



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

CSF Ukraine Regional NGOs Response Coordination Call¹

17 August 2022, 11-12:00 CET

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1. Update on Previous Action Points

1. Naloxone availability in Poland

As confirmed by the National Center for Prevention of Addictions, intranasal naloxone has been registered since 2017 and, through targeted import, it can be prescribed by a doctor. It has never happened before. Injectable naloxone is only available in medical facilities.

There is pilot project by the Harm Reduction Foundation within their harm reduction services, but there is uncertainty regarding the length of whole procedure and the price of intranasal naloxone. Funds for harm reduction services are lacking and the price of the medicine is unknown, expected to be too expensive even for projects funded by the Ministry of Health.

2. Naloxone deliveries in Ukraine

The delivery of naloxone from Czech Republic is still stuck: the last update was in Poland, on the way to Ukraine. No updates that the supply arrived.

The APH director of Treatment Procurement and Supplier Management has communicated that APH received 28,000 doses of naloxone from UNICEF, through which critical needs are covered. It is now a matter of transportation to the final beneficiaries within the country. Due to internal displacement, more doses would still be needed due to the increased number of overdoses that was reported in the Western part of Ukraine.

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.

3. Highlights/ Update from IAS2022

The Ukrainian emergency was an overarching part of the conference in Montreal, during both plenary and side sessions.

- One side event specifically for Ukraine,
- moderated by Ghanna Dovbakh , where the speakers were the ED of Global Fund, PEPFAR country coordinator and other key organisations, donors and stakeholders of Ukrainian HIV programmes to ensure that the voices of all KP from Ukraine were there.
- Plenary session about HIV and war and on the preparedness of the global HIV movement to respond to such emergencies.
- Within the global village, APH dedicated an exhibition to the conflict in Ukraine, where 7,000 EUR were collected to buy a special boost for transportation of injured soldiers from the frontline.
- Other booths from the Ukrainian Network of PLHIV and 100%Life, with 3D movies about the healthcare facilities that were destroyed by the bombing.
- Several discussions focused on the mid- and long term epidemiological and economic perspectives of the conflict in Ukraine for the entire Eastern European region.
- Discussion on drug policy changes, conditioned by geopolitical influences.

4. Rights of Third country citizens

Invitation to sign-on to the Petition prepared by Deutsche AIDS Hilfe is available [here](#) (currently only in German) to expand the protection states to include third country citizens who had to leave Ukraine.

5. Testing without consent

ACTION POINT 1: Ferenc to follow up with Sini about forced HIV, Hep B, syphilis and TB testing of a child who was about to start school without their parents' consent.

6. Update and Request from Help Now!

Over 2,000 requests have been received from Ukrainian refugees to all over Europe, the US, as well as Canada. Almost 1,980 requests have already been successfully dealt with.

Reminder to verify the **context** and accuracy of information provided to people. For example, issues in **France with help lines**: they are working but are only in French. When people try to contact them by email in English, they do not receive any responses.

Request to share contacts to flag this issue.

7. Military Service in Ukraine

According to **Fulcrum** (LGBTQIA+ NGO from Ukraine), a 1-to-4 stage system is in place. People from stage 1 to 3 are not allowed to leave the country because they are theoretically eligible for military service - unclear whether it is frontline armed service or backup service. There are military centres where they are checking people's health, without following existing guidance for all chronic conditions. Fulcrum reported that people are checked and if they have a chronic condition, they are not eligible for military service but are requested to come back in two months for another check-up, which implies these people are not able to leave the country.

People living with HIV and people who use drugs who would like to join military service are excluded on the basis of old-fashioned legislation.

ACTION POINT 3: enquire about the situation in different countries and use this information for advocacy

8. Suggestions Agenda Points for Next Meeting

- More information on **issues with nasal naloxone** (i.e. prices and procedures), as the situation differs on a country level.

For instance, in Germany, after receiving a prescription for nasal naloxone and then collect it from the pharmacy, it is necessary to do training in a harm reduction service. On the contrary, in Italy, it is more accessible and given with a small description on how to use it.

Reach out to Harm Reduction International and check with CSF on Drugs.

A well-known contact person in Germany who might provide an overview on naloxone is Kerstin Dettmer.

2. Next CSF Ukraine Regional NGOs Response Coordination Call

31st August 2022 – 11:00-12:00 CET