



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

CSF Ukraine Regional NGOs Response Coordination Call meeting notes¹

16th March 2022

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1. Debrief from ECDC – WHO Europe HIV network meeting on 15 March, other updates, and action points

Magda Magdalena Ankiersztein-Bartczak, from FES in Poland and Nicoleta Dascalu from ARAS gave a debrief from the ECDC and WHO Europe informal HIV Network meeting on needs emerging from the humanitarian crisis because of Russia's aggression toward Ukraine to ensure access to and continuity of care and other needs. WHO Europe, EMCDDA, ECDC, EACS, EATG added to the debrief

- Around 120 people participated in the ECDC – WHO meeting (15th March 2022), where an update on the accessibility to ARVs and OAT and an estimate of the current number of refugees was provided. **Poland** remains the main host country, with almost 1,700,000 people (**61%** of refugees), followed by **Hungary** (10%), **Slovakia** (9%), the **Russian Federation** (7%), **Moldova** (4%), **Romania** (3%), and **Belarus** (0.04%).
- An estimate of how much treatment is needed per individual country was made. Two scenarios have been created:
 - a) **Based on the actual number of people displaced from Ukraine.**
for those who already are in Poland, **60,000** people are expected to need **ARVs**.
 - b) **For the second, scenario, à 24,000** people are expected to need **ARVs**.
- Currently, Poland has 14,000 people living with HIV on treatment. If all the people expected from Ukraine arrive, the needs for ARVs will be doubled.

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.

- **WHO** and **PEPFAR (President's Emergency Plan for AIDS Relief)** are trying to organise generics from India (currently not accepted in the EU) and transfer them to individual countries. Waiting for the decision.
- **POLAND:** Clinicians have decided to try not to change regimen. **WHO:** Recommendation to provide ART to refugees for 3-6 months. In many countries, clinicians are currently giving 1-3 months' supply as it is unknown how many will stay or move on to other locations.
- **General overview (as of 1st February 2022):**
In Ukraine, there are **3,500 children** living with HIV and **2,700** are on treatment.
OAT: men, 20% women. Questions about methadone: people coming from Ukraine usually have a supply for **30 days**.
à Important information for individual countries since children, women and men with disabilities are those who are expected to arrive – which might mean a slightly lower request for OAT.
- Other country information, in **Moldova** there are 50 people on ARVs and 9 OST (Opioid Substitution Therapy), in **Hungary** Budapest is the main place for ARVs.
- **OAT:** main manufacturers in Odessa and Kharkiv, but they are lacking materials to produce methadone. The Kharkiv factory was evacuated, and Odessa's stocks are empty. There are discussions on how to transfer methadone to Ukraine.
- **Significant HBV and HCV prevalence**
- **COVID-19 vaccine:** 43% persons are vaccinated and only 2% received the booster.
- **Romania:** there were also questions at the ECDC/WHO meeting about the different regimen in Ukraine and Romania. There was also a question on OST and what to do if the person does not have the document referring to their treatment. Up to now 8 persons come to ARAS to ask for support with ART access. ARAS accompanied them to the hospital in Bucharest. On 15 March, about 450,000 refugees came to Romania from Ukraine. It seems that 50,000 are still here. but most are transiting to other countries.

Discussion on information regarding a patient's treatment:

Regarding patient treatment information there are contact points in Ukraine for those who do not have their documents. **Focal points for treatments in Ukraine:** Iryna Ivanchuk for OAT and Larysa Hetman for ART and Yana Terleieva for TB. For **OAT**, there a temporary system in place for transferring information. Iryna Ivanchuk (Head of OAT Unit in Public Health Centre of MOH Ukraine - i.ivanchuk@phc.org.ua, see [here](#)) may be contacted for a system of confirmation for those people who have no documents. The request for confirmation of the participation in OAT Programme in Ukraine can be sent to her including as much info as possible (**Name/Surname, Birth Date, City/Town where person received OAT etc**). Access to all the people who are following state-funded programmes. It might be more difficult to support people who are following programmes in private clinics (around 2,000 people).

For people from private clinics who are not in the state programme, the algorithm doctors use for any the new OST client, but it must be initiated promptly because of withdrawal symptoms.

WHO: see attached materials from the meeting. WHO informed that CHIP (Copenhagen) has been working on a protocol for cross-border exchange of information about patient's treatment for ARVs. The draft is with WHO and should be finalised. Shortly. This information could be useful even in draft form until is finalised. Colleagues in Ukraine are also working on a protocol form with informed consent that is standardise from the Ukrainian side as well. It was agreed on 15 March that there is needs to be coordination and that having two will create confusion. Discussion is ongoing and there is hope to have a final version soon and otherwise to share a draft where needed at operational level.

Clinicians are considering backup plans to switch the regimens if needed. However, who's message is that the maximum should be done to maintain people on their regimen considering that people will want to come back to their country. We try to do the maximum to make them available. Some donations are coming in. The advice is to give people a three-month supply. Where there are greater constraints than at least for a month.

Moldova: there seems to be a reserve of the needed ARVs for 300 persons and there may have been about 20 requests for now. **Global Fund** may likely to step in if needed as there is a country grant.

For OST, there are no donations. Some purchase for delivery in Ukraine was identified. Beyond Ukraine, if there are 16-17% of the women on OST leaving the country, the need/supply issue is not considered to be high but WHO is working on putting together numbers.

Discussion on treatment sites:

- **ART and OAT lists of sites:** WHO discussed with CHIP (Dk) and Eastern and Central European Network the option of adding ART sites and OST sites to the Test Finder platform. ART site can easily be confirmed with country officials and validated by WHO. For OAT more technical barriers. OST in some countries is under ministry of justice not health and then in some place its NGOs. So next week it will be important to gather all info on ART and OST sites in neighbouring countries and other EU countries so WHO will reach to EATG and others for support to double validate what is available at community level and did not get into the list. This could also be validated with EMCDDA and UNODC.
- **EMCDDA:** There are currently 17,200 OAT patients in Ukrainian state-funded programmes and 16% are women (2,754). The number of OAT patients leaving from Ukraine mostly to Poland can be currently catered for by the Polish. The focal point has confirmed they can cater up to 1,000 additional OAT patients with the current quote of methadone they have access to. Possible to currently provide continuation of OST, if people can access, and they know where to go to. Request from **WHO** and **ECDC** about ART and OST sites, EMCDDA will contribute to what international organisations have been doing to put together the list, by continuing to reach out to the national focal point network of EMCDDA in all the all the relevant EU Member States.
- **Alliance for Public Health Facebook Page** has a list of some of the OAT services in Ukrainian that can be downloaded.
- **Figures on OAT (WHO):**
350,000 people who inject drugs (20% women)
17,210** people on OAT (84% men, 16% women):
88% on methadone sublingual tablets
1% on liquid methadone
12% on buprenorphine (sublingual)
- A lot of people are going to **Moldova** for **OAT** because the conditions to access OAT programmes are like Ukraine and because the Global Fund has been flagging the country as available. It has been already reported that in some countries (e.g., **Slovakia**), it is requested to provide information on where they live to access it (it cannot be a refugee campus).

Other updates

- **ECDC:** Working mostly on **operational guidance and infectious disease recommendations** in general. Trying to leverage mechanisms that we already have in place: country support mechanisms that are going to run for several years. It is led by **EACS**. There is a country support mechanism that could be useful here. There was supposed to be one element on PreP but given the circumstance it is suggest postponing that one to focus on the current situation to discuss with community, public health, and clinicians on treatment/ continuation of treatment.
- **EACS:** working with WHO and CHIP to draw up a process around data and information sharing with people who are moving through different services either displaced within Ukraine or out to other receiving countries and then dispersed on. Make the process as less bureaucratic as possible if they do not have their documentation and results and carry on with their current regimen if possible. Some complications if people have not been on continuous therapy (risk of resistance emerging) and what tests are accessible in certain settings. EACS will seek to have it signed off and shared as quickly as possible.
- EACS proposed setting up a **24/7 telecommunication network of support for clinicians:** a group of clinicians in other countries who are not ID/HIV specialists to provide support particularly around what to sequence people to on ART if they cannot access what is currently available in that country. Particularly important in children. There again some centralised support might be useful.
- COVID vaccinations needs to be factored in clinical care pathway and other potential medical needs should be considered rather than just – especially after a long journey. Screening for blood-borne virus and other needs to be incorporated.
- EACS has been trying to **coordinate donations of ARVs** and it has worked but is backing off now as other actors are working on this now and **support medical personnel who are displaced with short-term placements** that are fully funded to deliver care to people who are displaced.
- **European Commission:** All 27 EU Member States as well as two EU Civil Protection Mechanism (UCPM) Participating States (Norway and Turkey) have made offers to Ukraine through the UCPM. The **EMERGENCY RESPONSE COORDINATION CENTRE (ERCC)** mobilised assistance from the rescEU medical stockpile hosted by Germany, Hungary and the Netherlands which has been delivered to Ukraine. The latest offers to Ukraine have come from Austria, Belgium, Czech Republic, Germany, Spain, France, Finland, Portugal, Slovakia, and Slovenia, consisting of hygienic items and generators, medicines, blood collection units,

ventilators, food, first aid kits. If you have identified specific needs or have concrete offers to help, you can contact civil protection colleagues directly: ECHO-ERCC@ec.europa.eu

- There is new network of stakeholders on the EU Health Policy Platform, "**Supporting Ukraine, neighbouring EU Member States and Moldova**". You can request access at <https://webgate.ec.europa.eu/hpf/network/home/115>
- **Hormonal therapy: ILGA-Europe** has mapped urgent needs from trans and intersex people around Ukraine (need for hormones, as well as for syringes and needles in many cities). These need to be included in humanitarian aid deliveries. It was circulated on the meeting's list. **WHO:** If there is a donation, organisations who have procurement/distribution channels (e.g., UNICEF, WHO) can be a third parties. For the emergency situations, the ministers of health are issuing a kind of waiver to the organisation that is importing drugs and bringing them in. WHO is organising for it. UNICEF be able to do it faster.

2. Other country updates: issues coming up and solutions

- **France:** Few cases over the weekend: one case of a lady coming from Egypt who was supposed to go back to Ukraine for ARVs and ended up in France and since travelling she had not taken treatment for three days. French language as an important barrier, AIDES hired the services of interpreters so that they can connect when needed for translation. A wave of refugees is expected to arrive next week and after so AIDES is getting prepared.
- **Ukraine: Update from APH (Alliance for Public Health):** Currently working on a help desk, using different platforms (Telegram, Facebook page, Google docs) and collecting requests from GPs who need assistance on ART, OAT or hepatitis or TB treatment within Ukraine and abroad. More than 300 requests have been sent from different countries, half of the requests come from internally displaced people in Ukraine, having problems with stocks. The other half is from neighbouring countries (Poland, Germany, Moldova, a few cases Egypt, Thailand, Emirates). Around 150 requests have been addressed. Their helpline has proved to be effective.
- Partners in Moldova, Romania and countries in SEE have been developing some **leaflets in Russian and Ukrainian language** to be distributed at the border with Ukraine among key populations. Treatment has been provided and more than 60 refugee campuses have been organised.

3. Action points for follow up

1. WHO/EACS/CHIP share the protocol for exchanging patient treatment information with informed consent across services and borders so people displaced by the war can get treatment they need where they are.
1. WHO will reach out to CSF/ regional NGOs to double-check treatment sites at community level.
2. Need to support NGOs in Poland and Polish National AIDS Centre, amongst others
3. Address concern at EU level over barriers to access OST, e.g., proof of residence is a prerequisite to access in some locations, this means that a person in refugee camps cannot get it. CSF to follow up with CSF on Drugs and EC (European Commission).
4. EACS and ECDC use of EU funded country support mechanism to exchanges issues, solutions, recommendations with community organisations, public health bodies and clinicians on treatment/ continuation of treatment.
5. Organise another call next week. Please contact Annisabelle.vonligen@eatg.org if you want to add agenda items. The need for future calls or not will be re-evaluated next week.

Next CSF Ukraine Regional NGOs Response

Coordination Call

23rd March 2022 – 11:00-12:00 CET

4. Additional Links

Updated figures of Ukrainian refugees (UNHCR)

<http://data2.unhcr.org/en/situations/ukraine>

Official data on OAT	https://phc.org.ua/kontrol-zakhvoryuvan/zalezhnist-vid-psikhoaktivnikh-rechovin/zamisna-pidtrimuvalna-terapiya-zpt/statistika-zpt
Contacts for Ukrainian refugees with HIV and their doctors by the ECEE network	https://www.eceenetwork.com/patients
Database of broader health, social and other services for refugees in 30 countries and on-line	https://eecaplatform.org/en/services-for-ukrainian-refugees/

5. Annexes (Other documents shared)

- WHO Europe Brief on Ukraine crisis, current concerns and need in continuity of HIV care
- Estimating the needs in antiretroviral treatment for refugees from Ukraine (version 4.0 DRAFT)
- External Situation Report #2, published 11 March 2022).
- ILGA-Europe list on needs from trans and intersex people around Ukraine for inclusion in humanitarian aid