



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

CSF Ukraine Regional NGOs Response Coordination Call¹

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1. Country information on access to care and other critical needs at community level.

Ukraine

European Harm Reduction Association (EHRA) conducted a **mapping of on the response and needs of NGOs providing harm reduction services²**. For years, NGOs in Ukraine have been providing services for people living with HIV and harm reduction. Global Fund and the National Centre for Public Health have been funding NGOs to provide services focused on HIV prevention and testing. Thus, prior to the war most NGOs did not provide comprehensive support including food and shelter. Alliance for Public Health (APH) and 100%Life network as national coordinators enable NGOs to repurpose funding to provide shelter, but it is still not enough to cover humanitarian needs. Therefore, EHRA contacted a needs assessment by asking Ukrainian harm reduction NGOs to report on humanitarian aid needs. The information is shared with donors and to identify organisations in European countries willing to provide financial and/or logistical support for the needed humanitarian aid in Ukraine.

Requests for support from harm reduction NGOs in Ukraine

- (1) Food that can be stored
- (2) Medical items: painkillers, antipyretic, antiseptics and then items more specific to the target population, needles, naloxone nasal form (request for 50000) – many of these are prescription medicines...
- (3) Clothes
- (4) Items for children
- (5) Hygienic items
- (6) Some request for equipment to run shelters (essentials for sleeping, lamps, power banks, generators).
- (7) Communication (SIM Cards)
- (8) Petrol, diesel
- (9) Financial support to cover for the personnel working in shelters

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.

² See slides in annex

- (10) Financial support to the internally displaced people, including transportation expenses
- (11) Some request for evacuation of personnel and service users
- (12) Mental Health and psychological support services.
- (13) Request for support from NGOs members of EHRA – up to 5 million people will flee to neighbouring countries.

Challenges reported for refugees by EHRA partners in countries neighbouring Ukraine

- (1) Access to OST for people outside of large cities who need to travel (up to 50-100 km) to get treatment every day (no take home doses).
 - (2) Long waiting time for an appointment with the local doctor (ART and OST) + language barrier for this consultation.
 - (3) In some countries people cannot get OST as they don't have the temporary protection status.
 - (4) Some of countries (we had information from Poland) refusing to provide medical help to people if their first country of entrance was some other country;
 - (5) In some countries there no buprenorphine as a component of OST program or it is not available for free (as it was in Ukraine).
- **OAT supply issues:** Transportation issues are slowly getting solved: APH provided OAT to the most bombed territories, delivering with mobile vans almost 1 million units of SMT drugs to medical institutions in Odessa, Poltava, and Sumy regions.
 - The general stock can cover only until August/ September: need to receive buprenorphine and methadone from abroad.
 - There is discussion with a producer of **long-acting buprenorphine** in Sweden for supply and the Public Health Centre is collecting data needs of patients, including those on **methadone** and that are ready to switch.
 - There are still issues with supply of **methadone**
 - On the **mental health** - Ukrainians developed a good training system for crises with psychologists and mental health specialists. Everyday specialised training and supervisions are held online in collaboration with experts from Kyiv University. Regional key population networks are supporting.

Romania

- ARAS reports on the situation: 600,000 people arrived in Romania, but only 100,000 remained. Authorities reported that the number has been decreasing in the last few weeks. Accommodation and financial support for people who are staying (difficult to rent an apartment, they don't know how long they will stay) are the main issues.
- **ART** provision: so far no issues, ARAS is working in collaboration with Matei Balş hospital, the National Institute of Infectious Diseases in Bucharest to provide ART.
- Issues with **methadone**: Clinics prescribing methadone are in Bucharest. Methadone is on a list of special substances you cannot get it where you need it. Some public hospital centres have stocks, but personnel do not always have the knowledge about substitution treatment. There were three person that managed to get methadone and now they left Romania. There is no Naloxone in Romania. There is no long-term strategy. That is an issue NGOs raise but Ministry of Health and the National Drugs Agency through the ball at each other. In any case, people in need of methadone can go to ARAS where it can be provided.

Croatia

Drug Policy Network Southeast Europe reports there are about 500 people (mostly women and children) and the **Red Cross** coordinates services.

Montenegro

Juventas is providing humanitarian packages and services for people who use drugs.

Poland

- Currently more than 2 million Ukrainians: treatment requests lower than WHO estimated (maybe 1,000/14,000). There is a question of whether people know where to go and whether they fear stigma and discrimination and therefore do not check the places where they could go. There were cases of discrimination in refugee centres and the National AIDS Centre intervened
- **The National AIDS Centre** has received donations from pharmaceutical companies. Unfortunately, the generics that people were taking in Ukraine are not available in EU (patent issues).
- Social support is available, but you need to register and get a number and there is a waiting time for this. Cases reported about persons unable to get OST because they did not have this number.
- **OAT:** methadone available in Warsaw, Wrocław. But in Lublin: stocks issues as the programme are small. However, limited number for people requesting OAT. Not a lot of requests so far. People entering through the contacts in harm reduction programmes (e.g. **PREKURSOR**) based on contacts received in other networks and not directly through the public programmes. People contact harm reduction for OST. They are not going straight to the public facilities, so harm reduction organisations help link people to the programmes and get doctor appointments. There were some people that managed to get treatment with

the required number. From interactions with OST programmes, they are open to integrate person in programmes and try to give substitution as fast as possible.

- **National AIDS Centre Poland:** In Poland, there are 15,000 patients in general, 900 Ukrainian who were in the programme already and 300 people registered from the displaced persons from Ukraine. MoH agreed to give ART treatment to everybody (before it was only people from Ukraine). 1- or 2-months' supply is given although number is required. Requests received from Russian and Belorussian refugees.
- There was a visit from ECDC and the National AIDS Centre asked for support with generics

Italy

- LILA reports that The Ministry of Interior communicated that there are 75,000 people from Ukraine (39,000 are children). Request to CHIP to add Italian OAT and ART centres in the Test Finder.

Czechia

- SANANIM reports there are currently 300,000 refugees.
- Free health insurance is available: access to ART therapy, HIV and HCV treatment and OAT.
- So far, 20 women known from Ukraine requested help through harm reduction services for OAT, methadone, buprenorphine and then link them to HIV clinics
- OST in CZ mostly buprenorphine-based OST while the people who come to services are on methadone and do not want to change.
- Request to make reports from civil society about the situation in each country to build a broader picture of the situation and fill information gaps.

General points

There may be a fear of disclosure of medical needs (e.g., HIV, OAT) in the registration process for the temporary protection status because of fear stigma and discrimination and how it would affect their registration. That means, that people may find themselves away from treatment centres.

There is also the delay to access care caused by the bureaucratic process.

There is also the issue of cost for the patient. OAT in Ukraine is free of charge.

2. Updates from agencies and EC

WHO collaborating Centre CHIP- European Test Finder:

- Updating sites (including NGOs) for ART.
- TB and Hep treatment sites, as well as OAT sites are next. The issue with OAT is that permissions are needed before posting the sites. WHO is going through their focal points to get permissions and validations. A banner in Ukrainian was added.
- Central to coordinate with other agencies and organisations: e.g., APH helpnow and information campaign supported by the EU delegation.

EMCDDA: still collecting information through focal points (no update on this point) on OAT sites. Request to collaborate on monitoring.

European Commission: EC has published a Communication on EU measures put in place to welcome people from Ukraine. Funding mechanisms are outlined. **DG ECHO:** protection mechanisms are working for a NGOs and EU Humanitarian partnerships framework. Funding has been provided to larger NGOs who tend distribute to smaller organisations. **EC DG SANTE:** meeting last week: investing in mental health. **EU4Health:** support activities related to migration and mental health. **DG NEAR:** working for a civil society programme. Resources and online materials are available below.

Medicines: **DG SANTE** In contact with **DG ECHO** and **WHO** to address the supply of HIV and TB treatment to displaced people from Ukraine and allow to provide treatment that is used in Ukraine. European Medicine Agency developing advice on alternative treatments available in the EU.

3. Updates on care protocols and other guidelines

CHIP/WHO: Clinical management protocol almost finalised. Linking with the Centre of Public Health in Ukraine and they have made a patient's statement that can be used between doctors in Ukraine and doctors in Europe. Perhaps finalised this week. Patients can

go to the clinician in the country where they are and make a request to the Ukrainian centre for additional information (that Ukraine can legally provide) and then patients themselves receive the information that they can share with the doctor. All the protocols being developed are live documents.

Discussion with the [Eastern European Guidelines Development Group](#) on whether in some exceptional cases where TLD is not available an alternative is possible. A draft will soon be received by WHO.

Guidance on OAT: Strong recommendation not to switch and if necessary, there should be discussion with care provide in Ukraine on how to do it. Commence methadone 24 hours after the last dose of buprenorphine.

4. Next Steps & Next CSF Ukraine Regional NGOs Response Coordination Call

- Discuss with CSF coordination team on how to deal with specific issues related to OAT and people who use drugs. How to proceed and who to address at a EU level or in different agencies.
- Discuss TB, Hepatitis and integrated testing in the next meeting.

[Next CSF Ukraine Regional NGOs Response](#)

[Coordination Call](#)

5th April 2022 – 11:00-12:00 CET

5. Additional Links and Annexes

ILGA-Letter to EU MoH on access to hormones and medicines in Ukraine and EU	<i>See attached</i>
EHRA Need Assessment	<i>Slides Attached</i>
Alliance for Public Health situation reports	<p>EN: https://aph.org.ua/en/news/reaction-of-the-alliance-for-public-health-on-response-to-challenges-caused-by-the-russian-aggression/</p> <p>UKR: https://aph.org.ua/uk/novyny/vidpovid-alyansu-gromadskogo-zdorov-ya-na-vikliki-yaki-sprichinila-agresiya-rf-v-ukrayini/</p> <p><i>Special issue: Opioid Agonist Treatment (OAT):</i> https://aph.org.ua/.../Situation-Report_ZPT - final_eng.pdf</p>
Database of services	https://docs.google.com/spreadsheets/d/1rNun6Qe8kPHuecoOdBvU-YTnVILHiYM7iPB-jF4RoGg/edit?usp=sharing
Refugees on Harm reduction	https://harmreductioneurasia.org/practical-information-for-ukrainian-refugees-entering-countries-in-europe/
EC Actions	https://ec.europa.eu/commission/presscorner/detail/en/ip_22_1946
DG GROW: Platform to channel private EU business deliveries of humanitarian aid to Ukraine	https://clustercollaboration.eu/content/eu-clusters-supporting-ukraine
ESTICOM Online training modules for Community Health Worker engaged in work with men who have sex with men. (available in Russian)	https://eva.ecdc.europa.eu/course/view.php?id=319
ECDC Migrant Health	https://www.ecdc.europa.eu/en/migrant-health
DG ECHO: NGOs	https://www.dgecho-partners-helpdesk.eu/ngo/ngos

EC Funding	https://ec.europa.eu/info/funding-tenders/opportunities/portal/screen/home
EU Health Policy Platform called “Migration and Health: Training for Professionals”	https://eva.ecdc.europa.eu/
Supporting Ukraine – Mental health of displaced people and refugees	https://ec.europa.eu/health/non-communicable-diseases/mental-health_en#supporting-ukraine--mental-health-of-displaced-people-and-refugees
WHO Guidance	https://www.who.int/substance_abuse/publications/opioid_dependence_guidelines.pdf