



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

CSF Ukraine Regional NGOs Response Coordination Call¹

03 August 2022, 11-12:00 CEST

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Follow up on action points from previous meeting

ACTION POINT 1: Magdalena Bartnik to gather and provide more information on naloxone availability, to be shared next meeting. – Magda B. was not present at the meeting, will follow-up at the next meeting.

ACTION POINT 2: Ganna Dovbakh to reach out to UNODC about nasal naloxone. Explore possibilities of delivering it. – Ganna was not present at the meeting (in Montreal) will follow up through Coordination Team

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. – needs follow up through Coordination Team

ACTION POINT 4: Deutsche AIDS Hilfe is now preparing a petition. Contribute to its dissemination. Oksana Panochenko to follow up via email. – done, petition is open for signatures

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.

Update from Poland

Magda A-B – FES

The issue with access to TLD in Poland is still not resolved. WHO had issues with customs clearance, according to the most recent update, the medication should be at the clinics in 2 weeks.

Magda is meeting the Polish MOH on Friday, where she can speak and bring up issues personally, especially on prevention and HIV treatment and hepC treatment for refugees.

Question: There was information from people returning to Ukraine that they had received the wrong amount/wrong dosage of HIV treatment in Poland. The amount is not “wrong” but it is only for 1 month. This is standard now in Poland to make sure that everyone gets medication who needs it.

Further issues are that social support for refugees has been cut in Poland, e.g. transport/trains are not covered. In case a refugee returns to Ukraine, all the support is lost. For treatment, Ukrainian refugees need Polish registration, and if they return to Ukraine, they lose it. The Polish national health system is separated from HIV treatment. ARVs are only available at HIV clinics; national aids centre is responsible for treatment while care is with HIV clinics where you need insurance to receive free care. In general, Poland is receiving more patients but not only from Ukraine but Belarus, Georgia, and Azerbaijan. There is no access to PrEP, harm reduction mobile unit provide NSP and testing. There is no strict rule for giving out NS in the same amount as they are returned.

Update from Ukraine

Tymur L – FULCRUM

There are recent developments in Ukraine regarding the war: PLHIV with stage 1-3 cannot leave the country as they can be enlisted to the army. It is not clear yet if they can be enlisted for active (armed) military duty and also there is no information about the medical care and treatment for PLHIV enlisted.

There is an LGBT community in the army on active military duty who are being recognised (announcement of partnership for same-sex couples by Zelenskyy) but there are still report from the LGBT community about harassment and abuse by military personnel.

Military medical centres apply different practices for people with chronic conditions; they usually request that they return to the evaluation committee in 2 or 3 month after an examination of whether you are fit for military service. This practice clearly doesn't make much sense in case of certain medical conditions.

Update from Germany

Sash G – DAH

Deutsche Aidshilfe is submitting and application together with Alliance to the German MOH to provide funding for activities supporting Ukrainian refugees (PLHIV and key populations)

DAH also prepared a series of information videos for refugees, explaining things in simple short formats on how the German health system works and how they can access services:

<https://www.youtube.com/watch?v=SXMrnH3qco&list=PLuH6iwplsOSIj4FsogRvS36HL1OQ9fXVQ>

Update from Finland

Sini P – Positiiviset

There is a recent case in Finland where a child of a Ukrainian refugee contacted Positiiviset. The child was to start school and they were tested for HIV, hepatitis B, syphilis, TB without the permission of the parents. They only informed the mother after they tested the child. They got referral to tests, it is possible that private labs are trying to make additional profit out of these processes.

Positiiviset is currently considering ways of reacting to the case (ombudsperson etc.)

Magda A-B (FES) adds that stigma and fear of discrimination is high among refugees, they see a lot of emails, messenger etc. but not many people show up in person. Also, the trauma caused by the war is being unattended and not addressed in most of the cases. As an example, August 1 is a Polish holiday connected to 2nd WW where they make a raid alarm sound for 1-minute, when the sirens went off, clients in her organisation became terrified.

Sasha G (DAH) adds that there are some cases of human rights violations in Germany, mostly in shelters, institutions are informed about high prevalence in Ukraine and now they take it as a threat on public health, which results in violations, we might need to provide additional information besides prevalence data from Ukraine to the institutions.

AOB

There was a question whether the topic of Ukrainian refugees and PLHIV were discussed at the IAS conference in Montréal.

Action: include the topic as an agenda item in the next meeting on 17 August

Next CSF Ukraine Regional NGOs Response Coordination Call

17 August 2022 – 11:00-12:00 CET