

Ensuring continuity of cancer care while responding to the COVID-19 pandemic

Experiences from Kyrgyzstan



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Elina (not her real name) is a 67-year-old woman from Talas, a city 300 km north of Bishkek, Kyrgyzstan's capital. Elina visited her family doctor a few days before lockdown measures to tackle COVID-19 in Kyrgyzstan were enacted, with symptoms consonant with breast cancer: a palpable breast lump, changes in skin colour and pain. Accordingly, Elina was referred to the National Oncology Centre in Bishkek, the main cancer hospital in Kyrgyzstan.

As of 29 May, Kyrgyzstan had 1594 confirmed COVID-19 cases and 16 related deaths. These relatively low infection and mortality rates can be attributed to action taken early in the pandemic. Since mid-January, the government has given priority to promoting hand hygiene, respiratory etiquette and physical distancing measures through social media, TV and daily briefings. The first three confirmed COVID-19 cases were reported on 18 March. To stop, contain and control the outbreak, the government declared a state of emergency on 25 March. Travel across regions was curtailed as well as flights and public transport. Activities were limited to grocery shopping, seeking health care and banking in Bishkek, Osh city, the Nookat and Kara-Suu districts (Osh oblast) and the Jalal-Abad city and Suzak district (Jalal-Abad oblast). Testing for COVID-19 started on 4 February, with an average of 750 tests per day according to the latest available data. COVID-19 testing outside hospital facilities requires an out-of-pocket payment of 2000 som (about US\$ 25) in private laboratories.

Because of the strict restrictions on movement, Elina had difficulty in going to Bishkek. With no relatives or friends to stay with, she turned to hotels and hostels, but they were all closed for business. Had she decided to travel, she needed a special permit for health care from local authorities. Elina has postponed her travel to Bishkek until travel restrictions are eased.

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The people who have already been diagnosed are also experiencing delays in care. Some hospital departments request a negative COVID-19 test before admission for treatment. These tests are provided free of charge to people suspected of having COVID-19. People with cancer who do not meet this criterion need to pay for COVID-19 tests out of pocket in private laboratories. A further issue is shortage of some chemotherapy and palliative care medications. The supply of asparaginase, methotrexate, cytarabine and other agents is currently limited because of reduced international trade. Chemotherapy is free of user charges for children but not for adults, and people with leucosis in the Osh Interregional Children's Hospital are not receiving prescribed treatment because of these shortages.

Palliative care is free of user charges under the national health system for the entire population, but hospitals are quickly running out of some medications. Jamila (not her real name), a 43-year old woman from Talas, relocated to Bishkek six months ago to get treatment for advanced cervical cancer. After her condition worsened because of treatment failure, she was admitted to the National Oncology Centre for palliative care. However, the palliative medication her provider prescribed was unavailable, and her family had to purchase morphine out of pocket at a pharmacy.

To cope with shortages, "Ergene", an association for people with cancer, set up social media groups in which people with cancer exchange tips on where to find chemotherapy medications. Demand for tamoxifen, exemestane and doxorubicin, all in short supply, is high. These groups connect those in need with people who may have a surplus or who may provide alternative options, such as letrozole for tamoxifen.

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The health system is adapting to ensure continuity of care for people with cancer while maintaining measures to control the COVID-19 pandemic



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in the country. Despite restrictions on driving private automobiles and quarantines for health-care personnel who have been in contact with people with COVID-19 (or become infected themselves), primary health care centres have remained open. The National Oncology Centre has rearranged facilities and modified schedules to reopen diagnostic units, which had been closed as part of measures to prevent COVID-19 transmission. The list of providers and facilities allowed to administer chemotherapy has been expanded. The National

Oncology Centre and other hospitals provide shuttles to transport their personnel from and to their homes to compensate for the movement restrictions.

A good example of urgent care provision in the midst of public health measures to address the COVID-19 pandemic is the case of Ernes (not his real name), a 50-year old man from the Naryn oblast who was recently diagnosed with advanced throat cancer. His family doctor referred him urgently to the National Oncology Centre and facilitated all documentation to obtain a travel permit from local authorities. Upon being cleared to travel, the patient went to Bishkek for treatment. He received a COVID-19 test free of charge and was subsequently admitted for

hospital care, where he is currently undergoing chemotherapy and radiotherapy.

Nevertheless, challenges remain before care provision can be stabilized. First and foremost, adverse economic conditions prevent some people with cancer from accessing needed care or from affording transport. Relatedly, authorities will have to establish new protocols to facilitate the transport of people with cancer who need to travel to Bishkek and other urban areas where

specialized oncological care is offered. Maintaining physical distancing and ensuring adherence with respiratory and hand hygiene among patients will require further logistic adaptations once the many people with cancer who may have delayed visits seek health care. Shortages in medication supply will need to be addressed in a market in which demand is high and production is curtailed. The government is already preparing and has committed funds to support people with cancer who need chemotherapy.
