

UKRAINE SNAPSHOTS

**Harm reduction services in action
during the war in Ukraine**

INTRODUCTION

The Russian invasion of Ukraine has brought catastrophic suffering and health consequences, above all, for the civilian population. By the 20th of April 2022, the Office of the [UN High Commissioner for Human Rights \(OHCHR\)](#) had already recorded 2224 civilians killed (631 men, 383 women, 42 girls, and 61 boys, as well as 70 children and 1037 adults whose sex is yet unknown) and 2897 civilians injured (335 men, 271 women, 59 girls, and 64 boys, as well as 157 children and 2011 adults whose sex is yet unknown) since the beginning of the Russian invasion of Ukraine.[1] People with special needs and who need regular health services are the ones who might be affected the most. According to the [UNAIDS' latest estimates](#), there are 258,000 people living with HIV in Ukraine (1% of total population), and 366,000 people who use drugs, of which only 20,000 have access to OAT (Opioid Agonist Treatment). Moreover, 80,000 people are estimated to be engaging in sex work, whilst 179,000 people belong to the LGBTQ group.[2]

Since the beginning of the invasion, several organizations have been working hard to try and cater for the needs of these populations. In this snapshot, we depict the current harm reduction services being offered, as well as the needs of key populations who are caught up in the conflict.

With the aim of addressing the needs of key populations impacted by Russian aggression, we have consulted a series of documents and engaged in several coordination meetings with civil society and other key international organizations in the field of harm reduction trying to address the needs of key populations due to the war in Ukraine. We have compiled information about people and services provided within Ukraine and in neighboring countries. For the context in Ukraine, we looked at the situation of people living with HIV, people who use drugs, and the LGBTQ population, as well as the situation in shelters. Regarding neighboring countries, we have investigated health care access available for key populations as well as general statistics on displaced people, specific group needs, and services available. The information we share in this snapshot is based on the data from April 2022.

We believe that our work will help stakeholders to recognize priority areas and identify how they could be a positive force of hope.

[1] WHO_Situation Report Ukraine

[2] UNAIDS PCB NGO_Call to Action

THE SITUATION OF PEOPLE LIVING WITH HIV

According to the Regional Platform for Support, Coordination and Communication of Civil Society and Communities (CRG platform), at the beginning of April, it was reported that stocks of ART medications in Kherson region were running low (according to estimates, ART drugs would be enough for 2-3 weeks, and some drugs - for several days) and could not be replenished. [3] Fortunately, in the Civil Society Forum (CSF) meeting from 28th of April, Olga Klymova (from [Public Health Center](#)) reported that access to ART had significantly improved when compared to the beginning of the war and the risks of discontinuation of therapy were minimal.

More specifically, data from Donetsk and Luhansk, suggest that these two regions received a small amount of ART (only 2.5 thousand packages). Nonetheless, Olga stated that the Public Health Center continued to track clients who did not show up in time to receive ART. Most of the time clients answered calls and went for therapy.[4] During the same meeting, Denis Godlevskiy (from [ITPC- International Treatment Preparedness Coalition](#)) noted that ITPC created the [HelpHIVRu](#) website for Ukrainian people in Russian Federation territory . These people can apply directly and ITPC provides them with ART treatment. He also explained that ITPC offers also health and diagnostic services, such as virus scan, CD4 or other tests. He highlighted that people reaching out to ITPC do not require any documents to receive access to the treatment. In conclusion, Denis said that more detailed information would be presented in late May.[5]

Armen Aghajanov ([HelpNowHub](#)) shared that an HelpNow emergency site would be set up to have a single point of access to informational assistance, as well as referrals and online doctor consultations for people living with HIV.

Lastly, civil society organizations prepared a letter to emphasize the main areas which require urgent attention. Among others, the letter noted the need to organize medical data exchange with a particular focus on HIV and opioid dependence to ensure continuity within Ukraine, but also across EU member states.

[3] Alliance for Public Health_Situational Report

[4] [5] CRG Platform_Ukrainian Coordination Call

THE SITUATION OF PEOPLE WHO USE DRUGS

Regarding the situation of people who use drugs and/or who get Opioid Agonist Treatment (OAT), on 29th of April, [UNAIDS](#) Brussels office reported that access to OAT was fragile.[6] Therefore, many organizations such as [Sananim](#) (CSO from Czechia) reported that 1,000 doses of naloxone would be delivered to Ukraine. This can be seen as an important achievement because naloxone is hard to find in the territory. [Global Fund](#) has also planned to raise money for this, but it is expected to take time. Also, Sananim is raising funds to address different needs raised by the community.[7] When the Civil Society Forum (CSF) meeting took place through the end of April, Olga Belyaeva (from [ENPUD- Eurasian Network of People who Use Drugs](#)) stated that access to OAT was already organized, and doctors were working in some of the occupied territories. She said that ENPUD was currently collecting information on the availability of free OAT. Moreover, Olga shared information that OAT provided by private companies in Odessa resumed their work. Unfortunately, privately run clinics have raised their services, destroying the basic conditions for effective OAT.[8]

[6] UNAIDS Brussels_Ukraine meeting notes

[7] CSF for Ukraine Coordination Call, 20th April 2022 Civil Society Forum (CSF) is established by European Commission as an informal working group to facilitate the participation of NGOs, including those representing people living with HIV/AIDS in policy development, implementation and in information exchange activities.

[8] CRG Platform_Ukrainian Coordination Call

DIFFICULTIES EXPERIENCED BY THE LGBTIQ POPULATION

ILGA-Europe prepared a briefing paper for Ukraine stating the importance to call on neighboring EU countries to ensure that vulnerable groups such as LGBTIQ people are given effective protection and have their rights respected when granted temporary protection.. They stated that *"[...] legally married same sex couples should be treated as a family and receive the same rights as opposite sex married couple in accessing set of rights such as a family reunification and reception. Unmarried same sex couples can invoke the right to be recognized as a family and family reunification only if the foreigners' law or practice in the Member State treats married and unmarried couples in a comparable manner. Therefore, differences in the treatment by Member States may still arise in this area."* However, it is observed that Bulgaria, Poland and Romania specifically exclude same-sex couples (both married and unmarried) from definition of family members. ILGA-Europe encouraged the European Commission to clarify with national authorities to ensure that family reunification rights include same-sex couples and their families. [9]

The briefing note also affirmed the importance of providing services to trans and intersex people who are in need to continue hormone replacement treatment,[10] and that civil society-led efforts seem to be working quite well on that front. Moreover, organizations such as [Pharmacies without Borders](#) have been trying to make deliveries to LGBTI shelters in neighboring countries and Ukraine. Their request for donations of hormones medication from the pharma industry, was unfortunately shot down.. Finally, another topic of concern is the military conscription process. Trans women who received a diagnosis of gender identity disorder after the start of the war will not be exempt for military conscription, while those who were diagnosed earlier will be able to get the exemption and might leave the country. ILGA-Europe is currently seeking legal experts (military law) to work on this unjust reality.[11]

THE SITUATION IN SHELTERS

A crucial problem is the lack of a general map providing geographical location of existing shelters.. The availability of shelters significantly changed during the war, and therefore, there is an urgent need for an updated map. Ganna Dovbakh (from [EHRA-Eurasian Harm Reduction Association](#)) highlighted that regional organizations are in need of this information to be in a better position to procure any required materials. She has also emphasized the constant need of funding required by shelters providing services.[12] Roman Drozd (from [Light of Hope](#)) mentioned that they are currently creating such a map and aim to display existing target groups, vacancies, and more. Another issue discussed was the need to establish long-term housing for migrants because shelters can only offer short-term solutions. Nadia Ianhol (from Alliance for Public Health) said that the Alliance is ready to provide financial assistance for people to find long-term housing.[13]

ACCESS TO HEALTH CARE IN NEIGHBORING COUNTRIES

One of the major health problems for people who use drugs in Ukraine is that, in some neighboring EU countries, Ukrainian national cannot get OAT, ART or other essential care without receiving official migrant status and being registered in the state insurance system. This bureaucratic hurdle is causing significant delays to access treatment that should be taken on a daily basis. Some of the Ukrainian migrants do not register on the system on purpose because they hope to return home soon. For the ones who do want to register, language acts as a barrier, and it slows the registration process. Language also becomes an obstacle in communication with medical professionals in hospitals. Establishing a pool of translation support for clinicians and Ukrainian migrants, also utilizing automated translation services, can be seen an option to overcome the language barrier.[14]

Moreover, the first country of entry matters to get 'temporary or full refugee' status. Unfortunately, some countries such as Poland, refused to provide services for people who crossed into the EU from another country. Another common obstacle is the stigmatization and discrimination against special groups, which then cannot get timely treatment for HIV and opioid dependence. The fear of stigma and discrimination also prevents these people to request help. This situation contributes to increase disparity between the number of people who have already sought HIV care and the WHO estimates of people in need for ART.[15] The exchange of medications is needed to ensure methadone, buprenorphine, dolutegravir-based antiretroviral therapy, pediatric antiretroviral medications are made available for continuation in all countries bordering Ukraine and in other neighboring countries.[16]

Recently, the WHO published a [standardized protocol](#) for clinical management and medical data-sharing for people living with HIV. This protocol is important to be adopted and implemented among Ukrainian migrants, as it includes, guidelines for HIV clinics to continue antiretroviral treatment for adults and children who are living with HIV and who are seeking care in other European countries.[17] Civil Society Organizations promoted the recommendations of the Standardized Protocol and collaborate with the WHO on the development of a similar protocol for the Ukrainian who are OAT patients.[18] Despite the current activities of the WHO, some organizations requested the WHO to make a strong statement on Ukraine, with clear public health messaging and a bold plan to support people in need.[19]

[14] [15] [16] The published letter by Civil Society Organizations

[17] WHO_Standardized Protocol_HIV

[18] The published letter by Civil Society Organizations

[19] Open letter from civil society and community networks on WHO health response on the war of Russia against Ukraine

In conclusion, current EU activities include the EU's budget allocation of EUR 50 million in humanitarian aid to the people of Ukraine. These finances aim to address the most pressing humanitarian needs (emergency medical services, access to safe drinking water and hygiene, shelter and protection, cash assistance, support against gender-based violence). Belgium has been chosen as an EU platform for donations. Moreover, EU takes an active role discussing with NATO authorities how to evacuate people. [20]

HIGHLIGHTS FROM NEIGHBORING COUNTRIES

BELARUS

Olga Belyaeva (from ENPUD-Eurasian Network of People who Use Drugs) stated that Belarus decided not to purchase OAT to cater for the increased need posed by Ukrainian migrants. . It is expected that the Global Fund will get involved in the urgent purchase of OAT for Belarus.[21]

HUNGARY

Between 24 February and 20 April 2022 approximately 476 213 Ukrainian migrants entered Hungary.[24]

CZECHIA

Between 24 February and 20 April 2022, over 300 000 Ukrainian migrants have entered Czechia.[22] CSAP (local organization) stated that they direct migrants with specific needs towards centers, and that Ukrainian speaking volunteers are supporting the process. More Ukrainian people are expected to arrive to Czechia. CSAP also noted that many Ukrainian migrants have stopped treatment and/or arrive without information on the medicines they are currently using, or with old medical documents. A crucial difficulty is that some migrants do not have health insurance yet, which is needed to access HIV/AIDS centers. As soon as they register into a center, they can receive health insurance and access ART. Even before migrants get registered, CSAP can provide three doses if they know which medicines people are taking.[23]

[21] CRG Platform_Ukrainian Coordination Call

[22] WHO_External Situation Report

[23] CSF for Ukraine Regional NGOs Response Coordination Call

[24] WHO_External Situation Report

HIGHLIGHTS FROM NEIGHBORING COUNTRIES

POLAND

Poland is one of the most affected countries because of its geographical closeness to Ukraine. It is recorded that between 24 February and 20 April 2022 approximately 2 847 540 Ukrainian migrants entered Poland, accounting for 55% of the total migrant population.[30] At the beginning of April, Poland promised free access to health services for Ukrainians.[31] However, because many Ukrainians hope to return home, they have not registered to the Polish system and therefore do not have access to health care services. Currently there are less than 400 migrants living with HIV registered in Poland as opposed to the 10-14,000 cases estimated to have sought refuge in Poland by WHO.[32] Both ART and HIV testing are free of charge in Poland, and [33] distribution of ARTs is ongoing. Those in need for OAT, however, need to wait.[34]

Prekursor Foundation declared that there has not been a big increase in the number of people reaching out to their OAT programs, only 15-20 persons asked for help to enter OAT. Two possible reasons might be language barriers and the long distance to treatment centers. Regarding language, the situation is better in Warsaw, as the clinic is equipped with translators, staff speaking Ukrainian and some doctors speaking Russian.

Furthermore, it is important to note that methadone and buprenorphine are free of charge in Poland. However, programs can have only a limited number of people and the Polish legislation requires people who need methadone to go every day to the center.[35]

[30] WHO_External Situation Report

[31] Lancet_Healthcare Displaced

[32] [33] CSF for Ukraine Regional NGOs Response Coordination Call

[34] [35] CSF for Ukraine Coordination Call, 20th April 2022

HIGHLIGHTS FROM NEIGHBORING COUNTRIES

ROMANIA

Between 24 February and 20 April 2022 an estimated 763 769 Ukrainian migrants entered Romania. However, it was observed that most are in transit to other countries, primarily to Hungary (38%) and Bulgaria (21%).^[36]

SLOVAKIA

Between 24 February and 20 April 2022 an estimated 346,175 Ukrainian migrants entered Slovakia.^[37]

ODYSSEUS stated that, so far no problems have been reported regarding ARTs or the re-direction of Ukrainian people to OAT centers in Bratislava. However, the issue with OAT is broader: only psychiatrists can prescribe buprenorphine but practically only few are actually doing so. In Slovakia, there are three centers for people who use drugs, more specifically: Bratislava and in Banská Bystrica centres offer methadone while the Košice centre offers buprenorphine. There are long waiting lines in Bratislava, and it is unknown how the existing services will deal with increasing demand. Accommodation and accessibility for people who have special needs, and therefore might not be able to reach specific centres, present serious challenges. To support them, a mandate from an attorney was given to deliver methadone to the people's residence.^[38]

[36] [37] WHO_External Situation Report

[38] CSF for Ukraine Coordination Call, 20th April 2022

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