

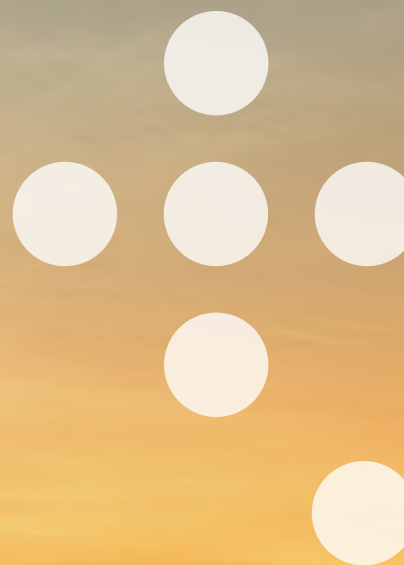


PUBLIC
HEALTH
CENTER

NATIONAL RESPONSE

OF HIV, TB, VH AND SMT PROGRAMS
TO FULL-SCALE RUSSIAN INVASION

2022



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INTRODUCTION

Ukraine has been resisting a full-scale attack by the Russian Federation for more than 3 months. During this time, the enemy has completely revealed its face and showed that it is ready to destroy absolutely anything its weapons and hatred could reach. Even if these are patients of healthcare facilities and hospitals themselves. Since 24 February 2022, Russia has destroyed **739 healthcare facilities, more than 118 of which have been destroyed and cannot be rebuilt (data from the MoH of Ukraine as of 17 June).**

For the first time in the history of independent Ukraine, the health system is facing such a large-scale challenge. And it accepts this challenge professionally and selflessly.

The Ministry of Health of Ukraine (hereinafter — the MoH of Ukraine), the Public Health Center of the MoH of Ukraine (hereinafter — the Center), international charitable foundations, NGOs, partners began to address the sectoral, doctors', healthcare workers' and patients' problems non-stop **to ensure that every need is taken into account, every request is heard, every pain is relieved.**

Even in the face of bombardments, air strikes and constant risks to their own lives, the Public Health Center's **specialists remain committed to the Center's mission and stand to promote and protect the health of Ukrainian people.**

Together with the Ministry of Health of Ukraine, the Center has urgently taken managerial actions, implemented a number of organisational measures, collected up-to-date information on the availability of drugs in healthcare facilities (hereinafter — HCFs) and the displacement of patients and healthcare staff and their needs, carried out urgent procurements, searched for solutions to logistical problems, established the registration of displaced persons within the country and abroad, and resolved humanitarian issues. In order to provide support not only to healthcare staff and patients in Ukraine, the Center quickly established cooperation with international organizations, state institutions, donors, patient organizations, volunteers and clinics from European countries.

A separate important mechanism to support the sector was the emergency establishment of a weekly cluster — a working group on medicines, medical supplies and procurement for the treatment of tuberculosis, HIV and SMT, coordinated by the PHC and WHO. It has become a large-scale working platform for updating the real status of these areas, exchanging information on needs, barriers and ways to overcome them by a large number of participants — leaders of state institutions, partners and patient organizations.

739

*Healthcare facilities
were destroyed by Russia*



● **IHOR KUZIN**, DEPUTY MINISTER OF HEALTH — CHIEF STATE SANITARY DOCTOR OF UKRAINE

"After the Russia's full-scale invasion of Ukraine, the public health system has been threatened. In particular due to migration processes inside and outside Ukraine, hundreds of thousands of Ukrainian patients with chronic diseases are at risk of treatment interruption. Diseases such as HIV, tuberculosis, viral hepatitis, and substitution maintenance therapy programme require constant and continuous treatment. The Ministry of Health, together with the Public Health Center, partners and donors, began to address these issues promptly, and we managed to withstand with minimum losses".



● **LIUDMYLA CHERNENKO** — DIRECTOR GENERAL OF THE PUBLIC HEALTH CENTER

"The horror that Russia has brought to our country cannot be described in words. This will never be excused. What will happen next? What can we do to become a real support for people? We did not have time to think, we all began to act devotedly and united. Of course, everyone was most worried about their own families, children, but nobody reduced their attention to the feelings of others. Hundreds of thousands of lives literally depend on the work of each employee of the Center. And none of our team has left their job, we have become even stronger. We are 24/7 in touch with each other, we are looking for ways to help both healthcare staff and patients, wherever they are, in the context of constant attacks. If something doesn't work right away, we look for solutions until the problem is solved. And I am proud to lead such a team, to be involved in our small and big affairs. Because they all save or improve someone's life".



● **OLHA HVOZDETSKA** — ACTING DEPUTY DIRECTOR GENERAL OF THE PUBLIC HEALTH CENTER

"There were no nonessential tasks or trifles for us. The entire team of the Center understood their role in confronting the aggressor. And no matter how scary it was at first, professionalism and dedication, love for Ukraine and the people, were stronger. Our employees not only continued to work, sometimes even around the clock, some of our colleagues have also joined the ranks of the Armed Forces, Territorial Defence Forces, some have been actively volunteering. With such a team, we will overcome any challenge".



● **DARREN DORKIN** — SENIOR FUND PORTFOLIO MANAGER EASTERN EUROPE AND CENTRAL ASIA TEAM

"The Global Fund has been working alongside partners in Ukraine for the last 20 years to expand access to HIV and TB testing, prevention and treatment. The war threatened the impressive progress made so far in controlling those diseases as patients fled attacks. Since the invasion began, over 200 health facilities have been damaged or destroyed, including three TB hospitals, leaving health care workers and patients displaced, injured or killed.

The Global Fund immediately scaled its support by providing an additional \$15 million in emergency funding to help heroic partners on the ground, in addition to the \$186.7 million allocated for HIV, TB, and opioid substitution programmes during the implementation period 2021-2023, including from the Global Fund COVID-19 Response Mechanism. Since March, our Principal Recipients Public Health Center of Ukraine (PHC), All-Ukrainian Network of People Living with HIV/AIDS (100% Life), and Alliance for Public Health Ukraine (Alliance), together with community-led organizations and partners, have overcome tremendous obstacles, to assess immediate needs, adapt programs to maintain essential HIV and TB services and community systems, procure and deliver medicines to conflict-affected patients in order to maintain their access to prevention and treatment services, support LGBTQ+ shelters, and done an extraordinary job in patient tracking given that so many people were fleeing within Ukraine and to neighboring countries".



● **AARON BANKS** – PEPFAR COUNTRY COORDINATOR FOR UKRAINE

"Ukrainians have responded to the Russian Federation's brutal and unprovoked invasion with courage and compassion. In the midst of the ineffable horrors of war, the Public Health Center of Ukraine has led an extraordinary effort to ensure continuity of care for people living with HIV. Through PEPFAR's partnership with the PHC and thanks to heroic civil society colleagues and volunteers on the ground, we are rapidly distributing the more than 50 million doses of lifesaving antiretroviral medicines procured since February. Now more than ever, PEPFAR represents the United States' enduring, undeterred commitment to working with Ukraine to end the HIV epidemic. Through this terrible war and after Ukraine's victory in it, PEPFAR will continue to do everything we can to support the PHC and all the clinicians, community workers, and activists who are demonstrating selfless commitment to the prevention and treatment of HIV in Ukraine."



● **JARNO HABICHT** – WHO REPRESENTATIVE / HEAD OF COUNTRY OFFICE WHO COUNTRY OFFICE IN UKRAINE

"WHO is proud to support the Ministry of Health of Ukraine, the Public Health Centre, the NGOs, the dedicated providers and those receiving services in their heroic response to the challenges of war. Despite the devastating impact of the Russian Federation's invasion of Ukraine on the lives and health of the people of Ukraine, efforts to ensure the continuity of HIV, TB, OST and hepatitis treatment and care have continued unabated. This is a testament to the resilience of those providing and receiving services. WHO is committed to continue to meet escalating health needs, both in Ukraine and in those countries hosting displaced Ukrainians."



● **ROMAN HAILEVYCH** – UNAIDS COUNTRY DIRECTOR IN UKRAINE

"The HIV epidemic in Ukraine is the second largest epidemic in the countries of Eastern Europe and Central Asia; Ukraine is home to 240,000 persons living with HIV. Before the beginning of the war, the country achieved considerable progress in countering AIDS: during the period from 2010 to 2020, the mortality rate estimates for HIV-associated diseases decreased by 76%, which is undoubtedly a great achievement.

The war will probably reverse this trend, which, in turn, will reinforce the point about "the only region in the world where the HIV infection epidemic is still on the rise".

But the resilience of the national response to the HIV infection epidemic in Ukraine is, without exaggeration, unprecedented. Most ART sites continue to operate (although not all services are currently available); in the government-controlled territories, all HIV services are being restored very quickly, in particular due to the assistance provided by the UN organisations, the Global Fund, PEPFAR and other donors and partners."

02

TUBERCULOSIS

*Our profession is not a craft,
but an art... — Axel Munthe,
Swedish doctor, writer*

Innovation and a person-centred approach are the most notable components that have been and remain the basis of the TB service's activity in Ukraine. Prior to the large-scale war, all areas of tuberculosis control focused on integrating best international practices into the Ukraine's experience of fighting tuberculosis and finally getting rid of this burden. So that no one would ever feel ashamed just because they once had such a diagnosis.

Ukraine was one of the leaders among the countries in Eastern Europe and Central Asia (EECA) in terms of the implementation of innovation and progress in tuberculosis control. This is the result of coordinated work of the MoH of Ukraine, the PHC, donors and partners.

Examples of what has been achieved in just a few years of medical reform in Ukraine in the area of combating tuberculosis:

- wide introduction of a modern diagnostic method using **GeneXpert** systems — molecular and genetic assay which has sped up the return of test results **tenfold**;
- dissemination of **outpatient medical care** in practice — people who do not pose a danger to others and have no precautions, are able to maintain an active life, be close to their loved ones, and thus have more moral strength to reach recovery;
- implementation of **innovative non-injectable shortened treatment regimens** for multidrug-resistant tuberculosis — therapy takes 6–9 months instead of 2 years;
- constant **updates of standards of tuberculosis care**, taking into account the best WHO practices;
- improvement of the information management system in the area of tuberculosis control in Ukraine and introduction of the electronic register of TB patients **eTB-manager** in Ukraine;
- use of the best practices of **person-centred approach** and targeted social support of tuberculosis patients;
- providing patients with TB drugs free of charge.

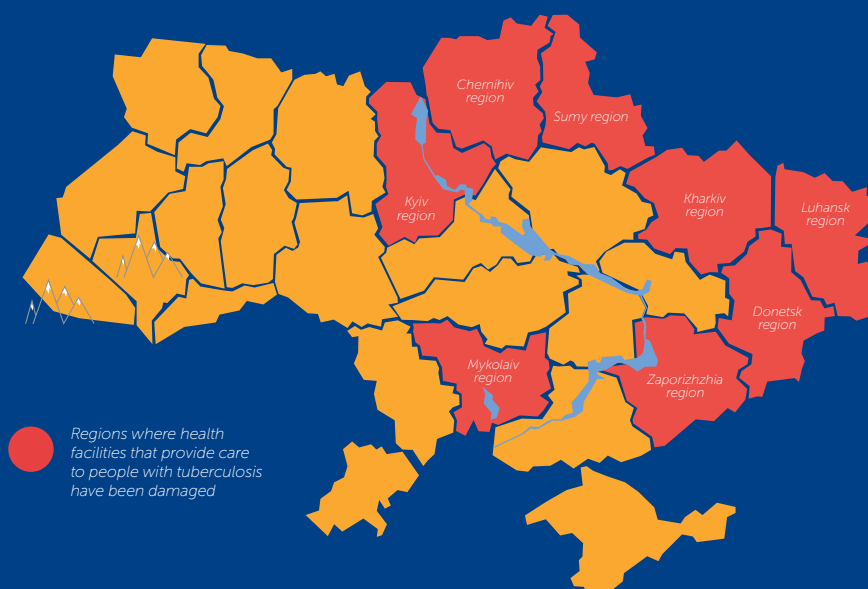
All these and other steps have laid the foundation for a successful fight against tuberculosis, and today, in this challenging time for Ukraine, they have become a support for saving the health and lives of patients.

CHANGES IN TB CARE DUE TO THE WAR

The military aggression of the Russian Federation in Ukraine has affected all areas of life of Ukrainians.

TB care has also undergone critical changes:

- damage to healthcare facilities providing care to people with tuberculosis in 9 oblasts of Ukraine (**Kharkiv, Chernihiv, Sumy, Luhansk, Kyiv, Donetsk, Zaporizhzhia, Mykolaiv, Kyiv city**);
- uneven burden on the health system in the regions and migration of doctors and patients (most TB facilities have been affected in the east and south, most IDPs seek refuge in the west);
- the risk of the spread of infectious diseases, including tuberculosis, due to overcrowding in wet shelters, malnutrition and constant stress;
- the focus of medical care is shifted to injuries, wounds, burns, fractures, etc.;
- the absence or restriction of public transport has become a barrier to movement and access to healthcare facilities;
- the risk of treatment interruption has increased, as access to drugs and healthcare workers is limited or absent in the areas where fierce fighting is ongoing;
- disruption of drug supply chains and systems;
- lack of sufficient control of TB drugs intake, lack of proper monitoring of the treatment of patients in raions;
- insufficient funding of TB services;
- understaffing, which makes it impossible to ensure the full operation of a healthcare facility;
- need for expensive equipment for comprehensive diagnostic services based on the TB service.



● **ZHANNA KARPENKO** MEDICAL DIRECTOR OF THE CHERNIHIV OBLAST MEDICAL CENTRE FOR SOCIALLY SIGNIFICANT DISEASES MUNICIPAL NONPROFIT ENTERPRISE OF CHERNIHIV OBLAST COUNCIL:

"Our facility is located on the outskirts of Chernihiv in the Homel direction. From the first days of the war, we found ourselves in the area of active hostilities. As a result, all the premises came under fire of enemy artillery, bombardments, as well as missile and air strikes, resulting in significant damage. From 24 to 27 February, patients and healthcare staff stayed periodically in the shelter, but on 28 February the situation deteriorated sharply, and it was no longer possible to leave the shelter. About 80% of windows in the facility buildings were broken, power lines were damaged. On 1 March, healthcare workers and patients of the facility were evacuated to the Chernihiv Raion Hospital MNE, but the enemy shelling also began in that area. On 16 March, the facility was evacuated again to the infectious disease department of the Chernihiv Oblast Children Hospital MNE, where we have stayed to this day. During the martial law, our facility worked in difficult conditions tirelessly, without own premises, without staffing, without the necessary drugs, but we persevered, did not lose heart, neither professionally nor morally, took steps only forward to meet our patients' needs. To date, almost all the medical services have been completely restored."



TB-hospital of Chernihiv Region

Due to the development of active hostilities, especially in the eastern and southern oblasts of the country, the issue of ensuring the patients' continuous access to TB drugs became pressing.

- *"I fell ill in November last year and was forced to leave work in Kharkiv and return to my native Sumy oblast. I was hospitalised with a fever and diagnosed with pneumonia. But the treatment failed, as a result — a new round of examinations and... tuberculosis. Adjustment of the treatment regimen and prescription of effective drugs for outpatient treatment allowed me to return to my usual life and work. I received the necessary supply of drugs in my hometown and returned to work in Kharkiv. Soon, Russian troops invaded Ukraine and started attacking Kharkiv. I had minimal stocks of drugs, but I could not leave the city to get drugs in the Sumy oblast," said Serhii, a patient from Kharkiv oblast who was forced to look for new ways to receive medical care due to the aggression of the Russian army.*

At the same time, many people were able to evacuate to quieter regions. Of course, there were people being treated for tuberculosis among them.

≈300  ←

According to preliminary data, there are about 300 tuberculosis patients among **internally displaced persons** — they moved mainly to Lviv, Poltava and Dnipropetrovsk oblasts.

>200  →

More than 200 **patients went abroad** (the vast majority — to Poland, Germany, Czechia and Moldova). And this is another area that required attention and care from state institutions, international partners and non-governmental organizations.

NATIONAL RESPONSE TO THE WAR-RELATED CHALLENGES

Every patient who has recovered is our greatest motivation. During the war, the Center's specialists have felt even more responsible for every person who needs treatment and support, for every healthcare worker who risks life to give their time and attention to those who need it.

Therefore, **rapid search for solutions to the urgent needs of the sector during the war has been not a formal challenge, but a call of heart.** It is pleasant to note that these feelings are shared with us by all our colleagues and partners who have lent their shoulder to us in difficult times — WHO, Global Fund to Fight AIDS, Tuberculosis and Malaria, Ministry of Health of Ukraine, Stop TB Partnership, TB Europe Coalition, "Alliance for Public Health" International Charitable Foundation, "100% LIFE" Charitable Organization, Médecins Sans Frontières ICF, International Medical Corps, Stop TB Partnership, United States Agency for International Development, "TBpeopleUkraine" Charitable Organization, business representatives, volunteers and others.

WHAT HAVE WE DONE?

In order to find a systematic approach to solving the problems with the development of clear algorithms for all participants of the process, the Center has developed the National Action Plan for Providing Medical Assistance to People with Tuberculosis During the Anti-Terrorist Operation, Implementation of National Security and Defence Measures, Repulse and Deterrence of the Armed Aggression of the Russian Federation and/or Martial Law or State of Emergency of 16 February 2022.

From the first day of the war, in coordination with the Center, the regional TB service has taken urgent measures to adapt to new realities so that each of our patients could continue tuberculosis treatment, taken additional security measures, ensured access to drugs and medical and social services.

Methodological assistance has been provided on the ground, including visits



Visit of representatives of the Center and partners to TB-hospitals of Kyiv region

to facilities providing tuberculosis medical care in Kyiv, Vinnytsia, Zhytomyr, Chernihiv and Khmelnytskyi oblasts, which helped determine the level of preparation of facilities to operate in the context of hostilities and the amount of assistance needed to ensure quality treatment. It should be noted that the regional TB services demonstrate a high level of professionalism, cohesion, courage and dedication, and the priorities and needs of patients are the main focus.

● **NATALIIA HRANKINA**, DIRECTOR GENERAL OF THE DNIPROPETROVSK OBLAST CLINICAL TREATMENT AND PROPHYLAXIS ASSOCIATION "PHTHISIOLOGY"

"The war united Ukrainians! Nobody stays aside! While our soldiers are defending Ukraine on the front lines, the doctors of our clinic are not sitting idle. Some of us have joined the medical service to rescue soldiers, some have stayed to treat their patients, some have been volunteering after work shifts or have distributed and shipped rescue supplies to hospitals in the region and neighbouring oblasts affected by the insidious attacks of the aggressor at the humanitarian hub. Everyone's contribution is valuable. Unity is important for victory. We are together! Everything will be Ukraine!"



The Center urgently collected the needs of TB facilities, both those not affected by the war and those damaged or destroyed and coordinated the involvement of donors and partners to procure essential equipment, drugs, protective equipment, hygiene products, and food.

In particular, the Center:

- finalised the need of facilities for bulletproof vests, helmets, gas masks, chemical protection suits, medicines, consumables for biochemical testing, respirators;
- took a range of managerial measures to restore goods supply chain during martial law in order to ensure continuity of treatment for patients in close cooperation with partner/volunteer organizations;
- ensured continuous delivery of consumables for TB laboratories to Ukraine;

- ensured support for the supply of humanitarian and charitable assistance to regional phthisiopulmonology centres in response to the armed aggression of Russia;
- ensured uninterrupted operation of the National Medical Commission supported by the Center;
- ensured cooperation with the Sanitary and Epidemiological Department of the Medical Forces of the Armed Forces of Ukraine to provide medical care to the military, as well as Xpert/MBT/Ultra cartridges for the detection of tuberculosis among the military;
- In order to avoid financial risks in the context of hostilities and rationally use the state budget funds, the MoH of Ukraine negotiated with the Global Fund to attract additional resources for the purchase of TB drugs at the expense of extrabudgetary funds.

While addressing material and technical issues of phthisiopulmonology centres, efforts were made to ensure medical and social support for tuberculosis patients.

In particular, the Center:

- mobilised human resources to provide qualified and timely assistance to civilians and military personnel;
- summarised operational information for the MoH of Ukraine on the number of children with tuberculosis who are currently being treated in sanatoriums in order to determine the need for evacuation;
- developed and implemented a discharge form to arrange treatment of tuberculosis patients abroad (in Ukrainian and English);
- In the first days of the war, the Center in partnership with the 100% LIFE CO and the "Alliance for Public Health" ICF elaborated changes to approaches to the implementation of medical and psychosocial support of TB patients for a more flexible and individual approach to each person facing the problem of tuberculosis.

A separate direction of activities of the Center and the MoH of Ukraine was the improvement of the regulatory framework. Bringing it in line with EU requirements was one of the Center's priorities before the war, and it remains important today.

The **Order of the MoH of Ukraine of 16.02.2022 No. 302 "On Approval of the Procedure for Detection of Tuberculosis and Latent Tuberculosis Infection"** developed with inputs from the PHC, was approved.

This Procedure is aimed at regulating the relevant legal relations on the organisation of detection of persons with tuberculosis and persons with latent tuberculosis infection. The document defines a clear procedure for systematic tuberculosis screening at various organisational levels, defines the functions of healthcare facilities during active and/or passive detection of TB/LTBI among certain risk groups and the general population.

WHAT WE HAVE ACHIEVED

Despite the Russia's vile hostilities aimed at destroying our people and achievements, the Center and its partners managed to hold their front — the unity which all the concerned showed joining the support of healthcare staff and patients was impressive.

Threats and attacks did not stop us. And this **consolidation of efforts yielded results:**

- the principle of extraterritoriality was introduced — a TB patient could receive medical care in the region to which they evacuated during the war;
- a system for monitoring and registration of internally displaced TB patients and TB patients who were forced to travel abroad was established in order to ensure their continuous treatment;
- evacuation of tuberculosis patients from Luhansk and Donetsk oblasts, as well as children from the city of Zaporizhzhia was coordinated to ensure their safety and save their lives. The MoH of Ukraine, military administrations, regional TB services of these regions, as well as Dnipropetrovsk, Lviv, Ivano-Frankivsk oblasts, volunteers, branches of the «100% Life Network. Zaporizhzhia» CO were involved in the evacuation;
- supply of people on TB treatment with TB drugs for 30 or more days was implemented in the framework of support services;
- the procedure for procurement of tablets for video DOT so that patients can keep in touch with their doctors was completed, a contract was signed for the supply of 168 tablets for regional TB service specialists;
- together with the MoH of Ukraine, 6 portable X-ray machines were purchased. They were delivered to healthcare facilities in Vinnytsia, Volyn, Zakarpattia, Ivano-Frankivsk, Rivne and Chernivtsi oblasts;
- together with partners, equipment was purchased to restore the operation of the Chernihiv TB facility, the building of which was destroyed by the invaders;
- modern molecular genetic GeneXpert systems were installed in coordination with the Center;
- phthisiopulmonology centres in Chernihiv, Luhansk, Kherson, Zaporizhzhia, Kharkiv regions were provided with support of humanitarian aid during hostilities;
- with the support from the Global Fund, capabilities of the microbiological laboratory of the Kyiv city "Phthisiology" Municipal Nonprofit Enterprise were involved for the period of closure of TB laboratories in Kyiv and Chernihiv oblasts. Measures are being taken to fully restore the operation of these laboratories;
- assistance in the logistics of biological material for testing for tuberculosis and treatment monitoring was provided by covering logistics costs in Vinnytsia, Volyn, Ivano-Frankivsk, Kyiv, Rivne, Sumy, Chernihiv oblasts (36 visits were conducted);
- new XDR cartridges are being introduced for the first time. As a result, the average time to treatment prescription for patients with extensive drug resistance is 4.2 days (the average period between the detection of resistance and the treatment initiation), which is several times faster than before the war;

- in coordination with the Center, in February-April 2022, regional TB laboratories of the MoH and SCES gradually participated in the external quality assessment of laboratory tests using the international control panel sent to healthcare facilities by the Central Reference Laboratory of the MoH;
- The National Medical Commission, which is supported by the Center, has provided consultations on more than 300 cases with difficulties concerning decision-making on clinical management. Each story was unique, the best solutions were sought in each of them;
- establishing contact with clinics abroad and supporting patients — in coordination with the WHO/Europe and in close cooperation with the Public Health Center, information was collected on where treatment can be provided abroad, contacts with foreign HCFs were established and regular statistics collection on patients leaving the country was ensured. Specialists of the Center supported such patients and, in addition, issued and translated discharge forms into English;
- in most regions without active hostilities, treatment of patients with shorter modified regimens as part of operational research continues — as of 24 May 2022, 886 patients with drug-resistant tuberculosis continue treatment as part of this research;
- support was received from the Global Fund and agreements were reached on the full allocation of funds for the purchase of drugs for people with tuberculosis;
- in direct coordination with the Center, the delivery of drugs and consumables to Chernihiv was organised after the complete destruction of the facility during active hostilities, and the delivery of first-line TB drugs to the temporarily occupied Kherson was organised.



Photo of an ambulance rescuing people with TB under fire

- **HALYNA KOVAL**, MEDICAL DIRECTOR OF THE PHTHISIOPULMONOLOGY MEDICAL CENTRE MNE OF KHERSON OBLAST COUNCIL:

"Thanks to the dedicated work of healthcare workers, the TB service in the occupied Kherson and Kherson oblast operates as usual. The Phthisiopulmonology Medical Centre has a polyclinic, a laboratory service and an inpatient facility. To improve the medical care for patients at their place of residence and ensure continuous treatment of patients, specialists from the Phthisiopulmonology Centre work every weekday in each district of Kherson, and raion phthisiatrics and primary care physicians work in the oblast. Specialists not only provide medical care, but also provide patients with drugs. There are currently enough drugs for TB treatment in the oblast for both existing and new patients. The stocks of drugs in raion healthcare facilities of the oblast are also the merit of healthcare workers in the oblast and the result of rapid response and distribution of drugs."

Regional TB services have also helped other regions that have suffered the most from the Russia's military aggression.

- **NATALIIA HONCHARENKO**, HEAD OF LABORATORY OF THE KYIV CITY "PHTHISIOLOGY" MUNICIPAL NONPROFIT ENTERPRISE:

"The staff of our laboratory could not stay away from the difficult situation with TB diagnosis, which has developed in Kyiv and Chernihiv oblasts due to the hostilities. Laboratory staff performs all necessary laboratory tests to diagnose and monitor the treatment of tuberculosis patients in these oblasts. We understand how important it is for patients to receive timely test results, as case management and the future of a patient depends on them"

Specialists has taken care of the fate of patients everywhere, in all corners of the country, where there has been at least a minimum opportunity to ensure the continuity of treatment.

- **SERHII**, A PATIENT FROM SUMY OBLAST:

"I was working in Kharkiv when Russia launched a large-scale offensive. But I received drugs in my hometown in Sumy oblast. At the time of hostilities, I had minimal stocks of drugs and could not leave Kharkiv. So, I sought assistance from the Public Health Center. I was referred to the doctor of the Kharkiv Phthisiopulmonology Centre, and we agreed that I would be able to receive drugs. This saved me from treatment interruptions as I want to recover and forget what tuberculosis is."

The specialists of the Center will not stop in their intentions and will continue to do everything to change this turbulent world for the better.

Let's hold on! Let's do it! We will win!

03

SUBSTITUTION MAINTENANCE THERAPY

*Individually, we are one drop. Together,
we are an ocean. — Ryunosuke Satoro,
Japanese author*

Supporting vulnerable groups and ensuring their right to healthcare is the main purpose of our work. In case of people with drug dependency, we must help them reducing the harm caused by the consequences of dependency without reproach or blame. After all, a healthy and humane approach to this problem benefits the entire society. The Center, together with partners, always walk hand in hand towards this end. **We are united by love for people, empathy and desire to be helpful.**

Substitution maintenance therapy (hereinafter — SMT) is a globally recognised and the most cost-effective method of treatment of persons with mental and behavioural disorders due to opioid use.

The SMT programme has been implemented in Ukraine since 2004.

From then on, due to the diligent work of public sector specialists and non-governmental organizations, qualitative changes have been achieved:

- up-to date evidence-based standards of treatment have been approved;
- since 2017, the procurement of SMT medications has been carried out at the expense of the state budget fully covering regional needs;
- since 2020, SMT services have been covered under the Programme of Medical Guarantees;
- ambitious national goals for the SMT coverage of people in need of treatment have been defined and approved;
- SMT has been implemented in penitentiary institutions;
- the goal of 95% ART coverage of HIV positive patients receiving SMT has been achieved nationwide.

AS OF 01.02.2022, SMT IS PROVIDED TO

17 210  **PATIENTS**

Organizing substitution maintenance therapy services has also been a complicated task. It is due to a number of reasons, in particular, to the fact that patients have to take controlled medications on a daily basis. Their storage, distribution and transportation are subject to separate and complex regulatory procedures. The war provides a new perspective on all these issues.

Dynamics of patients in the SMT program in Ukraine for the period 01.01-01.05.2022

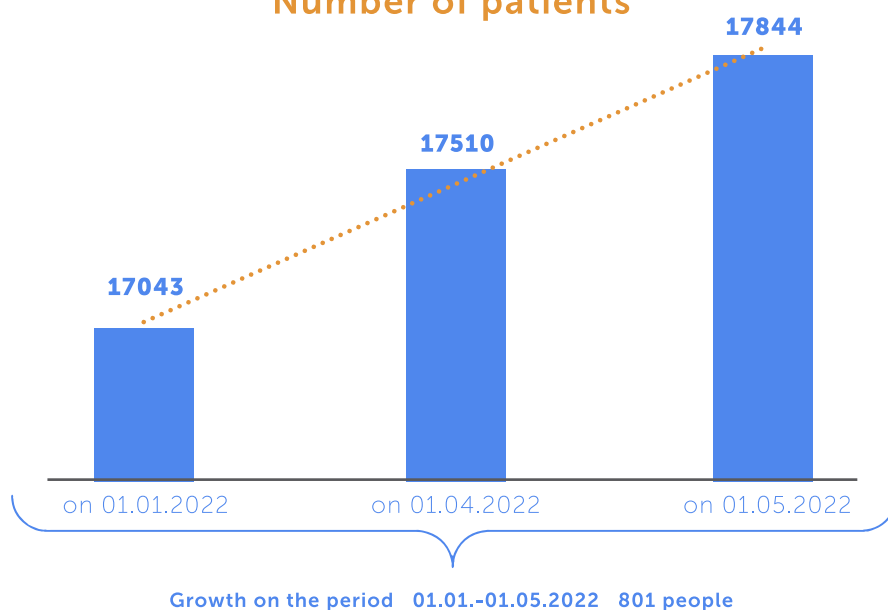
Negative growth rates of patients for the period 01.01.-01.05.2022 were recorded in the areas:

- Luhansk region (-100,0%)
- Donetsk region (-43,2%)
- Kharkiv region (-21,4%)
- Zaporizhzhia region (-17,7%)

The largest increase in patients occurred in regions:

- Zakarpatskyi region (+100,0%),
- Lviv region (+55,5%),
- Kyiv region (+30,7%),
- Chernivtsi region (+21,0%)

Number of patients



CHANGES IN THE SMT PROGRAMME DUE TO THE WAR

Russia's military aggression could have undone all achievements in the implementation of the SMT programmes. Enemy's attacks on healthcare infrastructure, the collapse of the logistics network, and additional stress on our patients provoke a unique crisis characterized by a specific set of negative consequences.



Ruins of the Chernihiv Regional Medical Center for Socially Significant and Dangerous Diseases

These are just a few examples of traces left by the aggressive neighbour:

- difficulties with the supply of SMT medications both from a central warehouse and within the regions;
- risks related to the shortage of centrally procured SMT medications and delays in public procurement;
- difficulties in getting patients to the HCFs due to active hostilities, problems with transportation;
- displacement of patients within the country and abroad;
- anxiety, uncertainty about the future of the programme, miscommunication;
- as of May 16, SMT sites suspended their work due to the temporary occupation or destruction of healthcare facilities, namely, those having operated in Luhansk, Donetsk, Zaporizhzhia, Kharkiv, Chernihiv, Kherson and Mykolaiv oblasts;
- two national manufacturers supplying SMT medications to the domestic market halted production;
- private HCFs faced absence or lack of the medications, which led to the large outflow of their patients to public HCFs;
- public HCFs, having limited quantities of medications available and understanding the risks related to delays in supply, could not accept all willing patients;
- all private HCFs providing SMT reported risks of service interruption due to the impossibility to purchase medications and depletion of the available stock.

HEALTH CARE FACILITIES THAT HAVE STOPPED PROVIDING SMT SERVICES



NAME OF THE HEALTH CARE FACILITIES



REASONS FOR STOPPING WORK

Donetsk region:

Kramatorsk Medical Center for Prevention and Treatment of Addiction

Lack of medical staff and drugs

Medical Center for Prevention and Treatment of Addiction in Bakhmut

Medical Center for Prevention and Treatment of Mariupol

Destruction of institutions / active hostilities

Center of primary medical and social assistance №1 Mariupol

Zaporizhzhia region:

Melitopol institution for the provision of psychiatric care

Expiration of drugs / occupation of territory / impossibility of drug delivery

Berdiansk institution with psychiatric care

Luhansk region:

Consulting and Diagnostic Center "of Severodonetsk City Council

Active hostilities / lack of medical personnel

Svativska Regional Hospital with psychiatric care

Partial occupation

"Mental Health Center" of Luhansk Regional Council

Partial occupation / active hostilities / lack of medical personnel

Mykolaiv region:

Snihurivska Central District Hospital of Snihurivska District Council

Medicine is running out / occupation of the city and inability to deliver medicine

Kharkiv region:

Kupyansk Territorial Medical Association

Temporary occupation of the territory

Balaklia District Council of Kharkiv Region "Balaklia Central Clinical District Hospital"

"Dergachiv Central District Hospital" of Dergachiv District Council (the site works in part – only for the issuance of the drug "buprenorphine")

Lack of medical staff in the presence of drugs

Chuguev Central Hospital named after M.I. Kononenko

Active hostilities

Kherson region:

Genichesk Central District Hospital

Medicine is running out / occupation of the city and inability to deliver medicine

Chernihiv region:

"Chernihiv Regional Medical Center of Socially Significant and Dangerous Diseases" of the Chernihiv Regional Council

Destruction of institutions

Information as of June 1, 2022

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CAIRO - EGYPT

● **GELA KALANDIA**, ADDICTION SPECIALIST, HEAD OF THE OUTPATIENT DEPARTMENT OF SMT AT THE "SOCIOTHERAPY" NARCOLOGICAL CLINICAL HOSPITAL:

"The first challenge we faced at the beginning of the war concerned pharmaceutical management and delivery of medications, as our site was located in the occupied area. The second challenge was that the medications went missing from the pharmacy chain. There are many private facilities in Kyiv. They closed down immediately and all their patients rushed to us since we were the only ones who had the medication. Thirdly, not all the staff could reach the workplace at first. It is understandable since not everyone lives in Kyiv. Fourth, due to the lack of medications, private clinics are closed, so we have a large flow of patients. All three of our sites are functional, and each one enrolls at least 7 new patients every day. That's a huge workload. In view of this, we have transferred many patients to the "handout" provision of medications, but there is another problem. Patients not used to self-administration do not monitor how many doses they have available. They come earlier or whatever."

● **TARAS ZLYDENNYI**, DIRECTOR OF SUMY OBLAST CLINICAL CENTRE FOR SOCIALLY DANGEROUS DISEASES:

"On February 24, at about 8 a. m. Russian military vehicles were in and around the city. All the healthcare workers came to work and took up their duties, despite being deeply shocked, to put it mildly. On February 24–25, SMT and ART medications were given to as many patients as possible. The facility functioned during reduced working hours. We were closed on Saturday and Sunday. On Monday, we were quite surprised to see our patients with weapons. About 30 SMT patients had with them rifles and ammunition. Since our facility was located in the suburbs, we had checkpoints placed nearby which was a bit challenging. Both patients and staff experienced difficulties in reaching the hospital. A few days later, we started an inventory of SMT medications available and found that the supplies of the entire region would be over in a little more than a month... It was very difficult to transport medications within the region in the first two or three weeks. There were Russian checkpoints everywhere. A bridge across the Vorskla River on the way to Okhtyrka was blown up. Therefore, Okhtyrka mainly interacted with Poltava at that time. Many patients were transferred there. As the city suffered from regular shelling and frequent street fights, we had to adjust our working hours to those conditions."



Dispensing of drugs in Sumy

Among the whole set of problems caused by the war, the displacement of SMT patients deserves special attention. Most of them are displaced within the country. Since the beginning of large-scale hostilities, the total number of internally displaced persons taking SMT **amounts to 1,384 people** (as of 1.06.2022).

● **TETIANA LEBID**, DIRECTOR OF "VONA" ("SHE") ALL-UKRAINIAN ASSOCIATION OF DRUG-DEPENDENT WOMEN, SMT PATIENT:

«Since February 24, everyone has been in a very difficult situation, especially women, especially those with children. It is impossible to imagine what to do and where to go, if you are a woman, a mother, or an SMT patient taking ART... No one had an answer, and yet we had to move on, save our children, take them out. Firstly, I went to Bukovel, then headed to Ivano-Frankivsk. Ukraine has great people and great doctors. I was warmly welcomed and provided with medications for 10 days on site but in a few days, there was a missile attack on the city. My son is 10 years old. He was extremely anxious about the war. So, we went to Germany. Everything is different here. If you do not have insurance or certificate confirming that the insurance company will pay for services and medication, you won't get anything».

● **NATALIA FROM MARIUPOL**, REGIONAL COORDINATOR AT "VOLNA" ("WAVE") CHARITABLE ORGANIZATION IN THE DONETSK OBLAST, SMT PATIENT:

"Since the first days of the war, our house has had no heating or gas. One day my husband and I decided to spend the night at my mother's. Our house was destroyed 30 minutes after we left it. The next day, as a regional coordinator, I decided to help health workers with the provision of SMT medications. I called the nurse, and she came to work on her day-off. We tried to provide patients with medications for as long as possible because the shelling was getting closer to the hospital from day to day. We hoped that in a couple of days everything would be over, but the shelling did not stop... Then we packed up and went to live with my mother... We counted the available medications and lowered the dosage, so they would last longer. Out of fear we hardly noticed underdosing. We had lived with my mother for a few days until the evacuation corridor was announced. We walked 8 km to the meeting point under fire. My mother refused to leave the house. We were taken to the philharmonic. There were a lot of people, and every day their number just increased up to a maximum of 1,000 people. There was a supermarket in front of the philharmonic. The Ukrainian militaries opened it for the people who lived in the philharmonic. We picked up some food there... We were told that there was a mobile connection somewhere around. I barely got there to call my colleagues. I walked past destroyed houses, damaged cars, and saw many dead bodies on the streets. On March 9, I managed to call one of my colleagues in Kryvyi Rih. I told her that I was alive and asked for help. After the shelling of the maternity hospital, several women with babies were brought in. Living conditions were not terrible. There were no living conditions at all. One day a woman who lived with us decided to go to Berdiansk. She was supposed to go with the twin babies and their mother who refused at the last moment, so we went instead. We reached Berdiansk in two days. Later several buses came and took us to Zaporizhzhia. We got a warm reception and were provided with everything we needed, including SMT medications. We now live in the town of Burshtyn. My colleagues from "VOLNA" helped us with accommodation. There were no problems on the site either. I am currently trying to help people leave Mariupol. Of my 286 patients, 30 are alive, 6 have died, and others are missing. My mother was taken to Astrakhan by the enemies. I don't know how to take her back. We are lucky to be alive..."

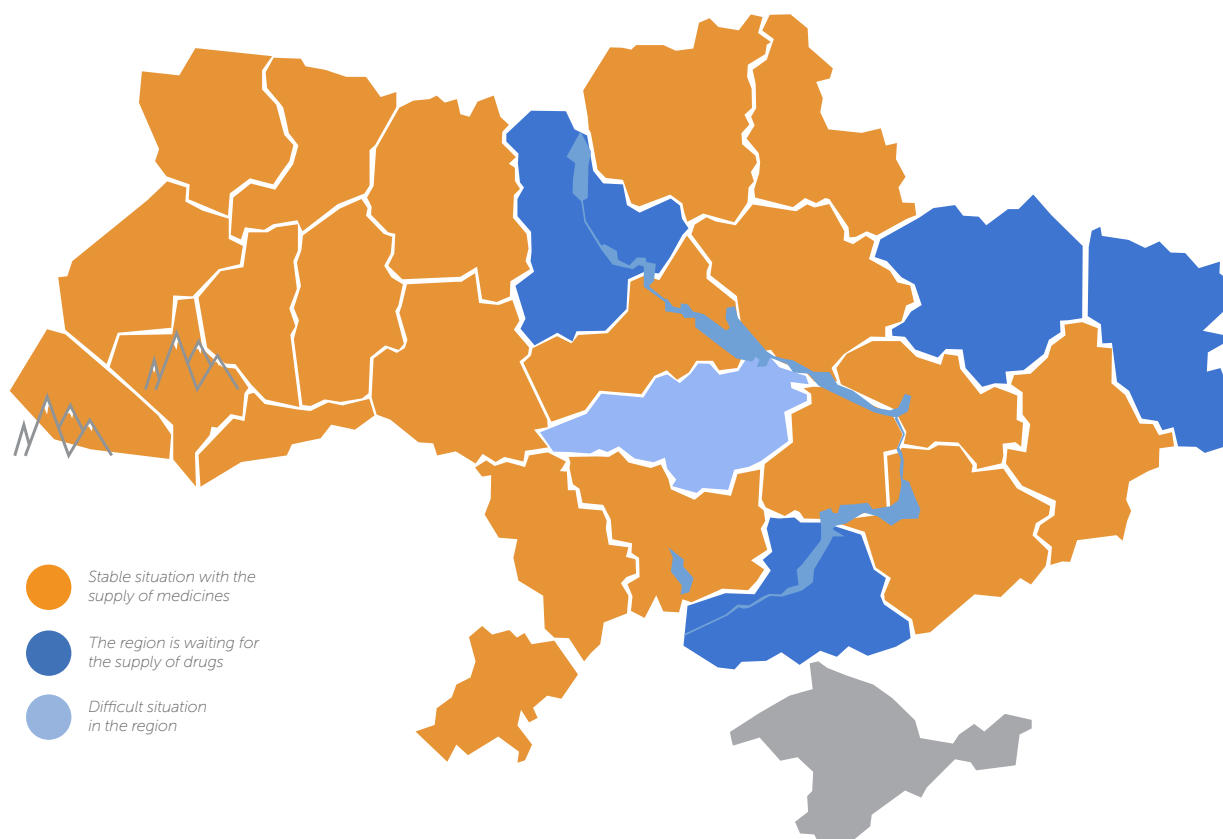
The patients need to take SMT medications every day. Irregular supply of medications can lead to abuse of other psychoactive substances, overdose, substantial deterioration of health, criminal and illegal behaviours and even death of the patients.

Each of the examples above reveals pain and fear for patients, for themselves, for loved ones, along with relentless efforts to help. The Center specialists were well aware of the situation people got into and wasted no time. To address the problems, experience had to be combined with new and innovative ideas. They were brought into life, not least through the involvement of non-governmental organizations and foundations.

NATIONAL RESPONSE TO THE WAR-RELATED CHALLENGES

A full-scale invasion of the aggressor country posed a major logistics challenge in terms of medical supply. It was of utmost importance in the regions where active hostilities were ongoing. Due to the uncertainty of the situation regarding the temporary occupation of the territories, risks on the roads, need to pass the checkpoints, logistics companies delivering medications refused to carry out scheduled supplies. The problem was compounded by the fact that SMT medications are classified as narcotic drugs and must be transported with mandatory security escorts. At the same time, the regions did not report the expected depletion of medications, waiting for their usual supply.

Provision of the regions with SMT



Information as of June 1, 2022

We had to act in a determined and courageous manner. The following are the main measures taken by the Center and its partners that fundamentally affected people's access to treatment in war:

- **Transition to "manual" monitoring of SMT medication consumption**

Before the Russian invasion, the system for monitoring SMT medication consumption was organized so that full information on the stocks at the HCF level was available a month later. In war, such a mechanism for the provision of information with a delay could lead to the interruption of treatment. Therefore, the monitoring of the availability of SMT medications has been carried out in the «manual mode» since the beginning of the war. PHC staff collected weekly information on the availability of SMT medications in each HCF.

- **Use of new logistics mechanisms, in particular, the NGO's mobile outpatient clinic**

Logistics companies still found it difficult to deliver medications in some regions. In this regard, a mechanism for the delivery of SMT medications using «Alliance for Public Health» ICF vehicles has been developed and applied.

- **Patient identification system has been developed and being implemented through:**

- information exchange between doctors in charge;
- verification of patients and their prior treatment data in the central eHealth database;
- verification of previous treatment data in the Syrex database.

- **The development of a chatbot in the messenger for searching SMT sites has begun**

A chatbot will help patients getting information about the nearest SMT treatment site on the parameters of patients' interest.

- **The mechanism for exchanging information between doctors has been improved**

PHC specialists collected contact information of all doctors providing SMT services, so that each doctor could contact a colleague if necessary and verify the information provided by the patient regarding the experience of treatment, number of doses given for self-administration, etc.

- **Constant communication on SMT issues is ensured**

To avoid the dissemination of false information and to prevent panic, the Center has introduced weekly briefings on SMT where important issues such as medication supply, the operational situation in the regions, measures and activities aimed at maintaining the operation of the programme are raised.

In addition, to ensure the transparency of decisions taken, weekly meetings of key stakeholders of the programme are held, with the participation of WHO, CDC, UNODC, the Global Fund, "Alliance for Public Health" ICF, CO "100% Life", USAID, etc. Such meetings also discuss the current state of SMT services and the

programme operation.

- **Contacts with clinics abroad is being established and patients are being supported**

The PHC specialists collected information on where SMT can be provided abroad, established contacts with foreign HCFs and ensured regular statistics collection on SMT patients leaving the country. Specialists of the Center supported such patients and developed a discharge form in English and Ukrainian.

- **Research on changes in the drug scene has been initiated**

The military aggression has significantly affected all spheres of life. The drug scene is no exception. Disappearance and change of certain drug distribution channels and sites, deterioration of transport connectivity, decline in material well-being, along with the presence of traumatic experiences and increased stress, may have significantly influenced the prevalence of substance abuse. This information is essential to deliver services to drug users in an effective way and to adjust their needs to the contemporary challenges. Therefore, the Center has initiated and is organizing research on the drug scene and drug use trends.

- **Improved legal framework**

Due to successful and timely proposals, the Ministry of Health has adopted several regulations minimizing the treatment interruption.

In particular, the Center:

- **the Order of MoH of Ukraine of 04.03.22 No. 409 "On the provision of palliative care and substitution maintenance therapy to patients under martial law"** has been drafted and adopted to facilitate access to treatment, allowing «handouts» of SMT medications for up to 30 days in case of risks for treatment interruption in the regions where active hostilities are ongoing (before the introduction of martial law, it was allowed to hand out SMT medications for self-administration for up to 10 days);
- **the Order of MoH of Ukraine of 07.03.2022 No. 425 "On the storage of narcotic drugs, psychotropic substances and precursors under martial law"** has been issued allowing for storage of a three-month supply of drugs in the HCFs under martial law. Previously, only one month's supply was allowed to store in the HCFs;
- **the Order of MoH of Ukraine of 08.03.22 No. 432 "On the provision of medicines purchased at the expense of the State Budget of Ukraine for 2019 and 2020 to persons with mental and behavioural disorders due to opioid use who receive substitution maintenance therapy under martial law"** and the Order of MoH of Ukraine of 08.03.22 No. 433 **"On the provision of medicines purchased at the expense of the State Budget of Ukraine for 2021 to persons with mental and behavioural disorders due to opioid use who receive substitution maintenance therapy under martial law"** have been elaborated and adopted. These legal acts regulate the supply of SMT medications to the regions with critical stock levels. Thus, it has been determined that the delivery within the region will be carried out not only to a certain HCF or pharmacy warehouse as usual, but also to specific HCF that experienced difficulties in picking up medications;
- **the Order of the MoH of 20.04.2022 No. 665 "On the provision of**

medicines purchased at the expense of the State Budget of Ukraine for 2021 to persons with mental and behavioural disorders due to opioid use who receive substitution maintenance therapy under martial law” has been approved. A new flexible mechanism enables regions and HCFs to request the amount of medication they need, considering the needs of internally displaced persons rather than being limited by existing schedules, as it used to be

WHAT WE HAVE ACHIEVED

Facing the horrors of war, it is difficult not to panic and keep a cool mind. However, a sense of responsibility for the lives of thousands of people, including healthcare staff, prompted us to act even being caught up in a vortex of emotions. This may have helped to maintain a balance and to find ways to address the urgent needs.

Today, the joint efforts of the Center and the stakeholders have been translated into concrete results for the people, so that they could feel that we are by their side during the most difficult times.

What we managed to do:

- the “manual mode” of monitoring the supply of medications and prompt orders issued by the MoH have prevented treatment interruption in a number of regions;
- the increase in the amount of the medication allowed for the “hand-out” has enabled patients to reduce visits to HCFs in a significant way, which may be dangerous or even impossible in the ongoing hostilities. Such regulation also has reduced the load on HCFs and healthcare workers;
- a medication buffer stock has been created in the regions;
- “Alliance for Public Health” ICF and CO “100% Life” have purchased available medication stocks from a national manufacturer ALC “InterChem”;
- the medications have been successfully delivered to all regions in need:
 - “Alliance for Public Health” ICF has managed to deliver medications purchased at the expense of both state budget and the Global Fund to a number of blasts. In particular, the medications have been delivered to Odesa, Poltava, Sumy, Zaporizhzhia, Ivano-Frankivsk, Ternopil and Chernihiv oblasts;
 - “Medical Procurement of Ukraine” SE has delivered SMT medications to Vinnytsia, Volyn, Dnipropetrovsk, Zhytomyr, Kyiv, Lviv, Rivne, Khmelnytskyi and Chernivtsi oblasts, as well as to the city of Kyiv;
 - “Ukrmedpostach” SE has delivered SMT medications to Zakarpattia, Vinnytsia, Dnipropetrovsk, Lviv, Sumy and Chernihiv oblasts;
- SMT medications, which will not only ensure treatment continuity for existing patients, but also allow enrolling new patients among persons who inject drugs (PWID), are expected to be delivered due to rapid interventions;
- the identification mechanism has prevented drug abuse cases when patients try to get medications at multiple sites at the same time or when doctors, unable to identify the patient as the one receiving treatment, start it from the induction;
- the continuity of SMT in Kharkiv oblast has been ensured. Since the

beginning of the hostilities, this region has found itself in a difficult situation: the districts have been heavily shelled, the HCFs providing SMT services have run out of medications and their supply from pharmacies was not regulated. In early March, there were serious risks of treatment interruption for more than 400 patients. It was decided to transfer SMT medications from the pharmacy warehouse to the private healthcare facility "Kharkiv Medical Centre "Alternative" LLC for their further distribution to SMT patients who received treatment under the state programme. The dispensing was carried out by doctors of the oblast addiction dispensary. The implementation of this mechanism has ensured treatment continuity for patients in Kharkiv, Derhachi, Balakleia and Chuhuiv;



The staff of the SMT office of the regional narcological dispensary, Kharkiv

- provided support to patients who had difficulties in receiving SMT abroad — 68 people applied for SMT treatment abroad, of which 56 patients have started treatment.

**ACCESS TO THE
SMT PROGRAM FOR
DISPLACED PERSONS
OUTSIDE THE COUNTRY**

56 

patients have
started treatment

68 

people applied for SMT
treatment abroad

The largest number of patients, according to the reported data, are treated in medical centers in **Moldova and Austria**, where 14 and 12 people receive SMT, respectively.

Information as of June 1, 2022

- **IRYNA** – A PATIENT FROM UKRAINE WHO MANAGED TO RECEIVE SMT WITH HELP OF THE CENTER SPECIALISTS IN DRESDEN, GERMANY.

"I am very grateful to the Center. I was desperate to be abroad with an SMT addiction. I just didn't know where to go, to whom to turn. But thank God, I found a person who helped me a lot. I was texting Olena (a PHC specialist) round the clock and bothered her with questions but she never got irritated or rude. I'm just amazed. I didn't think that someone could have such a big heart to help a stranger. Thanks for all the help and support. It wasn't all for nothing. Thanks to the efforts of the Center, I have the medication. Olena found me a doctor, arranged everything, and now, at the slightest request, I have support and help. Olena helped me with translation, the language barrier was another obstacle, but now it's not a problem. I always know where to find help. I'm very grateful. Olena is my angel. Many thanks. With people like the Public Health Center specialists, I am sure we will win. Sincerely, thank you",

- **TARAS ZLYDENNYI**, DIRECTOR OF SUMY OBLAST CLINICAL CENTRE FOR SOCIALLY DANGEROUS DISEASES:

"Since we did not understand how long the situation would last, we started active cooperation with the PHC, "Alliance for Public Health" ICF... When humanitarian corridors were announced, the PHC arranged the delivery of SMT medications jointly with "Alliance for Public Health" ICF. The medication was delivered to Sumy and further distributed within the region. As of now, the logistics routes in the region have been adjusted."

- **IRYNA KOVALIOVA**, NARCOLOGIST AT MNE "REGIONAL CLINICAL FACILITY FOR PSYCHIATRIC CARE", ATTACHED TO ZAPORIZHZHIA MUNICIPALITY:

"The biggest problem in our region is the flow of IDPs, because we are the closest health-care facility where SMT is provided, both to the occupied territories and to the territories where active hostilities are ongoing. Doctors are overloaded; it is difficult to take so many new patients because they have to be monitored. Sometimes patients come in and say they are going to stay with us for a while, but they go away, and we don't know where they have gone. Our patients also go abroad sometimes and we know nothing about them. We start looking for them, and then they come back in a month and a half. Admission to the programme is preceded by the Medical Advisory Committee (MAC) check-up. The MAC used to have fixed reception days but it is not the case now. We receive IDPs at any time, no matter if a patient comes at 8 a.m. or 2 p.m., on a MAC reception day or not. In addition, a lot of private facilities are closed so we have an increase in patient load. Since the twenties of March, we have started to form a waiting list. We take a few people from the waiting list per week, but it just keeps getting longer. Today we have received four patients from the waiting list, meanwhile, 12 people have been signed up. We already have three provision offices and we are going to open the fourth one. There is a trained doctor but we still need a nurse. We are holding on."

We are moving forward and continue to be proactive, because the war goes on, affecting all the spheres of life of Ukrainians. The Center together with partners will make every effort to maintain a balance between the provision of quality medical care to patients and responsiveness to the needs of doctors, building on the existing experience and studying the shortcomings and weaknesses of the SMT field.

We do not wait for the right time to become better; we do act here and now.

04

VIRAL HEPATITIS

Medicine is of all the Arts the most noble.
— Hippocrates, Greek physician

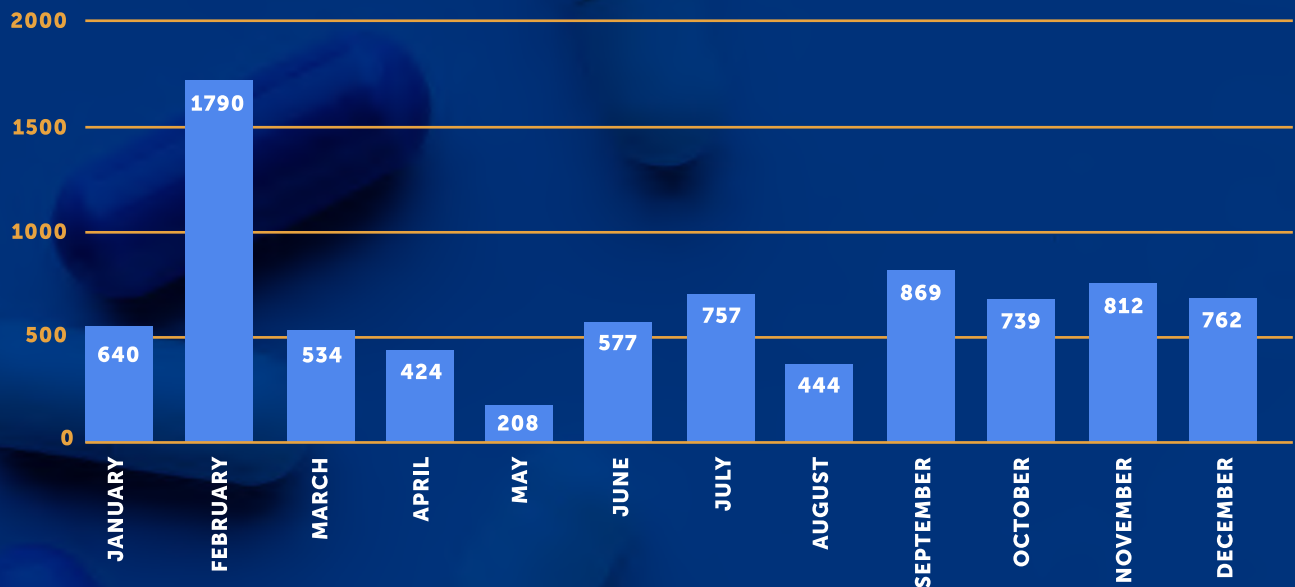
More than one million Ukrainians are unaware of being infected with viral hepatitis C. Data estimates show that **5% of the population** of Ukraine **are infected with viral hepatitis C (HCV)** and **1.5% are infected with viral hepatitis B (HBV)**. In turn, according to the National Strategy on HIV/AIDS, Tuberculosis and Viral Hepatitis Response for the Period until 2030 90% of the population should be aware of their viral hepatitis status and 90% of the infected persons should receive treatment until 2030.

In order to meet these elimination goals, the following measures have been taken in 2021:

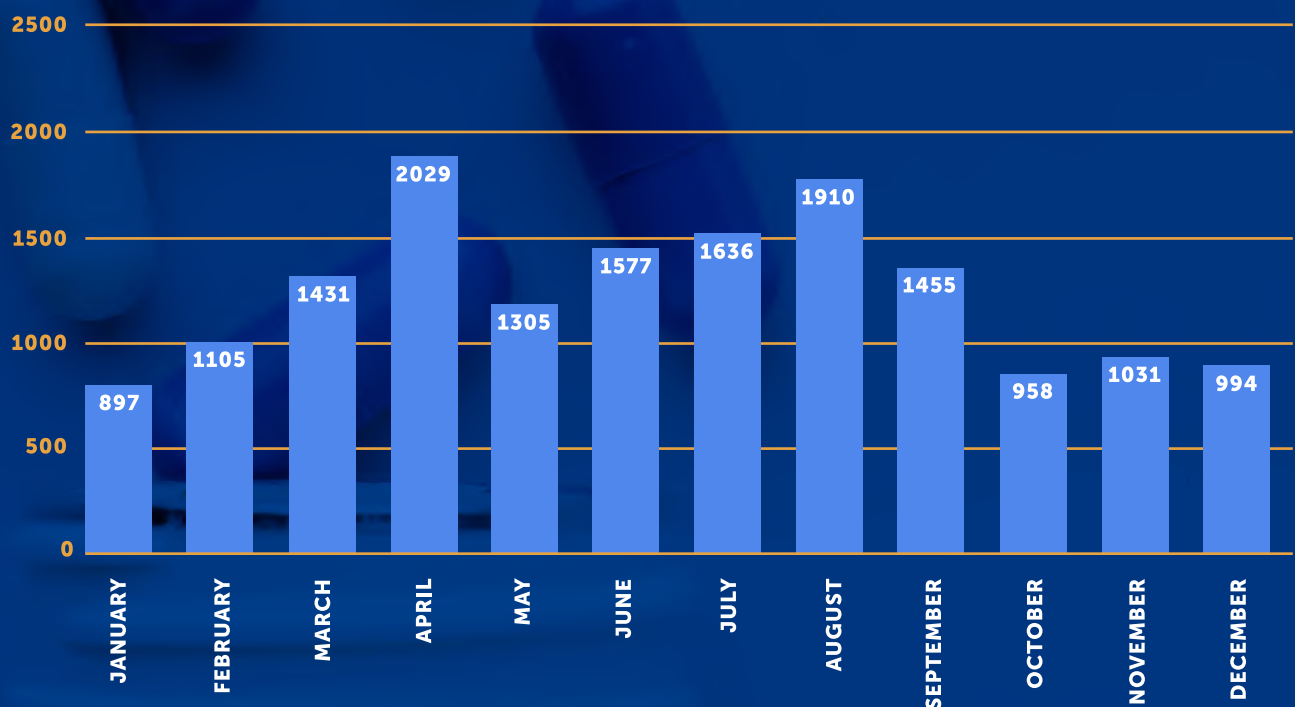
- the full-scale decentralisation of viral hepatitis treatment services has been performed (more than 230 healthcare facilities were involved in providing HCV treatment services at the beginning of 2022 compared to 40 HCFs at the beginning of 2020);
- effective and simplified algorithms for viral hepatitis screening, diagnosis and treatment have been developed and approved by means of approval of Standards of Care in the areas **"Viral Hepatitis C in Adults"**, **"Viral Hepatitis C in Children"**, **"Viral Hepatitis B in Adults"** and **"Viral Hepatitis B in Children"** (Orders of the MoH of Ukraine of 15.01.2021 No. 48, No. 49, No. 50 and No. 51);
- an electronic instrument for the monitoring of the availability of medicines in healthcare facilities has been introduced, which allows every patient and doctor receiving up-to-date information on the medicines online;
- a large-scale event dedicated to the World Hepatitis Day has been organized and held in order to raise public awareness of the problem and encourage testing (a run, filming and dissemination of videos, mass media publications, organization of a testing month held in collaboration with a private laboratory network providing discount for laboratory testing, etc.);
- the monthly viral hepatitis treatment initiation rates have been doubled compared to 2020;
- the procurement of rapid tests for HBV and HCV screening using the funds of the State Budget has been included in the nomenclature;
- viral hepatitis screening and diagnosis have been included to 11 healthcare packages of the Programme of Medical Guarantees.

Overall, 16,319 adult patients initiated HCV treatment in 2021 (as of 01.01.2022). The rates of HCV treatment initiation in 2021 doubled compared to 2020. In 2020, the treatment initiation rate was 8,566, which is just 52% of the 2021 rate.

NUMBER OF HEPATITIS C PATIENTS WHO STARTED TREATMENT IN 2020



NUMBER OF HEPATITIS C PATIENTS WHO STARTED TREATMENT IN 2021



CHANGES IN THE PROGRAMME DUE TO THE WAR

The issue of treating viral hepatitis remained relevant during the time of Russia's full-scale war against Ukraine. Due to migration processes inside the country, many patients lost the opportunity of initiating or continuing viral hepatitis C treatment. The number of appeals concerning the possibility of receiving care in different parts of Ukraine received by the Center is rising on a daily basis.

- **ANDRII ORFIN**, DEPUTY DIRECTOR ON NURSING AT LVIV OBLAST INFECTIOUS DISEASES CLINICAL HOSPITAL:

"Since 24 February we have witnessed a significant rise in the number of IDPs, including the ones dispersed across the territory of the oblast. Keeping a real record of internally displaced persons makes our work much more difficult. Once we had a situation with two IDPs needing treatment. We have followed all necessary preparatory procedures and decided to contact the patients once more before dispensing the medicines to them. It turned out that they moved to Poland the following day. Since our stocks of medicines are very limited, now we distribute the drugs literally in the manual mode only among real people who are ready to start treatment on that very day. The demand for the treatment of viral hepatitis in the oblast is very high at the moment".



Part of the medicines that were redistributed to Lviv oblast

The full-scale invasion had a large influence of the access to viral hepatitis services; at the same time, combat circumstances may significantly increase the risks of viral hepatitis infection due to frequent contact with other persons' blood, undue sterilisation, increased risk of injury and receiving healthcare under field conditions.



● **OLENA TSARIOVA**, HEAD OF HEPATOLOGY CENTRE OF THE 3RD DEPARTMENT OF OBLAST INFECTIOUS DISEASE CLINICAL HOSPITAL OF ZAPORIZHZHIA OBLAST COUNCIL MNE:

"Since the beginning of Russia's full-scale invasion into Ukraine, a larger part of Zaporizhzhia oblast has remained occupied by the aggressor. Being in the territory controlled by Ukraine, Zaporizhzhia Oblast Infectious Disease Clinical Hospital continues operating in the usual mode, including the provision of viral hepatitis treatment services both for adults and children. Since the beginning of active hostilities in the territory of the oblast, the number of patients with viral hepatitis has risen as a result of testing at the military hospital. Patients with viral hepatitis antibodies detected using the ELISA method or rapid tests were referred to our clinical hospital for PCR testing in order to confirm or refute the diagnosis. The results of the PCR tests are ready in 2–3 days at our facility, which gives the patients with a confirmed diagnosis an opportunity to start treatment within the shortest terms. Due to the increase in the number of patients, the issue of the number of HCV treatment courses arose in March 2022. We sent requests to Cherkasy and Vinnytsia oblasts where the medicines for viral hepatitis treatment were available in larger amounts. Thus, the facility received more than 200 courses of medicines for HCV treatment that it lacked. Furthermore, a large part of the patients receiving treatment in the facility were referred to us from military registration and enlistment offices after a positive result of viral hepatitis screening. Zaporizhzhia serves as a temporary or a permanent place of residence for IDPs. Those who received medicines for the treatment of viral hepatitis have an opportunity to receive the services for the continuation of the treatment regimens at our infectious diseases hospital or finish the examination and receive the necessary medicines for the treatment of viral hepatitis free of charge. In the nearest time, we expect to face the challenges related to delivery of viral hepatitis treatment services due to the increase in number of patients in need of diagnosis confirmation (30–35 persons per day) and a decline in the number of PCR tests that are necessary for HCV diagnosis."

According to the information submitted to the Center by facilities providing viral hepatitis treatment, 2,362 persons have initiated treatment since the beginning of 2022, including: 1,940 adults with HCV, 398 adults with HBV, 7 children with HCV and 17 children with HBV.

TABLE 1: NUMBER OF PATIENTS LINKED TO VIRAL HEPATITIS CARE AS OF 30.04.2022

Category	Number of persons linked to viral hepatitis care as of 30.04.2022	
Adults with HCV	1236	40,8%
Adults with HBV	1713	56,6%
Children with HCV	7	0,2%
Children with HBV	71	2,3%
Total	3027	

Due to active hostilities in the territory of Ukraine, only 21 out of 25 oblasts submitted reports on treated viral hepatitis cases for April 2022.

At the moment, Mykolaiv, Luhansk, Kharkiv and Chernihiv oblasts do not have an opportunity to submit reports on the number of patients who were receiving or receive viral hepatitis B and C treatment for the period from February to April 2022 (53 facilities in total). The facilities that provided viral hepatitis treatment services temporarily suspended the provision of the services or the specialists responsible for reporting were outside the regions.

● **TETIANA YELIZAROVA**, HEAD OF INFECTIOUS DISEASES HEPATOLOGY DEPARTMENT OF KYIV CITY CLINICAL HOSPITAL NO. 15 OF PODILSKYI DISTRICT OF KYIV CITY:

"Our facility provided and continues to provide viral hepatitis treatment to anybody who comes to us. In March 2022, during the period of missile strikes at Kyiv, Podilskyi district of the city was in the zone of missile strike risk. That is why, for almost one and a half month, the infectious disease department of the facility, the staff and the patients were relocated to the basement of the facility, which is fully equipped and provided with all necessary means for the continuation of the treatment process. Since the beginning of the full-scale war, approximately 10 soldiers with HCV diagnosis were transferred to our hospital, all of whom were provided with treatment."

"During the period of Russian atrocious attack on Kyiv oblast, people in need of hepatitis treatment from Irpin, Bucha and other settlements affected by active hostilities sought care at our hospital. At that time, while we were registering the patients, they were telling us that they had lost their homes and had barely managed to escape the shelling and get to Kyiv. These patients were prescribed and dispensed medicines for treatment, and the facility also provided them with temporary shelter and food. At the moment, the facility is operating in its usual mode, has all the means for the diagnosis of viral hepatitis and is ready to admit patients at any stage of the disease; however, the amount of medicines for hepatitis treatment available at the facility is running critically low."

According to April 2022 reports, 538 persons started viral hepatitis treatment during the month, including 432 adults with HCV, 105 adults with HBV and 1 child with HBV.

WHAT HAS BEEN DONE

Due to Russia's war against Ukraine and migration processes inside the country, many patients lost their opportunity to initiate or continue viral hepatitis treatment. The problem was exacerbated by the absence of complete courses of medicines. However, the Center's focus on the problems of viral hepatitis did not falter even under the circumstances of the war's critical impact:

- information materials on viral hepatitis infection prevention during the time of martial law have been developed;
- specifications for the procurement of rapid tests for viral hepatitis screening using the funds of the 2022 State Budget have been drafted;
- From April to early May 2022, medicines for 4,500 sofosbuvir-based treatment regimens purchased using the funds of 2020 State Budget have been

delivered to the regions. This allowed forming 3,223 complete 3-month treatment courses, together with medicines with daclatasvir active substance. The whole stock of medicines was distributed among patients with viral hepatitis B and C (both adults and children) pursuant to the Order of the MoH of Ukraine No. 674 of 22.04.2022. Three oblasts where active hostilities are taking place, refused to receive the medicines, namely Donetsk, Luhansk and Kherson oblasts. Luhansk, Kyiv and Donetsk oblasts. The rest of the drugs has been delivered to the regions and are in use;

- 427 courses of medicines with active substances ombitasvir/ritonavir/paritaprevir + dasabuvir (the 3D regimen) have been distributed and delivered to the regions pursuant to the Order of the MoH of Ukraine No. 549 of 30.04.2022;
- efficient redistribution of the medicines for the completion of treatment regimens has been performed pursuant to the Orders of the MoH of Ukraine No. 926 of 01.06.2022, No. 930 of 02.06.2022 and No. 952 of 03.06.2022;
- the information on the HCFs that are currently ready to provide viral hepatitis treatment services is being updated and verified in order to create a chat bot with the possible sites for receiving treatment;
- the patients who address the Center to receive treatment are provided with support individually. In particular, the delivery of medicines from one regions and HCFs to others is organized.

As of 1 May, of this year, 6,496 viral hepatitis treatment courses were available in the regions. The following treatment regimens were available: sofosbuvir+daclatasvir, sofosbuvir/ledipasvir, sofosbuvir/velpatasvir and the 3D regimen. The Public Health Center provides information on the availability of the courses for viral hepatitis C treatment by oblast as of 01.05.2022.

The number of free courses of treatment of viral hepatitis C as of 01.05.2022



● **DARYNA**, PATIENT, VINNYTSIA CITY:

"I'd like to express my immense gratitude to you. I didn't believe I would get the medicines, especially in such a difficult time for all of us, I thought that would be unreal. I cannot even express how grateful I am. You are doing a noble thing by helping people like me. You've done really much for me. I'll always be grateful to you. I wish you health and happiness".

Recently, a patient and a healthcare worker addressed the Center asking to help them finding necessary medicines for the treatment of chronic viral hepatitis C, since the necessary drug was not available in the oblast and she could not afford to purchase it. As a result of the coordinated efforts of doctors in Vinnytsia and Ternopil oblast and the employees of the Center, the patient was able to start the treatment.

Despite any obstacles to the achievement of the strategic goal of viral hepatitis control, we will do our best to make the treatment accessible for the majority of people in need of it. That is the way we challenge the difficulties we face and ourselves.

05

HIV

*People's unity is an indestructible castle. —
Walter Scott, a Scottish prosaist*

In Ukraine, HIV services are provided with the consideration of modern international strategies of the UNAIDS, WHO, CDC, according to clinical protocols and standards of healthcare that are based on evidence-based medicine, and in close collaboration with the state and public sector. Antiretroviral therapy (hereinafter ART) is provided to everyone who needs treatment, we effectively track the efficiency of treatment on a routine basis.

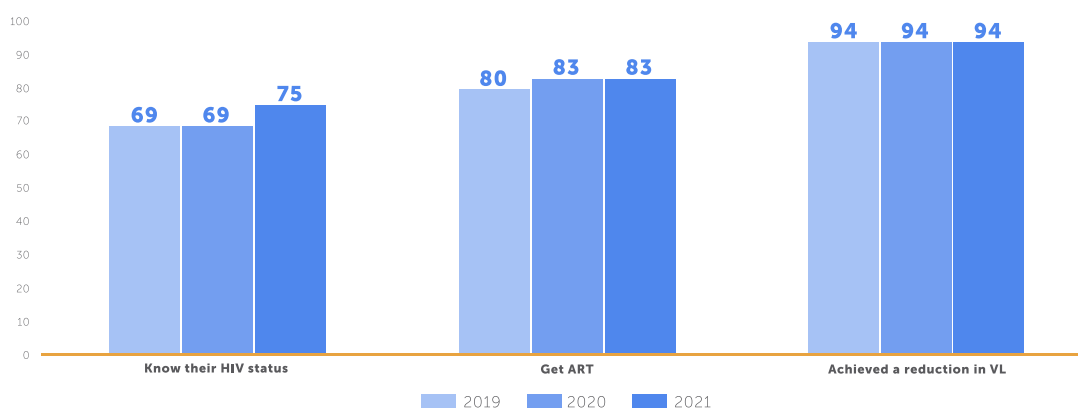
It is important that HIV services be provided according to patient-oriented approach considering the human rights and gender equality, therefore it is possible, in particular, to support adherence to treatment — to track missed appointments, search for patients lost to follow-up, provide social and psychological assistance and to hand over ART drugs for a long period.

Good progress achieved in combating HIV infection can also be explained by the fact that Ukraine has decentralised its HIV services and has been using various modalities of testing in healthcare facilities, mobile outpatient clinics, NGOs etc. Over the last years, we have managed to achieve certain success in combating HIV infection, to expand prevention and testing programmes, to engage more people to treatment, there is continuous work towards overcoming social stereotypes and stigma.

In its work in combating the HIV epidemic, Ukraine relies on the National Strategy on HIV/AIDS, Tuberculosis and Viral Hepatitis for the period until 2030, that embodies core goals for preventing new HIV infection cases, improving the effective HIV detection system, ensuring comprehensive access to HIV treatment. This refers to the 95-95-95 targets, the illustration below shows how the situation has changed over the last three years.

Today, 94% of people living with HIV who receive ART have an undetectable viral load. A patient can receive ART in almost 400 healthcare facilities in Ukraine, and

Achieving goals "95-95-95" (%) Data for 2021, progress in dynamics



it is planned to further bring the services closer to patients and decentralise ART, including to the primary healthcare level — to family doctors.

By the way, treatment regimens are streamlined according to the best international practices and WHO recommendations: 77% of patients receive TDF/XTC/DTG regimens, 83.5% receive regimens with DTG, and 81% of all ART regimens are fixed-dose forms — 1 pill/once a day (TLD, TLE400). The majority of patients (more than 70%) start ART within 7 days after being diagnosed with HIV thanks to the Test and Treat strategy.

There is an extensive network of laboratories ensuring diagnosis and laboratory management of HIV in Ukraine. In every country region, patients are provided with access to the whole range of necessary laboratory services. In recent years, laboratory services for early HIV diagnosis in HIV-exposed children, HIV viral load testing, CD4 lymphocyte count, among others, have been made available in every region.

The country particularly focuses on ensuring the quality of laboratory tests with a view to receiving reliable results. Since 2018, with international donor organisations' technical support, the Centre has been implementing external quality assessment programmes for HIV diagnosis and laboratory management. Due to active advocacy by the Centre and the partners, HIV testing has been included into 13 packages of the Programme of Medical Guarantees 2022 (compared to 2 packages in 2019) and is now available in all healthcare facilities, as well as in non-medical institutions receiving state and donor funding under the prevention programmes.

Since 2019, HIV prevention services for the representatives of key HIV risk populations (MSM, SWs, PWID) and services for care and support for people living with HIV have been state-funded. It concerns providing patients with comprehensive and integrated services directed towards timely HIV detection, early initiation of treatment, forming adherence to treatment, HIV prevention. Last year, Ukraine provided preventive services to approximately 245 thousand representatives of vulnerable groups, and about 33 thousand patients received care and support services.

Implementation of HIV pre-exposure prophylaxis in Ukraine started in 2018, with 130 people. Today, PrEP is received by more than 6 thousand people throughout Ukraine.

Another prevention programme is PMTCT — prevention of mother-to-child transmission of HIV. Over the last three years, we have managed to achieve the targets of the mother-to-child transmission of HIV validation. According to the data on early HIV diagnosis in new-borns, the rate of mother-to-child transmission of HIV is less than 2%, and it was 1.3% in 2021.

The Ukrainian HIV service system has been continually developing and making plans for the future. 24 February 2022, Russia launched full-scale invasion of Ukraine, compromising all services and, as a consequence, endangering the health and lives of people living with HIV.

CHANGES IN THE HIV SERVICES DUE TO THE WAR

● **TETIANA**, SOCIAL WORKER IN “ALTERNATIVE” NGO, ODESA:

“Social work is a person’s vocation, their calling, their life. It has been most sharply felt during the hostilities in the country after Russian invasion of Ukraine.

120 days of war have become numbers reflecting everyday work, support, anxiety during the howling of sirens, and small victories in our combat against HIV, grief and despair”.



With the beginning of the war, the HIV service system faced the following problems:

- **Migration of the population both inside and outside of Ukraine.** Patient pathways have changed, the connection between doctors and healthcare facilities where patients are under surveillance has been lost, a need for the search for new points of entry for receiving services has emerged.

Each month, more than 3,000 IDPs living with HIV need to receive services in their new place of residence. Most IDPs moved to the western regions of Ukraine: two out of five internally displaced persons moved to Zakarpattia, Ivano-Frankivsk, Lviv, Ternopil, Khmelnytskyi and Chernivtsi oblasts, and one in ten people living with HIV who changed their place of residence chose the capital.

According to the WHO estimates, the number of adults living with HIV who will end up abroad could be more than 30,000 persons. So far, the heaviest burden has fallen on Poland, Czechia, Germany, Moldova, Slovakia, Romania. No statistical data concerning the number of people living with HIV who had been receiving ART treatment in Ukraine and crossed the border are available. The process of exchange of medical information on a patient and statistical data between European and Ukrainian healthcare facilities is yet to be established.

- Due to disrupted transport connection, it was not possible to timely deliver essential supplies of antiretroviral drugs and medical supplies for 2022, which caused crisis concerning both ensuring treatment and the threat of HIV treatment interruption across the country, and treatment efficacy monitoring.

● **MYKOLAIV OBLAST CENTRE OF PALLIATIVE CARE AND INTEGRATED SERVICES MUNICIPAL NON-PROFIT ENTERPRISE OF MYKOLAIV OBLAST COUNCIL, MYKOLAIV**

The workers' commitment helped establish connections as regards ART logistics to ART sites: volunteers, NGO workers helping patients receive drugs in other regions of the country and abroad have been engaged, patients have been directed to healthcare facilities for receiving other medical care.

We are grateful to the volunteers, who, under bombardment (in March), had the courage to deliver the drug that, at the time, was critically important to form a complete treatment regimen for patients who were then only receiving a single drug, from Odesa to Mykolaiv. Once Ukrposhta and other delivery services renewed their operations, the workers organised address delivery of drugs for those who needed treatment.

- **Patients could not always unobstructedly receive services due to active hostilities and occupation.** Patients could not safely get to healthcare facilities to be tested or to refill their prescriptions, and medical workers could not safely organise the delivery of biological materials from ART sites to oblast diagnostic laboratories.

● **IRYNA, SOCIAL WORKER IN "CHERNIHIV NETWORK" CO, CHERNIHIV**

"From the first day of hostilities, Chernihiv was being shelled almost 24/7. It was shelled by various types of weapons — artillery, mortars, aerial bombs, rockets (including Tochka U, Iskander), cluster munitions. Thus, our work was almost paralysed. But we still had an extremely important task — to provide our clients with treatment. It was difficult to deliver drugs even within Chernihiv, as shelling could start any minute, let alone deliver them from almost surrounded Chernihiv to other oblast settlements. So, I would agree with my clients from Chernihiv to meet in a particular place at a particular time to give them ART drugs. But very often, shelling would start, the connection would be lost, and we would have to wait out or quickly run under shelling.

From my experience, you feel as if you were paralysed inside, but still, you come out of the shelter despite air raid sirens or shelling, because you understand that you just have to do that".

● **VIKTORIA OVCHAROVA, STATISTICIAN IN THE M&E MEDICAL DEPARTMENT OF KHARKIV OBLAST CLINICAL CENTRE FOR AIDS PREVENTION AND CONTROL, KHARKIV**

"Our Kharkiv, like all other regions, was attacked by Russia in the morning on 24 February 2022. From the first day of war, Kharkiv started experiencing problems with public transport. For those who lived outside the city, it was even more dangerous to get to Kharkiv. In a few days, it became impossible to travel by public transport at all — air raids continued every day, we could always hear artillery salvos.

Me and two other nurses — Prozorova Albina Borysivna and Savilova Anna Vasylivna — were staying in Kharkiv. On the second day of war, we took part of the drugs home.

Albina and I live within 30-minute walking distance from the AIDS Centre. We decided that Ania would dispense ART in Saltivka (a region in Kharkiv), and Albina and I, at the metro station. It lasted a week. Shelling, air raids occurred several times a day. Many buildings and a market in Saltivka were destroyed. Ania left. The chief doctor would come to the Centre several times a week, when it was possible to enter the city".

- During active hostilities, **some facilities were forced to temporarily suspend their operations** due to hospital destruction or temporary occupation of territories. An average of 38 ART sites have not been functioning from the first day of the war. Since the beginning of the war, more than 20 hospitals that had been providing services to people living with HIV have been damaged or completely destroyed: in Kyiv, Donetsk, Zaporizhzhia, Mykolaiv, Luhansk, Kharkiv, Chernihiv oblasts. Laboratories in Donetsk and Luhansk oblasts have temporarily suspended their operations.



The Central City Hospital in Vuhledar



Destroyed laboratory in Luhansk oblast

- Part of those ART sites that continued working **was short-staffed due to the forced evacuation of personnel**. Either a doctor or a nurse would be on a shift. According to the survey conducted by the Centre in April 2022, 25% of 303 ART sites that were polled reported reduced staff.

● **WORKERS OF THE DEPARTMENT FOR AIDS PREVENTION AND CONTROL OF THE OBLAST CLINICAL MEDICAL CENTRE FOR SOCIALLY DANGEROUS DISEASES MNE OF SUMY OBLAST COUNCIL, SUMY**

The work got even more complicated since only three specialists out of seven who had been involved in providing HIV services stayed in the city (two doctors and assistant epidemiologist left the city, and one nurse couldn't get to the facility, because she lived outside the city of Sumy). A doctor, a nurse and a social worker stayed.

- In some regions, personnel responsible for reporting on the monitoring of epidemiological situation on HIV were forced to evacuate. Some facilities were only dispensing drugs, others were closed or destroyed. It made it more difficult and, in some cases, even impossible to collect data and consolidate information on HIV services necessary for operational assessment of the situation in the region and immediate managerial decision-making.
- There is a lack of statistical data on Kharkiv, Luhansk and partially Donetsk oblast for the 1st quarter of 2022. As a consequence, over the first three months in 2022, HIV testing in Ukraine decreased by 36%, the number of new registered HIV cases decreased by 30%, new patients' engagement in ART rate decreased by 32%, as compared to the respective period in the previous year. From the beginning of Russia's full-scale invasion of Ukraine, up to 30% of patients have had episodes of ART interruption.
- In order to prevent the leak of personal data to the occupiers, access to the SSD MIS has been closed on the occupied territories. Thus, a portion of data is being lost. Moreover, active hostilities are causing problems with connection and the Internet, which also has its impact on entering the data to the information system.
- During martial law, there have been two more changes in HIV services at the funding level. Firstly, the decision to return the funds allocated for the procurement of ART and medical supplies for HIV/AIDS diagnosis for the year 2022 under the budget programme KPKVK 2301400 "Ensuring medical treatments under separate state programmes and complex programmatic measures" to the state budget of Ukraine was adopted due to covering critical needs during the war. Secondly, the state funding of HIV prevention and care and support services for people living with HIV during the martial law was suspended due to special requirements set out in the Resolution of the CMU of 09 June 2021 No. 590 "On approval of the Procedure for the exercise of powers by the State Treasury Service of Ukraine in special regime under martial law". During the period between January and May 2022, about 45 non-governmental organisations found themselves at risk of not receiving state funding and suspending their service provision.
- Injuries, blood transfusions and sexual violence, which, unfortunately have been occurring in Ukraine since the beginning of the full-scale invasion of the Russian army, have increased the risks of HIV infection.

NATIONAL RESPONSE TO THE WAR-RELATED CHALLENGES

Despite fears, chaos and panic, the first days of war required quick actions to prevent the interruption of patients' treatment. We managed to withstand and ensure the continuity of treatment as well as to facilitate further provision of HIV services in the context of war. How did it happen? Timely and right managerial decisions, as well as operational adaptation of the HIV service system to the conditions of war.

- **Receiving ART at the place of actual stay**

Patients who have temporarily changed their place of residence can receive ART not at the place of registration, but at the point-of-care, i.e., at the place of their actual stay. Such recommendations were developed by the Centre and sent to service providers during the first week of the full-scale invasion and were immediately implemented in the regions. Relevant recommendations on ART monitoring through the SSD IS were prepared as well.

- **Redistribution of available drugs among regions and ART stocking with a view to preventing the interruption of treatment**

During the first two weeks of the war, the Centre, in collaboration with partners, patient organisations, "100% Life" CO redistributed and delivered child-friendly ART formulations among 15 regions. In order to ensure continuity of ART treatment for all patients, in particular for IDPs, drug stocks have been put in place in healthcare facilities in the east and west of Ukraine.

Moreover, during the martial law, collection, consolidation and verification of information on the data concerning the monthly ART use and remaining drugs over the regions of Ukraine is ensured in order to prepare an analytical brief on drugs availability, which is provided to all stakeholders to operationally respond to and prevent drug stockout.

In order to improve the control system for reasonable target use of ART, an updated format of the risk tracking and management tool for ART delivery — "Management tracking tool" was developed and presented to all stakeholders through the following [link](#).

- **ART procurement using donors' funds**

The Centre has conducted negotiations with donors and partners as regards ensuring continuity of treatment. As a result, with the support under the US President's Emergency Plan for AIDS Relief (PEPFAR), the urgent procurement of 209,600 packs of Tenofovir 300 mg/Lamivudine 300 mg/Dolutegravir 50 mg (TLD) No. 90 and other ART regimens was carried out, which made it possible to avoid the interruption of treatment. The procurement of drugs using donors' funding and their delivery in April 2022 provided the opportunity to dispense ART for 3–6 months.

The Ministry of Health of Ukraine and the Centre, together with donors and international partners conducted negotiations and established the terms and volumes of planned ART deliveries to the country, taking into consideration the transfer of funds from the 2022 State Budget for the country's critical needs in the context of war. Jointly with the WHO, the nomenclature was approved and the calculation was carried out concerning the 2023 100% needs for ART and medical supplies that will be procured using the donor funding from the Global Fund to Fight AIDS, Tuberculosis and Malaria (GF) and PEPFAR for a total amount of US\$12 million.

- **Restoration of the ART supply chain due to collaboration with donor, partner and volunteer organisations**

Due to close and coordinated collaboration with friendly donor, partner and volunteer organisations ("100% LIFE" CO, "FARMASOFT" LLC and others), a range of timely managerial measures were implemented to restore goods supply chain during martial law in order to ensure continuity of treatment for thousands of people with HIV infection.

In particular, the delivery of TLD to Ukraine was ensured and coordinated, and the delivery of the drug to the regions was ensured in order to provide continuous ART for more than 80 thousand of HIV-infected patients.



TLD departing from India to Poland

Communication with the specialists of the Phthisiopulmonology Medical Centre MNE of Kherson Oblast Council was ensured, and 2,560 packs of TLD drug were delivered to Kherson oblast under temporary occupation and provided as PEPFAR humanitarian aid, as well as 18,600 ml of Kaletra paediatric drug, procured using the funding from the 2021 State Budget.

● KHERSON

The oblast was occupied during the first days of the war. For some time, there was no transport connection at all, which created a threat of ART interruption in patients.

In collaboration with "MANGUST" charitable foundation in Kherson oblast, the delivery of ART to raion healthcare facilities in the oblast was organised. Organisation's vehicles were used, despite the problems with fuel procurement and a considerable number of Russian checkpoints. All medical services of the oblast, including primary healthcare centres, were engaged in the ART delivery. Everyone was understanding of the problem.

Due to the absence of "green corridors" there was a threat of therapy interruption because of the total absence of drugs in the oblast. However, this problem was also partially solved with the help of "MANGUST" charitable foundation in Kherson oblast, volunteers and in collaboration with Mykolaiv Oblast Centre of Palliative Care and Integrated Services and the PHC of the MoH of Ukraine. The delivery of drugs was organised to Mykolaiv and then (putting at risk own lives and transport), to Kherson. In fact, the delivery from Mykolaiv to Kherson was carried out by volunteers and ordinary citizens, Kherson oblast residents.



Doctors in Kherson have received TLD

Communication with the specialists of Donetsk Oblast Centre for AIDS Prevention and Control MNE was ensured, and 4,960 packs of TLD drug were delivered to Sloviansk, as well as some other antiretroviral drugs, provided as PEPFAR humanitarian aid.

Information on the ART needs for healthcare facilities located in the areas of active fighting or in the temporarily occupied territories was collected in order to organise their delivery with the assistance of such organisations as the Red Cross, Médecins Sans Frontières, "100% LIFE" CO, volunteers etc.

- **Operational response to regulatory regulation during the war**

An algorithm for collecting and exchanging information on ART issuance to facilities that disconnect from the SSD IS due to occupation, have telecommunication problems (Internet, telephone connection) or experience power failures was developed. [Link](#).

The record keeping procedure for HIV-positive people and HIV-exposed children during the war, especially concerning record keeping for IDPs, was explained to doctors of healthcare facilities that carry out medical supervision of people living with HIV. The relevant instruction for IDPs record keeping was developed and provided to the responsible actors. [Link](#).

A unified tool for the calculation of needs and rapid HIV and EIA test use monitoring was developed — it will help provide all Ukrainian regions with medical supplies for HIV testing.



HIV testing in Sumy

- **Returning patients to medical surveillance**

On each ART site, the Centre, jointly with "Alliance for Public Health" ICF made active efforts for tracking the patients who missed their appointment to a healthcare facility. They were reached by means of various apps (phone, Viber, WhatsApp, Telegram, etc.). Remote meetings were held in every region in order to intensify efforts in this direction. Every week, the results of patient tracking in the regions were discussed and the respective information was entered into the SSD IS. The active search of the patients lost to follow-up made it possible for doctors to return 19,118 patients to treatment during the period between February and May. ART site doctors' attention was called to intensifying their work on the adherence of those patients.

- **Receiving HIV services for the Ukrainians abroad**

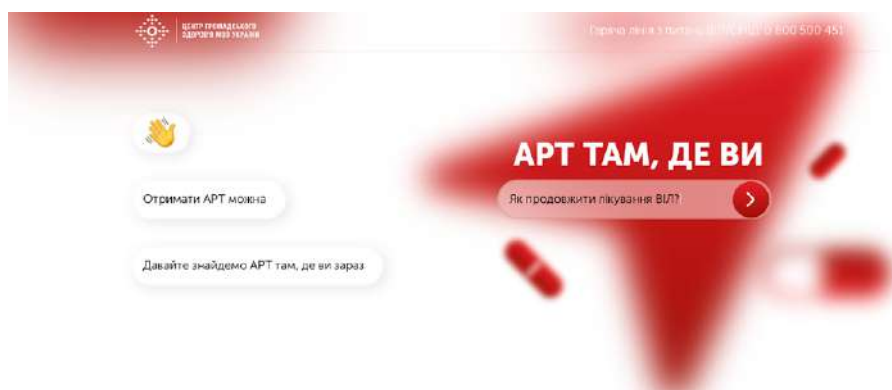
As regards people with HIV who left Ukraine and need continuous treatment, a clinical management protocol for exchanging data between doctors both inside and outside of Ukraine was developed in partnership with the World Health Organization (WHO), WHO Collaborating Centre on HIV and Viral Hepatitis Centre of Excellence for Health, Immunity and Infections (CHIP), European AIDS Clinical Society (EACS), Euroguidelines in Central and Eastern Europe Network Group (ECEE). Details: **Standardized protocol for clinical management and medical data-sharing for people living with HIV among refugees from Ukraine.**

Based on this algorithm, an algorithm for medical data exchange between doctors who provide medical care to people living with HIV who ended up abroad because of the war. [Link](#).

The patients now also have a possibility to submit a request to their attending doctor if they found themselves in a situation where they do not have any confirmed information on the treatment they had been receiving in Ukraine. You can find more details on submitting a request and an example [here](#).

- **Informing patients on the possibility to receive HIV services in Ukraine and abroad**

In close collaboration with "Innovation to Overcome the HIV Epidemic" project, the Centre created up-to-date online services for people living with HIV: an online platform <https://findart.phc.org.ua> and a chatbot for ART search https://t.me/HIV_AIDS_bot. The chatbot can help patients find the closest working ART site and look through an up-to-date list of ART sites in the region they have moved to or abroad. The HIV/AIDS hotline continues its operation: 0 800 500 451



findart.phc.org.ua platform



Screenshots with thank you messages from patients who used the services of #ARTnearby chatbot

During the first days of March 2022, within a week after Russia began a war against Ukraine, "Alliance for Public Health" ICF developed and launched a unique service for supporting people living with HIV and key groups that face difficulties in obtaining access to treatment and other life-saving services. HelpNow service has provided a possibility to contact with a team of people who can promptly refer their clients for receiving necessary services at a new (temporary) place of residence. Reliable referral and navigation through project components as well as through current services is organised within HelpNow.

In partnership and close collaboration with the Centre, a network of infectious disease specialists who are now directly involved in providing care to HIV-infected persons in Ukraine was created. This group of doctors includes 26 specialists from all regions of Ukraine. Median experience in treating HIV is 19 years.

HelpNow Hub has also introduced an approach which is unique for Ukraine, by creating non-personalised doctor profile ensuring access to online assistance for Ukrainian patients with HIV from 9 a.m. to 9 p.m. every day, 7 days a week.

In order to coordinate the HIV services in Ukraine, twice a week, the Centre collects information on the status and work schedule of healthcare facilities that provide those services during the war. This information is also necessary to inform patients through the Centre website, HIV/AIDS hotline, HelpNow platform and ART-nearby chatbot.

Status of ART sites as of 01.06.2022

Numbers: Works / total sites



An information campaign directed at increasing patients' awareness of places/facilities they can turn to continue ART, both in the country and abroad, has been launched. Comprehensive information sharing resource mobilisation took place (chatbots, newsletters, messengers, websites of state institutions, HIV/AIDS hotline etc.)

So, up-to-date online services for people living with HIV are already launched and functioning:

- online platform <https://findart.phc.org.ua>
- Telegram chatbot for ART search: https://t.me/HIV_AIDS_bot
- HelpNow service website: <https://helpnow.aph.org.ua>
- **HelpNow** chatbot in Telegram: <https://t.me/helpnowbot>
- the **HIV/AIDS hotline** continues its operation: 0 800 500 451

The Public Health Centre also initiates and supports the launching of information campaigns in communities and at all levels of care calling for HIV testing. In Ukraine, the European Viral Hepatitis-HIV Testing Week, which took place on 16–23 May this year, was dedicated to the need for HIV testing during the war. More details can be found at the [link](#).

Together with "Innovation to Overcome the HIV Epidemic" project, the Centre begins the development of a chatbot and a platform on the Centre's website "HIV Testing Nearby". The chatbot will help clients assess the HIV infection risk and find the way to get tested that would be the closest and the most convenient for the client. In addition to the chatbot, the creation of a platform that would offer personalised multi-content — different approaches and messages — is planned in order to engage the representatives of various key groups to testing.

- **HIV prevention services after the beginning of Russia's full-scale invasion of Ukraine.**

Despite the danger in the context of hostilities, the provision of HIV prevention services to key population groups and care and support services to people living with HIV continued under the state programmes. Thanks to non-governmental organisations' efforts, performance indicators exceeded the planned contracted indicators.

Due to concerted efforts of all main recipients and the Global Fund, with the Centre's proactive participation, non-governmental organisations received emergency financial support, that helped cover the expenditures for Q1 2022 that were not covered due to the suspension of state funding of the basic package of prevention services for PWID, SWs, MSM and care and support services for people living with HIV. Starting from the Q2 2022 the algorithm for transitioning from service funding from the State Budget to the funding using the GF's grant to the Centre till the end of 2022 has been developed.

From 24 February to 03 June 2022, prevention services covered 153,749 clients (including 113,883 representatives of the key risk group of PWID, 24,960 SWs, 16,010 MSM). During that period, 2,636 clients were engaged to the care and support programme.



● **MAKSYM, SOCIAL WORKER IN HIV PREVENTION AMONG MSM, ZHYTOMYR**

I remember writing to all our clients in messengers asking them where they were and whether they were okay, and I remember how glad we were when they wrote back and how scared we were when there was no reply. Cold March and warm meetings in our community centre. Clients who stayed in Zhytomyr needed not just the prevention services, but also humanitarian, psychological support, just a good word or news. I remember how we would run outside during air raid alerts and rush to a shelter, leaving the tests, and sometimes even our stuff, on the table. A remember a lot of things I would rather forget...

In March 2022, HIV prevention service providers continued their work almost reaching the January levels — before the full-scale invasion of the Ukrainian territory (coverage: 55,604 clients), April saw a 9% decrease (49,928 clients), May showed positive dynamics — +108% compared to January (114,972 clients). In March 2022, care and support service providers reduced their coverage rate by 50% as compared to January (2,423 clients), April saw a 97% decrease as compared to January (122 clients), in May, the organisation did not submit any reports.

● **"MANGUST" CHARITABLE FUND IN KHERSON OBLAST, KHERSON**

According to the schedule, the social worker has been providing services to male and female sex workers; during hard times, not only do we provide handouts, such as condoms, lubricants, information leaflets, and encourage them to get tested for HIV, receive PrEP, sign agreements, but also help them with food and clothes. We also consult them on emergency contraception and as to where they can turn to in the event of danger and violence.



Moreover, prevention and PrEP programmes considered migration processes and increased the number of service receivers based on the actual volume of services provided to clients by non-governmental organisations. For example, since the majority of MSM key group representatives moved to the west of Ukraine, an increase in pre-exposure prophylaxis clients is anticipated in this region.

● **"BLAGO" CO IN KHARKIV, KHARKIV**

In Kharkiv, social workers were providing HIV prevention services to vulnerable population groups to the accompaniment of explosions. In order to reduce the exposure of workers and service receivers to risks, a mobile outpatient clinic was used, where specialists in different areas, mostly concerning SWs and PWID, would work simultaneously.

We would go on two routes at once: first SWs, and then PWID, it was safer and more cost effective from the point of view of fuel use, which was and still is in deficit.

We were working close to the region that was being shelled (Kharkiv Tractor Plant); we would stop near the metro station and navigate our SW clients there, then move to another place nearby and navigate PWID there.

We planned our outreach routes within social workers' vicinities, so that we could quickly get home in case of danger. Another reason for choosing such routes was the absence of public transport services. Sometimes, social workers used their own transport. Counselling took place in the streets; testing was carried out in flats or cars. At the same time, the workers of "Blago" fund engaged in volunteer activities, but you wouldn't surprise anyone with that now.

● **"OUR FUTURE"** CF IN RIVNE OBLAST, LUTSK

Many clients left their city (country); however, it is important to note that the number of clients increased because of the IDPs. The question arose: how can we ensure both our and our clients' safety during the provision of services?

Since, together with our colleagues, we decided that we should definitely continue providing services, we started looking for a solution! Therefore, we brought changes to our NSPs, taking into account the preferences of service receivers and the location of shelters in the city, so that, in case of air raid alert, we would be able to find shelter and safely provide services to the project clients.

As of 01 April 2022, all regions are well-stocked with drugs for HIV pre-exposure prophylaxis. In May 2022, 25,000 packs of Tenofovir/Emtricitabine were delivered using the PEPFAR funding. The delivery of 45,000 packs of the drug to all regions of Ukraine, using the funding from the Global Fund, is planned for September 2022.

It is also important to mention that, in the context of hostilities, there is an increasing need for HIV post-exposure prophylaxis (PEP) due to injuries, blood donations, surgeries, exposure to blood of unknown HIV status, sexual violence etc.

In order to improve access to PEP and reduce the risk of HIV infection, the Centre has implemented the following measures:

- has updated the algorithm for HIV post-exposure prophylaxis. [Link](#);
- has disseminated it among the facilities and institutions at which people may seek care after the exposure to HIV in different regions;
- has ensured the availability of 2 to 3 courses of HIV post-exposure prophylaxis in the respective healthcare facilities, along with the possibility to contact them 24/7;
- has launched a series of webinars and meetings on PEP with service providers.

Together with partners and donor organisations, the Centre started the work concerning the provision of post-exposure prophylaxis in case of gender-based violence, regulatory framework improvement and cross-sectoral coordination. The development of a video course and information materials on healthcare provision (HIV, VH and STI testing, post-exposure and pre-exposure care) during the state of emergency (during the war) is in progress.

WHAT WE HAVE ACHIEVED

- Any person living with HIV can receive treatment in any part of Ukraine, regardless of their current place of residence.
- Urgent procurement, delivery and distribution of ART according to regions' needs have been ensured, and warehouses with drug stocks have been organised.
- Due to donors' support, continuous HIV treatment has been ensured for the next 3 to 6 months, and the next procurements have been planned with the consideration of potential risks.
- The supply chain for drugs and medical supplies to the regions in the context of martial law have been restored to ensure continuity of treatment for thousands of patients with HIV. It became possible thanks to close collaboration with partners.
- The regions have an algorithm for collecting and exchanging information on the issuance of ART in the event of an emergency, different scenarios have been considered and detailed algorithms have been developed.
- Active efforts concerning communication with patient who have not presented to healthcare facilities have been ensured, doctors returned 19,118 patients to treatment from February to May.
- HIV post-exposure prophylaxis in the context of war, as well as other HIV prevention services, remains functional on a continuous basis. The rates have returned to and exceeded pre-war levels.
- A person living with HIV who left Ukraine can receive treatment due to established cooperation between doctors, partners and friendly organisations, as well as due to quick algorithm of data exchange between doctors developed with support from WHO.
- Information concerning the access to ART is provided in several clicks via platforms and chatbots that began functioning during the first days and weeks of the war: ART nearby chatbot and HelpNow service, as well as due to continuous and thorough functioning of the HIV/AIDS hotline.

24 February 2022. The first day of the new fight. Our country's fight for independence, freedom, new appreciation of the value of life, health and belonging to our land — Ukraine.

These months have been difficult, shocking. But stress made us gather our strength, overcome our fears, unite and remember the best things we had learned over years.

And stand. Side by side, as one — doctors, authorities, specialists of the Public Health Centre department, community, partners.

The country is still fighting for our freedom.

But the war will not last forever. The country has already started planning its future recovery. Healthcare is a strategic sector of the state. The sector is already working on the Plan for Ukraine's health system recovery from war implications for 2022–2032.

In turn, the Public Health Centre is planning to restore the provision of HIV, TB, viral hepatitis diagnosis and testing, prevention, management and treatment services as well as SMT treatment services in Ukraine's civil sector by implementing a respective plan.

Specialists from the Department for Coordination of HIV Diagnostics and Treatment Programmes work together every day to restore stability and availability of HIV services for anyone who needs them.

We believe in Ukraine. Together with our country, we are fighting for people's lives and health in our sector of the front. Together we are strong. Together we will win.



COMMUNICATION HEADQUARTERS

*Discretion of speech is more than eloquence –
Francis Bacon, English philosopher*

Safety, humanity, gratitude are the new key criteria for state authorities and all stakeholders' communication with the population during the war.

In order to widely incorporate them into everyday practice of interaction with people, the Public Health Centre has established the Communication Headquarters, which includes PHC representatives and partners whose activity is related to HIV, tuberculosis, viral hepatitis, substitution maintenance therapy.

The activities of the Communication Headquarters are based on the communication framework agreed by the Ministry of Health, as well as by partners and stakeholders. They include conducting general situation analysis for each of the four above mentioned areas during the war, determining key points and topics that require communication, the list of planned and proposed activities, the mechanism of communication between different participants of the process. And, more importantly, they provide recommendations for safe audience notification, so that any public messages would be as considered as possible, take into account warnings from defence agencies and would not be used by the enemy for their own purposes.

In a few weeks of work, the Communication Headquarters coordinated the improvement of both the Centre and the partners' technical products. In particular, as regards updating HelpNow platform and creating hubs in Europe, chatbots and single platforms for the Ukrainians abroad to facilitate the access to HIV, TB, VH and SMT services.

Information campaigns related to World Hepatitis Day and as regards informing the population on the access to tuberculosis care in the context of war have been planned.

Processing of the most common questions received on the hotline working with the key groups and formation of a specific Q&A based on the collected data is ongoing.

The goals are determined, the work goes on!



● **YANA TERLEIEVA**, HEAD OF THE PHC DEPARTMENT FOR TB MANAGEMENT AND CONTROL

"How can you be prepared for mass killings of peaceful Ukrainians, torturing of civilians, destruction of healthcare facilities and true genocide of the Ukrainian nation? In the morning, on 24 February, we couldn't even imagine the scale of the tragedy that would strike Bucha, Irpin, Hostomel. Unlike many, that first morning of the war, I woke up before the first explosions, I could feel tension and inner anxiety. Under complete uncertainty, anxiety, and sense of increased responsibility it was necessary to bring everyone together and continue our work. Unity with the Ministry of Health, engagement of partners from WHO/Europe, main recipients of the Global Fund, donors, support from regional teams and the Centre team helped us overcome new terrible challenges. Horrible, unfair war has scattered us across the country and outside its borders, but we are all united by our mentality and shared values. From the first day of war, we are together, and we haven't stopped fulfilling our mission for one second. The most important thing we have is our people, our strength lies in our people. We will win, we will rebuild our country and our service."



● **LARYSA HETMAN**, HEAD OF THE DEPARTMENT FOR COORDINATION OF HIV DIAGNOSTICS AND TREATMENT PROGRAMMES

"War is a resilience test. HIV services in Ukraine have been forming since July 1987, when HIV testing among general population started. The system has been overcoming challenges and evolving due to state leadership, support from partners, donors, nurses, junior personnel, public and non-governmental sector."

The war has become a challenge for our army, our people, economy, policy and all systems. Healthcare system and public health system, together with our soldiers, is on the frontline of the defence of our state.

The conditions in which the Ukrainian HIV service system is functioning are not just a test for service continuity, but also for system manageability, its flexibility, ability to adapt and to preserve its attainments. We have withstood and we haven't broken down: during war, we have ensured the continuity of HIV prevention, diagnosis and treatment in Ukraine."



● **IRYNA IVANCHUK** HEAD OF THE DEPARTMENT FOR COMBATING VIRAL HEPATITIS AND OPIOID DEPENDENCE OF THE PHC

"Since my early adulthood, I've been really fond of the existential movement in philosophy and literature, where the issue of choice and freedom was transversal. The full-scale war, which was quite unexpected for me, gave me an opportunity to test these inner categories. Even during the war that we didn't want and didn't choose, there's freedom to choose what we want to be: professional, dedicated to what we do, honest, brave, doing "what we can", although it never seems to be enough. I truly admire the inner beauty that we can now see in doctors, soldiers, volunteers and "ordinary citizens" that turn out to be anything else but ordinary judging from the "size" of their hearts. I believe that Ukrainians have chosen to be not victims, but those who assert the triumph of life over death and light over darkness by their ability to make their own choice."



● **LIUDMYLA LEHKOSTUP** – ACTING HEAD OF THE DEPARTMENT FOR THE DEVELOPMENT AND MONITORING OF PREVENTION PROGRAMMES AND NON-MEDICAL SUPPORT, PHC

"During war, it is important that every person feel supported. Our job is to create the most comfortable conditions for those who need it. HIV prevention services and care and support services for people living with HIV allow saving health and lives of the most vulnerable society groups. The Centre and non-governmental organisations have shown, with their own example, what Ukraine is capable of if we consolidate our efforts and persistently move forward following our soul and humanity."

