



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

## CSF Ukraine Regional NGOs Response Coordination Call<sup>1</sup>

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## 1. Update on Clinical Protocols & Guidelines from Agencies and EC.

**EACS** provides an update regarding the guidelines on information sharing and clinical care. Final versions - one on (1) **management of data** and (2) **management of care** - are currently going through the approval process. Once approved, they will be shared with the CSF group to be further disseminated within different networks.

Tetiana Kyrychenko provides free online consultations for people living with HIV in Ukrainian and Russian on the website set up by Alliance for Public Health (<https://help24.org.ua/uk/registration-info>) to answer clinical questions . Free online consultations with other doctors (narcologists, psychologists, general practitioners ) are available.

There are further on-going discussions on telephone support for clinicians who are not HIV specialists. The option of a “messaging system” is under discussion.

**European Commission:** the EC, through the **early warning and response system** used for monitoring public health threats in the EU, has established a system where national authorities can exchange data with Ukrainian doctors in a completely confidential manner.

**ECDC** has published **guidance on individual health assessment** carried out by frontline health providers at border areas, reception centres, transit centres and individual clinics as well as national public health agencies / authorities in countries receiving refugees and third country nationals. The guidance includes HIV/AIDS, TB, mental health and psychological support, as well as sexual and reproductive health – including gender-based violence (<https://www.ecdc.europa.eu/en/news-events/information-guide-individual-health-assessment-refugees-ukraine>).

**NAM/aidsmap.com:** The aidsmap website will provide country-by-country information on access to ART and health services by the end of the week. To add specific country information, contact **Roger Pebody** ([roger@nam.org.uk](mailto:roger@nam.org.uk)). Considering that the website is

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<sup>1</sup> 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.

going to have information on different countries with different regulations, what can be said to reassure people about confidentiality? Suggestions are encouraged.

## 2. Country update on access to care and other critical needs at community level

### Poland (FES report)

- The National AIDS Centre has communicated that this week the Polish government will decide on TLD generics from India.
- Currently there are less than 400 refugees living with HIV registered in Poland as opposed to the 10-14,000 estimated by WHO. People may not be going as they still have personal stock, fear disclosing their HIV status in refugee centres.
- The National AIDS Centre has prepared informative leaflets to be printed and shared in refugee centres and beyond.
- It is important to stress that ART and testing are free of charge in Poland.

### Czech Republic (CSAP report)

- Free testing three times a week at their services
- CSAP directs people towards specific centres. Ukrainian speaking volunteers are supporting. More people are expected to arrive.
- Many people have stopped treatment and/or arrive without information on the medicines they are currently using or with old documents.
- One of the two main AIDS centres in Prague dedicate some hours per day for contacts refugees living with HIV.
- Some people do not have health insurance yet, which is an issue when they go to AIDS centres. As soon as they register, they receive health insurance and have access to ART therapy. Before they get registered, CSAP can provide up to three doses as long as they know what they are taking.
- Request to receive information on the most used treatment used in Ukraine.
- Participants' responses:
  - In most cases, people are on TLD (Tenofovir disoproxil fumarate/Lamivudine/Dolutegravir - Indian generic version from Mylan) or Dolutegravir as separate and Tenofovir/Emtricitabine.
  - **Contact of the ART treatment coordinator** for information on regimens: **Larysa Hetman** - Head of HIV Treatment Programs Coordination Department Public Health Center of the MOH of Ukraine e-mail: l.hetman@phc.org.ua phone: +38(067)786-74-07.
  - **Coordinator OST treatment** in Ukraine to provide medical information about the patient on request: **Iryna Ivanchuk** - Head of the Viral Hepatitis and Opioid Dependency Department Public Health Center of the MOH of Ukraine e-mail: i.ivanchuk@phc.org.ua phone: +38(097)971-77-58.
  - It is suggested to provide pictures of the commonly used medicines boxes and pills to help orient persons coming to community organisations.

## 3. Access to medicines

**Availability of TLD and TB medicines in the EU:** There are patents on ARV combinations in EU. Dolutegravir is patented and its availability in EU countries neighbouring Ukraine is limited because it is expensive. In Ukraine, people are on it because the country used all mechanisms to negotiate a good price. A generic manufacturer from India donated medicines for Ukrainians. Since ARVs in Ukraine have now been procured via an emergency procedure in Ukraine, it was suggested to transfer this donation to countries where the refugees would go to. However, 1) these generic versions are not authorised in EU and 2) there is a patent, so the generic version cannot be used in EU countries. Moreover, even if EMA would authorise it (and if the company would file – which is not a given), it would be expensive for governments to purchase. For now, given DTG is not so much of an issue because it is a few cases but for the medium term it will be.

MDR-TB medicines are also patented and so are shorter TB preventative treatment. Sanofi decided not to register in the EU. T

Even if the Polish government would decide on the issue of registration, there would still be the issue of the patent held by ViiV and whether the company would be willing to waive the patent. The same may apply for MDR- TB drugs which are not as prevalent in the most of the EU.

Joint advocacy will be required regarding registration and patent.

As a follow up, the issue of market authorisation should be raised with **EMA** and the issue of patents with **HERA**.

EC reports that HERA, EMA and DG SANTE are currently working with WHO and DG NEAR to address all these issues. There are some mechanisms in case member states do not have enough stock of a certain medicine (e.g. following a high influx of refugees – not yet the case). EMA coordinates network of single points of contact within national competent authorities who regularly exchange information on shortages of drugs.

If shortages are going to pose a serious risk to public health, it will be further escalated with discussions among national competent authorities, EMA and EC for remedial action(s).

There are legal and regulatory tools (Articles 5, Directive 2001/83/EC regulating the use of medicines) that allow individual MS to allow temporary supply of unauthorised medicines in the context of a public health threat (<https://eur-lex.europa.eu/legal-content/EN/ALL/?uri=CELEX:32001L0083>). If suitable authorised EU alternatives cannot be identified or are not available, MS are encouraged to use the drugs to ensure uninterrupted treatment.

EMA is ready to provide advice on possible suitable alternatives in the EU for essential medicines. EU member states are encouraged to raise identified issues with EMA.

Discussion on **medication, stigma and discrimination**: question about whether people might be leaving medicines behind for fear at border crossing. This was not reported, but fear of disclosing ART or OAT at registration for the temporary protection status is. It was noted that there is no information about Ukrainian people deported to Russia (approx. half a million) and OAT. There will be issues since the possession of OAT might be a cause of imprisonment as it is not allowed in the Russian Federation.

## 4. Funding

- Support to organisations providing shelter in Ukraine: EHRA is trying to organise support for organisation running or wanting to establish shelters or other facilities for key populations. Organisations foreseeing long-term needs can contact EHRA.
- Discussions still on-going with APH and GF – an official manner to transfer funding to Poland and Germany is still lacking.
- In Poland, the National AIDS Centre received some extra money from the Ministry of Health for support and prevention programmes (approx. 10,000 euros per organisation, end of April until 2022)
- There are some donations from NGOs in other countries.
- The issues is the time needed for applications, services delivery and finding Ukrainian speakers for service delivery and ability for Ukrainians health care professional to work in EU
- The WEEPI Foundation (Western-Eastern European Partnership Initiative on HIV, viral hepatitis and TB is launching an extraordinary call for proposals to support projects that focus on developing and documenting good practices for provision of care for people affected by the conflict in Ukraine. Proposals from the following countries are eligible: Hungary, Republic of Moldova, Poland, Romania, Czech Republic, Slovakia and Ukraine. <https://weepi.org/call-for-proposals/extraordinary-call-for-proposals>, deadline for submission: 29 April 2022.
- It was noted that the funding is welcomed but that there is a need for Ukrainian speakers in extra service delivery. FES for instance is looking for therapists that speaks Ukrainian before it can put the application together. There is the issue of professional recognition and requirements for health care professional to be able to exercise in EU countries.

## 5. Other

- Concern raised about **UNAIDS press release** – not mentioning who the aggressor is and they did not respond to the letter from regional networks about relocation of UNAIDS regional office.

## 6. Next CSF Ukraine Regional NGOs Response Coordination Call

**NO CSF Ukraine Regional NGOs Response Coordination Call on 13 April and decided to not to hold meetings every week and on demand.**

Next meeting on 20 April at 11:00 CET

In case there is an emergency, CSF (Ann Isabelle von Lingen – [annisabelle.vonlingen@eatg.org](mailto:annisabelle.vonlingen@eatg.org) & Ferenc Bagyinszky - [ferenc.bagyinszky@dah.aidshilfe.de](mailto:ferenc.bagyinszky@dah.aidshilfe.de)) can be contacted and a call will be organised.

## 7. Additional Links and Annexes

Previous CSF Reports	<a href="https://www.csfhivheptb.eu/eu-hiv-aids-viral-hepatitis-and-tuberculosis-civil-society-forum-30-march-2022">https://www.csfhivheptb.eu/eu-hiv-aids-viral-hepatitis-and-tuberculosis-civil-society-forum-30-march-2022</a>
SitReps on Ukraine from APH: special Issues on OAT & TB	<a href="https://aph.org.ua/en/news/reaction-of-the-alliance-for-public-health-on-response-to-challenges-caused-by-the-russian-aggression/">https://aph.org.ua/en/news/reaction-of-the-alliance-for-public-health-on-response-to-challenges-caused-by-the-russian-aggression/</a> <a href="https://aph.org.ua/wp-content/uploads/2022/03/Situation-Report-5_TB_final_eng.pdf">https://aph.org.ua/wp-content/uploads/2022/03/Situation-Report-5_TB_final_eng.pdf</a>
Weepi Call for Proposals	<a href="https://weepi.org/call-for-proposals/extraordinary-call-for-proposals">https://weepi.org/call-for-proposals/extraordinary-call-for-proposals</a> .