



A Europe free of AIDS, TB, and viral hepatitis - and no one left behind

CSF Ukraine Regional NGOs Response Coordination Call¹

1 June 2022, 11-12:00 CET

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1. Follow-up Action Points from the Last Meeting

- Request from EU Delegation in Ukraine to have a look at the website and share feedback with the project manager at GFA Consulting Group. The first draft of the website is available here: <https://www.treatment4ukraine.com/en/home/>. It contains information for five countries (Germany, Austria, UK, Latvia, and Bulgaria). The other countries will be added. Finland was contacted before this meeting for the country update. Other than that, there are no updates or feedback.

Action Point 1: Follow up during the next meeting

- Funding needs: UNAIDS is looking into different funding needs and how to support communities. https://ec.europa.eu/health/consultations/2023-stakeholders-targeted-consultation-eu4health-priorities-strategic-orientations-and-needs_en. The commission is looking into developing work plan for EU4Health programme for next year. It is useful for CSF to look into it propose projects, as there will be funding calls that are relevant for the work. The deadline is June 27th. UNAIDS suggests we put together needs and different funding mechanisms. Something to be followed up separately. It can be disseminated to the CSF list and there might be collected input from the CSF members.

Action Point 2: Follow up on the joint input from the CSF

¹ This is a report from the CSF Ukraine regional NGOs response call. The information shared is reported as heard. The report was not run by speakers. Please, treat this report with caution as the situation and actions of different actors evolve rapidly and because personal data is shared to help link people to care and for no other purpose.

2. Country Updates

In **Belgium** there are no major problems, but people who arrive need to register as soon as possible because it takes some time to process the registrations and have access to healthcare.

Finland. Similar situation is in Finland. It seems that people arrived to Finland some time ago but they are now running out of medication. There is urgent need for treatment but registration takes quite a lot of time. Nurses and doctors agree that it is taking too much time. There is a need to send a message to register as soon as possible. There seem to be more requests for urgent access to treatment. People might have not registered when they entered the country and they had medication with them, many have received the medication from their relatives or friends, who live in Ukraine but as that is not possible anymore, they are getting in contact with the clinics.

There is information about human trafficking in Finland, however, there are no signs there is more human trafficking than earlier. Finland traditionally had many Russian sex workers who now claim to be Ukrainians, as they do not feel safe.

Norway: the legal situation is fine. Anyone physically present in Norway has the right to treatment and medication. In practice, the situation is manageable, there are cases when people are without medication but there is always a solution to find treatment access. Sometimes there is an issue to get a prescription, but there are contacts with doctors who could write prescription in our own names. There is also pharmacy that has nameless prescriptions available that can be used. The system is not very flexible but it is possible to get around it and anyone can come to us.

Germany: there was a case brought up in Munich about the person with severe case of COVID-19 who was also diagnosed with HIV and HCV. They could not get medication and access health insurance because they had no local registration and no local address. In Germany it takes some time before the person gets access to health insurance.

EC: The Commission received information about this case and clarification from Germany. Refugees from Ukraine in need of assistance are regularly entitled to benefits under the Asylum Seekers' Benefits Act (AsylbLG): either after expressing a request for protection according to § 1 para. 1 no. 1a AsylbLG or after being granted a residence title according to § 24 Residence Act (AufenthG) according to § 1 para. 1 no. 3a AsylbLG. While receiving basic benefits, there is an entitlement to health care benefits according to §§ 4, 6 AsylbLG. The medical treatment required for the treatment of acute illnesses and painful conditions, including the provision of medicines, including the necessary vaccinations and other services required for recovery, improvement or alleviation of illnesses or the consequences of illnesses are granted. The respective state authority or the competent authorities, the registration authority and the social welfare office are responsible for granting benefits under the AsylbLG.

The EU Delegation to Ukraine aims at ensuring that Ukrainians forced to leave their country are protected and secure within the EU Member States they are staying in, and the team foresees such a platform as a long-term support to get across information on proper treatment options - <https://www.treatment4ukraine.com/en/home/>

Slovakia: There was an issue that PLHIV would get ARV free of charge for only 1 month. Organisations are trying to solve this issue, it's in the process, so far there are some alternative ways that doctor can do for their clients, change their regime, have lower prices, this is not ideal and it takes time for the state to take over to realise. Civil society is not strong enough, the letter was sent to the Commission.

3. Updates from the WHO Europe and the Commission

WHO Europe:

- The issue with running out of medicine seems to be happening now more than before. Before people had some amount with them and were taking care of other needs. Now they are running out of medicines and are searching for help. WHO together with ECDC are thinking to have more official meetings with member states to discuss these issues. During the talk with Romania and Bulgaria, it was clear that they want to learn from the Polish experience and maybe either issue an ordinance or use EU directive, so they can procure treatment or accept donations. There has been an issue reported about camps for refugees, who are not keen on allowing outreach work on HIV.
- The country office of WHO in Poland managed to mobilize funding and will try to support the needs of the NGOs to increase their capacity. Since for EU countries there was not much funding possibilities outside of European Commission, at least for now it's clear that there is a preliminary mapping done with understanding what interventions need to be supported and at least this helps.

- Regional platforms could focus on mapping and documenting on what the needs of NGOs are, reach out to UNAIDS and WHO, this might help people faster and what help is needed. **(Action Point 3)**
- The estimated number of PLHIV in Ukraine is 260,000, but actually diagnosed and actually put on treatment is 137 000 (February), only 60% of those that are estimated to be living with HIV are on ARV, they will look for pills because they need to refills. If they are not on ART, they could have not been diagnosed. We need more actively propose self-testing and testing.
- For helping with ARV from the donations that WHO have right now, everything is marked for Poland, Bulgaria and a little bit for Romania. It was also accepted to take the donation to Donetsk because there is a UN convoy that can reach those areas. There is general logistical challenge with customs etc. In Bulgaria Red Cross took over all the custom work.

EC:

- Supports the necessity of needs mapping and making them visible. One of the platforms for this could be EU policy Platform Network supporting Ukraine and Neighbouring countries including Moldova.
- Some partners have reported that even some key players in countries in charge of, TB or HIV response, are not aware about the EU civil protection mechanism where national authorities, in case of lack of medicines or tests or vaccines, can put a request and receive offers from other countries. This includes any sort of medicines including HIV and TB therapy.

Action Point 3: mapping and documenting on what are the needs of NGOs and what help is needed.

4. Testing and other updates

There are people who are not aware of their HIV status, so testing needs to be available and accessible. Is there something we should do to promote testing?

Finland:

- There are people who have been asking for HIV tests, they have just arrived and they know that they had a risk, there was a reason why they contacted the testing places.

Poland:

- FES is waiting for the decision from the funding opportunities from WEEPi and AIDS Action Europe, already received small donation from Polish government, so there might be more activities coming. In addition, Polish AIDS Conference will take place where more information will be shared.
- Alliance of Public Health made a presentation on their helpline #HelpNOW who are doing great job but connection to local organization is crucial for having access to proper information about the local system. There is a plan to open a website in Poland for PLHIV, which will be available in English and Ukrainian. There is a huge gap for those who are undiagnosed.

5. Future of these meetings

A poll for voting was shared about future of these meetings. The results show that these meetings are useful, for exchange on information and needs and because the situation is unpredictable. The frequency should be discussed.

Next call will take place on June 22nd and during the summer there will be contact via emails.

6. Next CSF Ukraine Regional NGOs Response Coordination Call

22 June 2022 – 11:00-12:00 CET