Board member also presented the latest data from his country. The opioid substation treatment has not been interrupted. They are giving away much larger quantities of take-home methadone and buprenorphine. Medications for two months are sent home for people who live with HIV to reduce their travel to hospitals and being exposed to various threats because HIV clinics in Greece treat people with multiple diseases. Another good thing is that yesterday, for the first time in history, a guest house for homeless people, including dug users, was opened in the centre of Athens. It can host up to 140 people. It is the result of the initiative of the Mayor of Athens and a lot of NGOs including the Greek users union - the peer network of substance users. This is a remarkable result because they were struggling for years to open a shelter for drug users and now, in the middle of the epidemic, all the bureaucracy was put away and the initiative was materialised. Drug users are the most vulnerable part of the community in Greece. Needle exchange programme and drop in centres, run by the state, were operating constantly. But, the state structures stopped for a while the street work. A group of NGOs, including Positive Voice, multiplied their street work activities. They are on streets now three times a week, at night, and besides distributing sterile equipment they give away food and water and inform users about the directions for protection and safer use of substances. The INPUD advice was translated to Greek and distributed by local users association. Considering a wider picture, Greece, for the time being, has surprisingly well managed situation with vulnerable populations. The prices at the drug market have not been changed but problem is their availability. This was always had at the streets of Athens and now it is even worse.

Nevenka Mardešić, Help, Split, Croatia informed that because the Government imposed limitations to moving, they had to find a way to continue the work. The only activity that stopped it testing on HIV and Hepatitis. Everything else continued and even they prepared a wider offer to their clients like distributing a huge amount of protective masks and gloves they obtained from other NGO and one entrepreneur. An interesting thing in Croatia is the initiative of drug users to help our work on distributing sterile equipment. They offered to open self-service spots around the city and the county which they manage themselves. Even drug dealers were involved. This also helped us to be in almost daily contact with drug users. They are responsible for certain spots and they inform if they have any need for certain material. This contributes to respect limitations for contacts and time of service of outreach workers. The system works very well and everyone is satisfied. Users showed high empathy, not only for each other but also for association's staff. They think that the staff should be protected even more than other people in Croatia.

Denis Dedajić, Margina, Bosnia Herzegovina, DPNSEE Board member told that the situation on the ground is very chaotic and he is afraid that it will be worse in the next month. Stocks of drug dealers are close to being empty. He presumes that prices of all drugs will increase. He also believes that methods of work will change due to reduced mobility and closure of borders. He proposed to collect data about the situation and needs of users because institutions and the health system is passive. Some very rare pills are on the market now: akineton, artane, leponex, methadone, tramal, combined with alcohol. This poses a completely new challenge to their staff. They needed to find a new approach for work with the clients. This requires resources which they don't have. For that reason, he wants to launch an initiative. Financial instability is present in the region for a long time and organisations are trying in different ways to provide services to users. In Bosnia Herzegovina, they entered the last phase of advocacy for sustainability of services but there were no results. It will be very hard to start again. He proposed that a special fund is created that will focus only on two things: maintaining and normalising with key affected populations and achieving sustainability of services funded by the state. A good example of such approach is the Regional Youth Cooperation Office which operates in South East Europe. He believes that in a short period of time this initiative can give fruit and address the issue from a long-term perspective. Health systems in our countries are very vulnerable and services provided by the civil society organisations can contribute to their efficiency.

The moderator invited other participants to contribute with information about their situation and work. As no one applied, he proposed that the discussion takes place after the presentations under agenda point 2.

Agenda point 2

Proposed actions to ensure sustainability of services for key populations during and after the coronavirus epidemic

Miloš Stojanović, Regional Project Manager at UNODC, Head of Programme Office in Serbia thanked for the invitation to speak and congratulated for the initiative to hold the Conference. He hopes that the information and initiatives resulting from the Conference will help UNODC and other stakeholders to make strategic decisions and new activities. He presented specific *Suggestions on services for people with drug use disorders during COVID19* prepared by the UNODC at the end of March for people with drug use disorders. The document was shared with ministries of health and other national coordination institutions globally. It is result of the Prevention, treatment and rehabilitation section of UNODC.

His presentation was based on the global situation presented by the World Drug Report and included elements on the International Standards for the Treatment of Drug Use Disorder, Increasing challenges for treatment and care services in the time of COVID-19, UN Secretary - General remarks at the launch of a report on the socioeconomic impacts of COVID-19 and WHO health system preparedness.

He also presented the UNODC document *COVID-19 HIV Prevention (for people who use drugs)* and *Guidance on prisons and COVID19* as well as UNAIDS documents on COVID-19 and *HIV Rights in the time of COVID-19: Lessons from HIV for an effective, community-led response* and *What people living with HIV need to know about HIV and COVID-19*.

Finally he reminded on the Sustainable Development Goals which call for "Leaving no one behind".

Miloš's presentation is available [here>>>](#).

Željko Petković, Assistant Director, Service for Combatting Drug Abuse at the Croatian Institute of Public Health, also thanked DPNSEE for organising the Conference. It is very important because we all share same problem: fighting COVID-19 and organising our systems to provide services to people who use drugs.

As Croatia holds the EU presidency, Željko referred to the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) Updates on COVID-19 and people who use drugs (see the [Updates here>>>](#)).

He underlined that current situation is totally different than it was a month ago and, after the situation got worse, the Service, which was at the time mostly engaged on the EU Presidency, started adjusting work in accordance with the epidemics. Most of the services remained in function, although there are some limitations. If figures are compared for Croatia from March 2018, 2019 and March 2020, we see that now some 30% of recent services are provided. But, they changed things in the area of counselling and psychosocial support which are provided by phone or on-line. The needle exchange programmes are being implemented but with limitations due to public transport restrictions and shorter working hours. Interventions became flexible, allowing users to take more material than usual, but HIV testing was stopped. Croatian Psychiatric Association issued guidelines for practitioners how to deal with the COVID 19 situation in providing services to clients. More liberal approach to the opioid substitution therapy is also proposed.

Financial situation is currently stable, and he hopes that there will be no additional cuts in the health system. Follow up steps for the period after the COVID 19 crisis are in communication with the health and law enforcement national partners. One of the consequence is that price of drugs increases week by week due to problems with supplies.

Željko also proposed that a similar conference is organised in a month or two to analyse how we adapted to the new situation. This is a challenging time not only for civil society but also for public administration.

Corina Maxim, Global Fund, EECA regional team introduced the two Global Fund mechanisms for funding support to fighting COVID-19. Detailed and most updated information can be found at the webpage <https://www.theglobalfund.org/en/covid-19/>. GF announced about 500 million USD of

funding to be provided through so called grant flexibilities. Countries can use up to 5% of their savings towards activities related to coronavirus pandemic. In addition to that, countries are eligible for another up to 5% of the existing funding for reallocation. In South East Europe, Global Fund is active in just a few countries so this doesn't translate into a large amount of possibilities. If one looks at the cases supported so far, most are for countries where large investments have been allocated, and important infrastructure was purchased (like GeneXpert machines used for TB diagnosis which can be also used for Covid testing). On 22 April the Global Fund announced the Response Mechanism worth additional 500 million USD. Up to 3,25% of the allocation for the new funding cycle can be requested from this additional opportunity. The mechanism is quite swift and applications will be processed promptly. It will be directed towards the activities where Global Fund is good at and through already existing channels they already have in a country. One of the things that can be relevant to the region is that the regional grants are also eligible for this mechanism which means that even if the country is not eligible for national funding it can receive support through a regional grant principal recipient. Again, that is not a huge opportunity for South East Europe, but it could help bridge some of the important gaps particularly in providing outreach work with some of the important protective equipment or some additional activities that will contribute to sustainability of services. The best way to get more information is to contact the respective country manager.

Milutin added a comment that what was experienced in this period and also last year is that some donors, in a critical situation like this one, tend to use channels which they already have. As administration of grants is a process, they prefer to support only those who already receive funds and all others, including some populations, organisations, countries who have bigger problems, are not eligible to get them because it would take too long. That may be the issue for future work to see how the processes should be quicker in the time of crisis or, as Denis proposed, to establish regional solidarity or bridging mechanisms to reach out to those who really need them.

Sanja Šišović, DPNSEE Board member who took some quick notes said that there were so many ideas. We had opportunity to briefly share information on what is the situation in SEE region, how services for KPs have been adjusting to the challenges but also about new approaches established during COVID-19 epidemic. More details about this for all SEE countries is available in the document that DPNSEE has previously shared but now we should discuss recommendations and potential solutions for challenges that popped out in all countries regarding harm reduction and work with KPs. Based on inputs given by EHRA, there is definitely needed to discuss and explore more the challenges in keeping OST systems working effectively, expanding the existing services with scope of its work to tackle new challenges, explore online approach in work with KPs but very importantly to predict and prepare for all challenges that will pop out after COVID-19. She tried to outline key recommendations based on previous presentations of all speakers, based on inputs in chat section and divide them in national, regional and international segment. She presented some key recommendations and invited other participants to add new ones, suggest, comment or share some good examples we could share as opportunity.

In the **discussion** on both agenda points that followed several participants contributed.

Tetiana Deshko, Director, International Programs, Alliance for Public Health, Ukraine who manages the regional SOS project. They are also concerned about the sustainability of services. They work individually with 5 SEE countries, but they want to engage more at the sub-regional level. They are looking for the way to improve procurement for commodities, pricing for ARV and potentially sub-regional procurement mechanism which would help reduce prices and improve access. All interested can contact her at deshko@aph.org.ua.

Nicoleta Dascalu, Romania added two ideas. In Romania they are already discussing relaxation of the rules and it is announced that from 16 May free circulation will be allowed but they will have to wear masks and gloves in closed public spaces. Maybe we could introduce in our harm reduction services distribution of gloves and masks. They are expensive and still not easy to find. Also, as there are discussion to introduce public testing for COVID at a certain moment, we may approach public institutions and offer doing that for vulnerable populations in our services, in addition to HIV testing, if necessary. They probably don't have enough staff to do this for vulnerable groups.

Miloš Stojanović, UNODC, as one of the speakers mentioned, there will be a social and economic impact which we will see in a longer run. When developing strategic responses to the crisis which will be aftermath of COVID, maybe it would be very useful for the Network, with support from UNODC, to create a repository of all the challenges for different organisations but define it within the timeline. Some of the activities will be necessary to be immediately answered, like having a PPA equipment, but there are some activities that we need to consider visible in the next three months and some in the period of the next year. We could strategically define activities to be available for all potential donors, developmental agencies, something that would allow them to have a better overview of realistic challenges, in a timeline period, up to a year, year and a half. Some of the agencies, including UNODC, will be able to support not only one but more organisations or specific institutions. As Nicoleta said, some of the equipment is not easy to procure. Centralised procurement for many organisations and institutions is something that we can benefit from. The document that was shared for the Conference reflect all the challenges and it is a very good starting point in preparing such a repository of needs and challenges.

Andrej Kastelic, SEEAN, Slovenia sees that we have a lot of good things. We can afford take home doses for longer periods, do a lot of treatment by phone, use civil guard, NGOs, mobile units, nurses - a lot of good experiences. What we are concerned is that with a new social and financial crisis it may happen that our programs will not be one of the priorities. Medical and other services will be much more expensive and people who use drugs will be seen as those who can manage with less services, less support. We should be prepare for this situation: how to work with less resources.

Milutin commented back that situation from 2014 can repeat when the region was hit by floods. Most of the national and international support was shifted only to this issue and there was a lot of cuts on regular programs. We are afraid that this may happen again. Taking care of something that is currently critical doesn't mean that one should forget on things that are regularly important.

Denis Dedajić reminded on the case from Bosnia Herzegovina where UNDP was doing procurement for all the organisations providing services which lowered the price of all commodities. Clients working on all levels had a very good supply through this channel. He proposed to add reference on the new psychoactive substances to the plan of actions and to pay attention to the situation in prisons.

In closing remarks, Nebojša Đurasović, DPNSEE President thanked all for participation. He said that he hopes we shall have an opportunity to meet in a few months when the situation will stabilise.

The Conference ended at 16:05