To:

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Ms. Pavla Chomynová, Head of the Czech National Monitoring Centre for Drugs and Addiction

Mr. Adam Niedzielski, Minister of Health of the Republic of Poland

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Ms. Anna Marzec-Bogusławska, Director, National AIDS Centre, Republic of Poland

Mr. Vladimír Lengvarský, Minister of Health of the Slovak Republic

Mr. Ľubomír Okruhlica, Chief Expert of the Ministry of Health of the Slovak Republic for drug addiction medicine

Mr. Miklós Kásler, Minister of Human Capacities of the Republic of Hungary

Mr. Alexandru Rafila, Minister of Health of Romania

The Romanian National Anti-drug Agency

The Romanian National Centre for Mental Health

Date: 21.04.2022

Dear Colleagues,

We write to you on the urgency and approaches to ensure continuity of essential life-saving treatments for Ukrainians who have to flee their country due to the ongoing war, with a particular focus on two areas - HIV and opioid dependency.

Ukraine is the country with the second largest burden and treatment program for HIV in Europe and the largest opioid agonist therapy (OAT) program in Eastern Europe. There were estimated to be 250,000 people living with HIV in Ukraine prior to the Russian invasion, 150,000 of them received life-saving antiretroviral therapy (ART)[1]. According to the indicative projections from the WHO Regional Office for Europe, out of 4 million Ukrainians fleeing the war and reaching the European Union (EU), 30,815 adults and 385 children are estimated to have HIV and in need for antiretroviral therapy within different EU countries[2]. OAT is the most effective treatment for opioid drug dependence recommended by WHO, and reaches more than half of people with opioid dependency within the EU but is illegal in the Russian Federation and has been discontinued in the occupied territories in Crimea and Donbas. In Ukraine, in 2022, before the war, more than 17,000 people received OAT under the state-funded programme and some 3000 received this treatment in the private sector[3]. The first month of war put over 2138 OAT patients at risk of treatment disruption.[4] The number of OAT clients that fled to the EU is unknown.

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[1] UNAIDS country factsheets. Ukraine. 2020 https://www.unaids.org/en/regionscountries/countries/ukraine

[2] WHO/Europe. Estimating the needs in antiretroviral treatment for refugees from Ukraine (version 5.0 DRAFT), 21 March 2022

[3] Public Health Center of Ukraine. Information on quantitative and qualitative impersonal characteristics of SMT patients as of 01.02.2022)

[4] ALLIANCE FOR PUBLIC HEALTH: Response to challenges caused by Russia's aggression against Ukraine. Situational report no. 6 of 31.03.2022, special issue: Opioid Agonist Treatment (OAT).

Both Ukrainian refugees coming to the EU countries and frontline service providers in these countries report of the great will of various partners to accommodate the people escaping the war but also major obstacles, especially with regard to access to OAT. Those challenges include the following:

- People escaping the war do not have certificates of their medical history. Despite some efforts to connect clinicians in Ukraine and bordering countries, today there is still no electronic health information exchange system allowing the secure sharing of vital patient medical information from among refugees from Ukraine with the EU and for refugees who move from border countries to other EU member states. This is causing unnecessary interruptions in access to ART and OAT and the testing of people for diseases that they have been previously diagnosed and delays in obtaining information about previous dosing regimens[5] (while changing regimens can be highly problematic).
- Service providers report limited existing availability of treatment in some countries, such as Romania, where local demand for OAT by EU nationals exceeds supply and is restricted to some localities and, hence, the inability to offer treatment to Ukrainians. For example, in Iasi, Romania, 3 patients were referred to an emergency hospital and received morphine instead of methadone as the provision of methadone is only available and property administered in Bucharest. In Poland, some OAT programmes have already reported having waiting lists for OAT patients. In Bratislava (Slovakia) it could take two or more weeks for the person on ART to get treatment.
- In some countries there are no required OAT medications[6] available (such as buprenorphine or methadone in the relevant form) within the local OAT programme, or the needed medications are not available for free (as it was in Ukraine). In countries such as the Czech Republic, Slovakia, Latvia and Romania, buprenorphine is available mostly on a paid basis;
- In some EU countries, Ukrainians cannot get OAT, ART or other essential care without receiving official refugee status and being registered in the state insurance system, which significantly delays treatment that should be taken on a daily basis. Some Ukrainians avoid registering because of the hope of a speedy end of the war and the possibility to return home. Adequate case management and translation support is rarely in place to speed up procedures. For example, in Denmark, it took three weeks for a female OAT patient to start receiving OAT and during that period she had no medicine and experienced devastating symptoms of withdrawal syndrome[7].
- In some countries (information from Poland in particular), cases were reported whereby Ukrainian refugees were refused help if their first country of entry to the EU was a different country; In Hungary, ukrainians who left the country before 24th of February are not entitled to the same rights to healthcare as those who arrived after. There was one case documented when a person was rejected access to ART at an HIV clinic in Budapest in early March on such a basis.
- People are re-initiated onto OAT on the condition of daily visits for the first month, as in Poland, despite being on OAT for many years and getting 2-week take-home dosages in Ukraine before the war. This requirement is particularly challenging for those housed in small cities without OAT sites who need to travel to the nearest city with an OAT site, sometimes up to 100 km's, every day;
- Stigma and discrimination are the key barriers for effective and timely treatment for HIV and opioid dependence across societies and are reported in the refugee camps and among refugee workers who have not previously worked with underserved and marginalised groups. The fear of stigma and discrimination prevents patients from disclosing their OAT and/or HIV status. This contributes to the significant difference between the number of people who have already sought HIV care and the WHO

[5] Around 80% of people living with HIV are on dolutegravir-based regimen (TLD) that is recommended by WHO.

[6] Some 10% of OAT clients in Ukraine receive buprenorphine (sublingual tablets), while 88% receive methadone in tablets and another 2% methadone hydrochloride in the oral solution form.

[7] LegaLife Ukraine. Personal blog "From the hell of war to the hell of the abstinence syndrome" [in Russian]. 03.04.2022 https://legalifeukraine.com/ru/interview/iz-adskoj-vojny-ya-popala-v-ad-sindroma-otmeny-krik-o-pomoshhi-27520/

estimates of people in need for ART, such as in Poland. Cooperation between refugee registration centres and local NGOs working with people living with HIV, as well as with people who use drugs, may help to address such challenges; and,

- Many people experience a language barrier in communication with medical personnel in clinics, creating an additional obstacle for their timely access to ART, OAT and other essential treatments.

We, the undersigned organisations working with and representing the interests of communities of people living with and affected by HIV, tuberculosis, viral hepatitis and drug dependence in Central and Eastern European countries, call for the following urgent measures:

1) Organise medical data exchange with a particular focus on HIV and opioid dependence to ensure continuity of services between Ukraine and your countries as well as among your countries;
2) As good clinical practice, ensure that previous diagnosis are accepted, people are prescribed the same regimens and take-home dosages of OAT as in Ukraine as much as possible;
3) To promote and follow the recommendations being set in the Standardized Protocol for clinical management and Medical Data-Sharing for people living with HIV among refugees from Ukraine[8] and to collaborate with WHO on the development of a similar protocol for the refugees from the Ukraine who are OAT patients
4) Organize emergency procurement and exchange of medications, as needed, to ensure methadone (tables), buprenorphine, dolutegravir-based antiretroviral therapy, pediatric antiretroviral medications and similar Ukraine-prevalent treatments are made available for continuation in all border and other neighbouring countries;
5) Establish a pool of translation support for clinicians and Ukrainian refugees and utilise automated translation services to overcome barriers in refugee services and clinical settings;
6) Support outreach and contacts by HIV and drug treatment experts and NGOs in refugee centres, including the sensitisation of staff and to urgently identify people in need of uninterrupted daily treatment;
7) Introduce simplified initiation of essential treatment to all Ukrainians with or without refugee status based on their passport data; and,
8) Ensure that monitoring systems and hotlines are available to clinicians and other service providers to immediately solve the health issues affecting Ukrainian refugees.

Yours faithfully,

Ganna Dovbakh Executive Director Eurasian Harm Reduction Association	Pieter Vanholder Executive Director European AIDS Treatment Group

[8] Standardized protocol for clinical management and medical data-sharing for people living with HIV among refugees from Ukraine. Copenhagen: WHO Regional Office for Europe; 2022. Licence: CC BY-NC-SA 3.0 IGO

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