



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

CSF Ukraine Regional NGOs Response Coordination Call¹

20 July 2022, 11-12:00 CET

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ACTION POINT 0: Follow-up request to WHO/EACS to provide clearer guidelines about when/how to switch regimens.

1. Country Updates: Issues & Solutions

Poland

- WHO: **TLD generics from India** still not received (supposed to arrive on 10 July) and it is increasingly problematic. While treatment remains accessible for refugees from Ukraine, it is with limitations (during COVID-19 crisis, treatment was given for three months, now one month; Truvada for two weeks). People need to go more often to HIV clinics. Not possible in Poland to give it for 3-6 months.
- Over 2,000 people on treatment. The **Warsaw HIV clinic** : over 800 people (twice the number of patients vs same staff, longer visits due to language barriers). Similar in **Krakow** and **Lublin** with smaller clinics.
- **Children living with HIV (under 18)**: there are about 90. 40 out of 50 are from Ukraine. Only 5 HIV clinics are dedicated to children. Besides treatment, also testing and linkage to care is needed. Necessity to move to access these clinics.
- **Foundation for Social Education** received funding from AAE and a small donation from WHO. Bigger services for Ukrainian people (translation, extra staff hours).
- **TB: treatment resistance**: lack of access to treatment. However, coordination between Ukrainian and Polish doctors to exchange information is working well.
- Mobile harm reduction services reporting an increase of **20% of people coming from Georgia, Syria**.
- The persons come to the services for needle-exchange. There is **reluctance to get tested for HIV, Hep C and syphilis**.
- Legal barriers to access Hep C treatment for people who use drugs.
- **OAT: outreach**: increased number of people buying illegal substances and methadone. Started running peer work services (Ukrainian people who were already living in Poland) on the street to reach communities.
- **OAT: Warsaw** people get treatment and leave – impossible to gather numbers (estimated 120 people). Additional issues with waiting lists, language barriers and travelling.

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.

- **Nasal Naloxone:** first stages of a pilot project, which will be implemented next year: working with the National Centre for Prevention of Addictions. Nyxoid registered in Poland but still not available. Collaborating with doctors who are now able prescribe it (in the past only in medical facilities).

ACTION POINT 1: Magdalena Bartnik to gather and provide more information on naloxone availability, to be shared next meeting.

ACTION POINT 2: Ganna Dovbakh to reach out to UNODC about nasal naloxone. Explore possibilities of delivering it.

Norway

The situation in Norway for Ukrainians is fairly good and collective protection granted and HIV treatment is going quite well. **OAT more difficult to access due to Norwegian drug policy.**

Quite a few people who needed HIV medication: assisted to get in touch with healthcare professionals. It seems like people are now more aware and know where to find information.

Slovakia

ART and OAT situation is stable for people fleeing Ukraine. One difficult case is currently being managed. In general, people arriving get treatment for one month, then they request a 3-months' supply.

Concerns on quality of life and the implications on HIV communities in countries with low HIV prevalence (e.g., Slovakia, Czech Republic) with fewer clinic, such as longer waiting lists, reduced capacity reported in Slovakia.

Ukraine (APH)

- **APH** has received funding from **Christian Aid** for humanitarian aid. If interested to cooperate, please get in contact with APH.
- **HelpNow HUB in Poland:**
 - Requests: ART 288 people, OAT 97 people and TB & Hep 47.
 - Support with general requests such as: ID code in Poland ("*Pesel*"), accommodations, jobs, humanitarian help.
 - Support to buy tickets for public transports.
 - Consultations with psychologists available.

The emergency response project was supposed to end in July. APH is seeking to reallocate savings to extend it to **September**.

HelpNow: <https://helpnow.aph.org.ua/online-help/> - Currently in Ukrainian, soon available in English.

Invite to reach out to APH/Helpnow for requests in Poland and Germany.

2. Follow up from WHO-ECDC HIV network meeting on continuity of care for PLHIV among refugees from Ukraine

The WHO-ECDC HIV network meeting on continuity of care for PLHIV among refugees from Ukraine took place on July 19, 2022. Three main highlights:

- 1) Highlight 1:** Information on resources available regarding access to HIV, HEP, TB, OAT for Ukrainian refugees.

- A communication framework on HIV, TB, HCV and OAT has been developed and agreed upon. Communication headquarters has been set up to coordinate activities
- Constant informing about access to services in the field of HIV, TB, HCV and OAT in Ukraine and abroad on the website of the PHC website phc.org.ua
- **HelpNow Hub** was created - a service to help Ukrainians access ART, TB, viral hepatitis treatment, OAT both in Ukraine and abroad
- Created a chatbot "ART-nearby" - a chatbot to search for antiretroviral therapy sites in Ukraine and abroad
- National hotline on HIV / AIDS and tuberculosis is operating
- With the support of the EU, a web site to search for treatment abroad has been developed <https://www.treatment4ukraine.com>



2) **Highlight 2:** ECDC Survey and discussion on monitoring and collection of data on Ukrainian refugees. Lack of monitoring system. Key point emerging from the discussion is that all stakeholders collecting data should be better connected.

Countries responding to the survey on refugees from Ukraine receiving ART in European countries

- Survey sent to all EU/EEA countries and the UK
- 19 responses received from 16 countries
- Survey respondents included official contact points for HIV surveillance and other national and local health authorities responsible for HIV treatment and care

The boundaries and names shown, and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

Source: WHO/ECDC survey on refugees from Ukraine receiving ART in European countries

Number of refugees from Ukraine on ART

Country	PLHIV on ART [^]	Number of refugees registered for Temporary Protection#	PLHIV on ART per 1000 refugees
Croatia	17	15 379	1.1
Cyprus	8	14 215	0.6
Czechia	274+60	391 703	0.9
Germany	896	670 000	1.3
Greece	21	16 804	1.2
Ireland	75	43 400	1.7
Lithuania	24	58 971	0.4
Malta	0	1 196	0.0
Norway	25/30	20 610	1.5
Poland	2014	1 221 596	1.6
Romania	88	45 530	1.9
Slovakia*	22	81 179	0.3
TOTAL	3529	2 580 583	1.4 (0.76-1.46)

[^] Source: WHO/ECDC survey on refugees from Ukraine receiving ART in European countries, July 2022
[#]Source: UNHCR (<https://data.unhcr.org/en/situations/ukraine>)
^{*}Reported from selected locations/parts of the country

3) **Highlight 3:** EMCDDA report on issues faced by Ukrainian refugees who use drugs.

- **Ukraine, drugs and preparedness - Trendspotter study report.**

Available here: https://www.emcdda.europa.eu/publications/ad-hoc-publication/emcdda-trendspotter-briefing-ukraine_en

Mixed-method study to rapidly assess the risk positiveness and preparedness in the neighbouring countries to drug-related issues of displaced Ukrainians. The report includes an accurate summary of the challenges that were identified, mainly related to **administrative issues**, different in each neighbouring country, **communication issues** and **language barriers**, **OAT supply**, **stigma and ensuring care** due to rural and city level differences.

One of the main implications raised by the report concerns the raise in demand of harm reduction services.

- **Online hub – EMCDDA 4 Ukraine:** <https://www.emcdda.europa.eu/toolkits/EMCDDA4Ukraine>

ACTION POINT 3: CSF to advocate for mental health support of people who use drugs and linkage to proper psychological and psychiatric care, as highlighted during last CSFD.

3. Update on previous Action Points

- The **1,000 doses** of the Naloxone from the Czech Republic have not reached the final Ukrainian point.
- Received **28,000 doses** of naloxone from **UNICEF with the Global Fund support.**

4. A.O.B. Third-country students in Ukraine

During a conference on PLHIV in Germany, it emerged that many African students (around 300, mainly medical students) who were studying Ukraine had to leave the country, are now in the EU and are not eligible for refugee status based on the countries where they come from.

Increasing requests from them, who will be obliged to leave Germany before the end of summer. Similar issues in other countries- the Netherlands managed to address it: good practices to be shared.

ACTION POINT 4: Deutsche AIDS Hilfe is now preparing a petition. Contribute to its dissemination. Oksana Panochenko to follow up via email.

5. Next CSF Ukraine Regional NGOs Response Coordination Call

03rd August 2022 – 11:00-12:00 CET

6. Additional Links and Annexes

Information channel for people using drugs	https://t.me/HarmReductionForUkrainians
Information set on harm reduction access	https://harmreductioneurasia.org/practical-information-for-ukrainian-refugees-entering-countries-in-europe/
EHRA CALL: National consultants in Poland, Czech Republic, Estonia, Moldova to develop approaches of ensuring optimal access to Mental Health care services by key populations in emergency situations related to COVID and war crisis in respective countries	https://harmreductioneurasia.org/ehra-06-26/