



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

CSF Ukraine Regional NGOs Response Coordination Call¹

20th April 2022, 11-12:00 CET

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1. Country Updates

Poland

- **Prekursor Foundation** since last the meeting on 6 April, there has not really been an increase in the number of people reaching out to them - e.g. via direct messaging. 15-20 person asked for help to enter in OAT programmes. People contact Prekursor, which then contacts treatment programmes to schedule visits. One barrier is language. It needs to be addressed by both NGOs and in treatment programmes. There were a few cases where record of previous treatment or a translation in Polish was required. Another barrier is transport and distance to treatment centres. The persons are often in small towns and villages far away from OAT centres. There is the issue of transportation. Also visits scheduled in the morning. In one case the distance was 150km, with no great transport connections. One person changed city so that she could be closer to the treatment centre although she had a safe shelter. Some women have children with disabilities, and they need to organise for someone to look after their child while they go to the centre.
- There were a few people who are coming to the dropping centre but there has not been a major increase.
- Staff is also told that there are people who would need to enter in treatment programmes that are not contacting the organisation.
- **Foundation for Social Education** shares that the decision on the use of medicines that are not registered in the EU (e.g. TLD in generic version) to treat people displaced by the war in Ukraine with the same regimen as at in Ukraine is on its way to be signed by the President. This decision would be important in unblocking the donation that Pepfar is holding for Ukrainians. This would be in accordance with the strong recommendation not to switch regimen if not necessary. Patent does not seem to be a barrier because of the emergency and a law.
- Currently, there are **less than 400 people on ARTs** (more than 100 in Warsaw).
- Distribution of ARTs is on-going, but OAT people need to wait. For ART some people are coming for re-fill after one months and it is likely that they will get medicines for three months.

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.

- Foreseen issue is the **lack of medical personnel**. In the Warsaw clinic, there are about 500 patients, plus currently 100 new patients displaced by the war. Then there will be the newly diagnosed persons who will need to enter treatment and care. The problem may be more important in smaller HIV clinics such as in Lublin closest to the border that is only open three days a week, there are only two doctors.
- In Warsaw, the situation is better as the clinic has translators, staff speaking Ukrainian and some doctors speaking Russian.
- Additionally, there are a few methadone programmes in Warsaw.
- **Methadone** and **buprenorphine** are free of charge. However, programmes can have only a limited number of people and the Polish legislation requires that people who need methadone are supposed to go every day and not monthly. It was reported that some of the persons who live far from the programme received OAT for 1-2 weeks straight away. There is good will from doctors at centres that are trying to help.

Norway

- **HIVNorway** reports that the current situation is not problematic. There are practical problems: people need guidance on how to access treatment and small hospitals in peripheral areas need directions about what to do.
- Regarding the **maintenance of regimens**, it is at the discretion of the physicians to look at current regimens, check local availability and prices and, if possible, avoid changes.
- Refugees are granted **common protection**, which includes a residence permit with a **5-year validity**. So, the choice of regimen may be based on the assumption that people will stay. But usually, they would not change regimen if available in Norway.

Slovakia

- **ODYSSEUS**: So far, in Bratislava, no problems have been reported regarding ARTs or re-directing people to OAT.
- The issue with OAT is broader: only psychiatrists can prescribe buprenorphine but practically only few of them are actually doing so.
- In Slovakia, there are **three centres** for people who use drugs: in **Bratislava** and in **Banská Bystrica** they have methadone (people receive it twice a week), while in **Košice** buprenorphine. People who were forced to stop treatment to flee are re-starting the programmes since they cannot receive high doses straightaway.
- There are long waiting lines in Bratislava.
- The biggest issue is actually accommodation and accessibility for people who have special needs, who might not be able to reach specific centres. To support them, a mandate from an attorney was given to deliver methadone to their accommodations.
- Support for OAT/ART in Bratislava: **Dominika Jašková** (jasekova@ozodyseus.sk - 00421903 786 706) or prychyna.odyseus@gmail.com - 00421948 361 094 for support in Ukrainian.

Italy

- **OpenGroup (Bologna)**: harm reduction services: providing connection with the national healthcare system for OAT for homeless people or people without residence, including refugees. A similar project for Hepatitis C has been started – linked to the fast-track access to HCV treatment and it will include HIV testing.
- For questions and/or information, contact Sebastiano.nisi@opengroup.eu/ claudia.iormetti@opengroup.eu

Czech Republic

- **Sananim**: 1,000 doses of **naloxone** will be delivered to Ukraine - Important achievement because naloxone is under the starting procurement cycle (Global Fund has planned some money for this, but it will take time).
- The issue of naloxone was raised with colleagues in Czechia and a solution was found. This is very appreciated
- Sananim is also raising for funds for donations (Crowdfunding) for the communities to buy what they need (100 euros to 52 people).

Ukraine

- **EHRA**: ART is being procured and so is OST but the procurement process for Naloxone is just starting and will take time this is why this stop gap donations are important.
- There are negotiations with donors to support shelters, some equipment and other humanitarian aid in Ukraine.
- **ILGA-Europe: Access to medicine for trans and intersex people**: civil society-led efforts seem to be working quite well: in partnership with *Pharmacies without Borders* international shipments of medicines both in the EU and Ukraine have been made. They have been trying to make deliveries to LGBTI shelters in neighbouring countries and Ukraine. There is a longer-term problem of trying to cut the civil society piece out and get integration into the humanitarian system.
- **Request of support** in connecting with pharma and trying to get them to make donations of hormones – trans organisations have attempted to open those lines of communication (but unsuccessfully).
- **Conscription process**: this newest wave of mobilisation will begin to involve widespread conscription and trans women who have access to a diagnosis of having a gender identity disorder received after the start of the war will not be exempt for military

scription, while those whose diagnosis happened before the war started will be able to get the exemption and might leave the country. ILGA is currently seeking legal experts (military law) inside Ukraine.

Action points:

- a. check if other countries would have naloxone stocks to deliver to Ukraine
- b. suggestion to crowdfunding to raise funds for people in Ukraine that need to buy basic goods
- c. contact cianan@ilga-europe.org for leads either on (1) pharma donations of hormones or (2) military law experts in Ukraine.

2. Availability of and access to TLD based regimen in EU countries

Availability of and access to TLD based regimen in EU countries: WHO underlines that TLD based regimens are good ones. The reason for their limited use in the EU/EEA is due to their price not their quality. In the context of the humanitarian crisis because of the Russian aggression on Ukraine, because of the strong recommendation not to switch treatment and the limited supply for TLD based regimen in EU/EEA countries, WHO refers health authorities to **Directive 2001/83/EC**. Articles 5(1) and 5(2) of the directive 2001/83/EC can be used by national health authorities as a basis for the supply of non-authorized products for refugees from Ukraine (e.g. generic TLD):

-**Article 5(1)** refers to the "named-patient basis", i.e., Member States can use this provision in case of specific and special needs of an individual patient.

-**Article 5(2)** allows Member States to temporarily authorize the supply and use of medicinal products at the national level that have not been granted marketing authorization in response to the suspected or confirmed spread of pathogenic agents, toxins, chemical agents or nuclear radiation that could cause harm.

(https://ec.europa.eu/health/system/files/2016-11/dir_2001_83_cons_2012_en_0.pdf)

It is an easier mechanism than TRIPS flexibilities but using this exemption is at the discretion of national authorities and the national programme must set up a monitoring system to report on the use of the medicines. Therefore, political will is needed to overcome this logistical issue.

Poland is in the process of adopting a decision for the use of TLD for Ukrainian refugees and there will be framework to report that the pills go to these patients.

The message of WHO to EU/EEA countries is that they need to plan for more TLD not the current small quantities that they have for a few 100 people. Governments are advised to use **Directive 2001/83/EC** Articles 5(1) and 5(2) to plan to ensure the availability of TLD for Ukrainian refugees. Now, people maybe thinking more about accommodation, food, pets, and others and not going to clinics for medicines but after June it is likely that there will be more people coming to clinics for ART.

Action point:

- d. civil society to join in efforts of national programme to install a system to be able to use DTG and generic TLD for Ukrainian refugees.

3. Guidelines/Protocols and Other Resources for Sharing

Standardized protocol for clinical management and medical data-sharing for people living with HIV among refugees from Ukraine (2022)

(<https://www.euro.who.int/en/health-topics/communicable-diseases/hiv/aids/publications/2022/standardized-protocol-for-clinical-management-and-medical-data-sharing-for-people-living-with-hiv-among-refugees-from-ukraine-2022>)

WHO: It is a living document that might change based on future needs. It was developed in a way that describes the pathway of the person arriving in each country and needs specialised or primary care. It includes annexes that were developed by Ukrainian authorities that approve legally a spectrum of information that can be shared if the patient is the vector of the information (making the request using the form included to receive data and pass it on to the clinician). The Public Health Centre of the Ministry of Health of Ukraine (PHC) is keen to share this document since it might help keep track of what happens to Ukrainian patients.

The Centre of Public Health, responsible for ART and OAT, has been developing a ToR/online system (chatbot) to track patients, which will be centralised through the database of patients they already have. WHO has suggested that the Public Health Centre prepares a presentation about this tool and a consultation on data protection questions, including with community organisations in EU members states.

EACS, CHIP, ECEE network, ECDC and EATG issue on continuity of treatment: 'Ensuring high-quality of HIV Care for displaced people from Ukraine'. (<https://www.eacsociety.org/about-eacs/news/ensuring-high-quality-of-hiv-care-for-displaced-people-from-ukraine/>).

WHO is ready to help countries on demand.

Action points:

- e. civil society organisations to share about clinical care guidelines
- f. civil society organisations to inform so that people know about how to access their medical data.

4. Joint Advocacy Actions (OAT, funding for NGOs to provide support to refugees, displaced persons)

EHRA initiated a letter to EU institutions and national health authorities about access to HIV and OST treatment for Ukrainian refugees who has been signed by 27 organisations. It will be sent on April 20, 2022. (See annex)

5. EU Health Policy Platform network on support Ukraine, neighbouring EU member states and Moldova

Next webinar will be Tuesday 26 April 2022 at 14:00 CEST. For more information, please check [Request for support from the Co-Chairs of the "Supporting Ukraine, neighbouring EU Member States and Moldova" HPP Network](#)

The network is looking to identify urgent gaps and needs that can be resolved with NGOs, together with DG SANTE and EU Member States, as well as other organisations across healthcare.

The network is looking for actions and proposals that include:

- "Supporting patient groups and healthcare professional organisations in their important work.
- Sharing intelligence to/from governmental institutions to fill gaps, address specific needs and improve responses including with other EU Member States."

It is also looking "for practical solutions that will help improve the reality on the ground at the moment, while also looking ahead to additional issues that this refugee crisis will have to healthcare systems and patient care for the months to come." For example, difficulties organisations' face and what support they can provide.

Actions points

- g. Check call of the network
- h. Share and disseminate key information from this meeting to make other stakeholders aware of the following,
 - letter to EU member states and EU institutions to implement a set of measures to facilitate access to ART and OAT
 - protocols on clinical care and access to patient information for care for ART (which could be used for other cases)
 - request to countries to use article 5 of DIRECTIVE 2001/83/EC if needed to ensure continuity of care and to plan ahead for possible greater number of patients in the next three months.
 - Sharing the request to send naloxone to Ukraine until the national procurement is done
 - Crowdfunding options for direct support to people in Ukraine
 - Solutions for people further away from treatment centres and accommodation

6. Next CSF Ukraine Regional NGOs Response Coordination Call

CSF Ukraine Regional NGOs Response Coordination Call on 4 May at 1100 CET.

Join Zoom Meeting

<https://us06web.zoom.us/j/81861072508?pwd=allRnhGRjFnWWWhZOFhITEdBTVVRQT09>

Meeting ID: 818 6107 2508

7. Additional Links and Annexes

Information for Refugees - Eng/Rus on EHRA webpage	https://harmreductioneurasia.org/practical-information-for-ukrainian-refugees-entering-countries-in-europe <i>If you see some outdated contacts or links in your countries - please contact Ganna Dovbakh .</i>
Channel providing updates for Ukrainian refugees.	https://t.me/HarmReductionForUkrainians <i>If you have any announcements - please send them to Ganna Dovbakh</i>
Information about crowdfunding campaign for direct financial support to community in Ukraine in several languages	https://harmreductioneurasia.org/support-to-ukraine/
Civil society letter to EU and member states on measure to enable access to ART and OAT	<i>See attached</i>
Standardized protocol for clinical management and medical data-sharing for people living with HIV among refugees from Ukraine (2022)	https://www.euro.who.int/en/health-topics/communicable-diseases/hiv-aids/publications/2022/standardized-protocol-for-clinical-management-and-medical-data-sharing-for-people-living-with-hiv-among-refugees-from-ukraine-2022
Joint Call for 'Ensuring high-quality of HIV Care for displaced people from Ukraine'.	https://www.eacsociety.org/about-eacs/news/ensuring-high-quality-of-hiv-care-for-displaced-people-from-ukraine/
Directive 2001/83/EC art/5 on flexibilities allowing EU Member States to temporarily authorize the supply and use of medicinal products at the national level that have not been granted marketing	https://ec.europa.eu/health/system/files/2016-11/dir_2001_83_cons_2012_en_0.pdf
"Supporting Ukraine, neighbouring EU Member States and Moldova" network (EC supported): call for info and next meeting on 26 April	https://webgate.ec.europa.eu/hpf/item/item/47260
<u>EC Call for proposals on promoting mental health: implementing best practices to improve mental health and psychological wellbeing in migrant and refugee populations (EU4H-2022-PJ2)</u>	https://hadea.ec.europa.eu/calls-proposals/mental-health-assistance-displaced-people-ukraine-open-call-eu4health_en