

## SITREP

# ENSURING THE HIV RESPONSE AND HEALTHCARE STABILITY: FROM CRISIS TO PROSPECTIVE RECOVERY



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## THREE YEARS ON

Ukraine has been reeling from three years of war since 24 February 2022. One out of two Ukrainians have been affected by the conflict and more than 12 million people need humanitarian assistance and protection while another 6 million have still not been able to return to their homes.

A war-driven economic crisis has severely impacted healthcare funding, putting access to HIV services at risk. With HIV services entirely dependent on external aid and humanitarian support that is becoming increasingly unstable, the uncertainty of the continuity of U.S. funding has further worsened an already dire situation in Ukraine. In January, the new U.S. administration froze all foreign assistance for a 90-day period. A waiver to allow life-saving services was subsequently issued allowing support for some HIV services.

The U.S. President's Emergency Plan for AIDS Relief (PEPFAR) contributed **US\$15.6 million** to the HIV response in Ukraine during 2023 and 2024. This includes \$11 million for antiretroviral therapy and \$2 million for various types of rapid test kits, while the rest was used for laboratory expenses.

UNAIDS and partners estimate that **92,840** Ukrainian people could see their HIV treatment disrupted if U.S. funding was to be entirely cut – that is 78% of all people living with HIV on treatment. In addition, stocks of life-saving treatment and HIV prevention drugs are low, with people only getting three versus six months of drug supply.

The threat of a potential financial void left by the U.S. is forcing Ukraine's health system to search for alternative sources of funding. From Global Fund reprogramming to private sector donations to bulk medicine offers from pharmaceutical companies. Many options are being explored to patch together a lifeline. However, even collectively these efforts may not be enough to fill the PEPFAR gap should the U.S. permanently withdraw its support.

Despite ongoing challenges, Ukraine remains committed to the HIV response, supported by a strong coalition of government, civil society, international organizations, and donors. The UNAIDS Secretariat, Co-sponsors, UN agencies, and member states continue working together to ensure essential services for women, people living with HIV, and key populations, reinforcing the response's sustainability even in the face of adversity.



# KEY HUMANITARIAN FIGURES

Three years of war in Ukraine have resulted in significant humanitarian consequences:

**16.3M**

**(1 OUT OF 2)**

people are chronically affected by the war. (1)

**12.7M**

**(1 OUT OF 3)**

people need humanitarian assistance and protection. (2)

**6.25M**

refugees from Ukraine recorded across Europe, at the end of November 2024. (3)

**3.55M**

**(1 OUT OF 10)**

people remain internally displaced due to the war. (4)

**9.2M**

people across Ukraine are estimated to need health assistance in 2025. (5)

- Over 2,200 attacks on health-care facilities which have claimed at least 197 lives and injured many more, severely disrupting health services. (6)
- The risk of violence and human trafficking remains high.
- Vulnerable internally displaced people (IDP) and non-displaced war-affected people, primarily women and girls, face increased risks of gender-based violence (GBV) and Conflict Related Sexual Violence (CRSV) and require urgent prevention and response interventions.
- Over 168,000 domestic violence complaints were recorded in 2024, and 177 cases of human trafficking identified. (7)
- Mental health concerns have escalated, with 53% reporting experiencing anxiety, 38% depression, and 42% stress. The ongoing violence has significantly affected people's mental health. (8)
- Most GBV survivors, especially in smaller towns, do not seek help. (9)
- LGBTIQ+ people in Ukraine face increased violence, discrimination, and barriers to essential services. (10)
- Between February 24, 2022, and November 30, 2024, the UN Human Rights Monitoring Mission in Ukraine documented 370 cases of Conflict Related Sexual Violence (CRSV) (involving 252 men, 106 women, 10 girls, and 2 boys) (11), and as of November 1, 2024, the Office of the Prosecutor General had reported 326 cases. (12)
- Russian airstrikes continue to disrupt water, electricity, heating, and health services, worsening the humanitarian crisis.

# EPIDEMIOLOGICAL UPDATE AND THE HIV RESPONSE

Before the war, Ukraine's HIV response was considered a success story, with declining infection rates and AIDS-related mortality due to investments in antiretroviral treatment and opioid agonist maintenance therapy (OAMT) for people who inject drugs.

According to UNAIDS estimates, the number of new HIV infections declined by 56.25%, from 16,000 in 2010 to 7,000 in 2021 and the number of AIDS-related deaths declined by 70% (from 16,000 in 2010 to 4,800 in 2021). (13)

In 2018, Ukraine launched the 20–50–80 transition plan to gradually increase domestic funding for HIV prevention, care, and support programs, previously reliant on international donors. By the end of 2021, the country met its target, covering 80% of its national HIV response from national and local budgets, with the Global Fund supporting the remaining 20%. (14)

The war, which started on 24 February 2022, severely disrupted this progress, making Ukraine's HIV response—treatment, prevention, and essential services—entirely dependent on international aid.

Backed by a strong coalition of government, civil society, and international partners, primarily PEPFAR and the Global Fund, HIV services resumed despite early setbacks three years ago.

This collaboration has ensured uninterrupted supplies of antiretroviral therapy, tuberculosis medicines, and opioid agonist maintenance therapy, sustaining critical HIV services amid the crisis.

Recent uncertainty over U.S. funding threatens lifesaving HIV treatment and services in Ukraine. 92,840 people on TLD-based ART—78% of all patients—are at risk of treatment disruption. Stocks of ART and PrEP are critically low, with supplies only lasting until mid-2025. Multi-month ART distribution has been cut in half, adding pressure to people living with HIV and already strained healthcare system.

With funding for HIV prevention and treatment hanging in the balance, the country faces the very real threat of a massive disruption in services. (15)

In 2025, obtaining comprehensive epidemiological and clinical data remains difficult, affecting the accuracy of overall assessments due to ongoing war-related obstacles, including active armed conflict, loss of administrative control in certain regions, missing persons, and mass displacement.

According to the Ukrainian Public Health Center,

**147,599**

people living with HIV (PLHIV) were registered as of October 2024, reflecting a **7.1%** decline since 2022.

The most significant declines in registration occurred in Zaporizhzhia (-52.4%), Luhansk (-40.4%), and other conflict zones. (16)

Given the current circumstances, it can be assumed that the number of PLHIV registered in the HIV medical information system will continue to gradually decrease. (17)

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By the end of 2024,

**10,045**

newly diagnosed people living with HIV were enrolled in medical care. (18)

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The use of pre-exposure prophylaxis (PrEP) has **more than doubled**, reaching 18,344 people, including 111 people who have been enrolled in the long-acting injectable cabotegravir (CAB-LA) pilot program in Kyiv and Lviv. CAB-LA is a twice-yearly injectable drug that prevents HIV for people at risk of infection. (WHO presentation).

## HIV TESTING INCREASED BY

**23.4%**

in 2024 compared with 2023, with 1.93M tests conducted.

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## ART ENROLMENT HAS DROPPED BY

**9%**

compared to pre-war levels.

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**118,701**

patients currently receiving treatment. (19)

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Approximately

**7,000**

patients are known to be receiving ART abroad. (20)

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Opioid Agonist Maintenance Treatment (OAMT) coverage expanded **by 50%** since 2021 and reached in January 2025

**30,866**

PEOPLE (23)

From the very beginning of the war, **Poland** became the country with the greatest number of Ukrainians fleeing from the war – with a majority of 7,000 PLHIV abroad going to Poland. As of December 2024, 4,400 (60%) PLHIV from Ukraine received ART in Poland. From February 2022 - December 2024, voluntary counseling and testing (VCT) centers conducted:

- 4,318 HIV tests with 233 positive results.
- 2,674 syphilis screening tests with 88 positive results.
- 2,700 HCV screening tests with 54 positive results. (21)

Since 2022, more than 1.3 million people have crossed **Moldova's** borders, and as of the end of 2024, 135,861 refugees remain registered in the country.

From 2022 to 2024, UNAIDS has provided critical support to people living with and affected by HIV, including key populations, ensuring access to HIV, TB, and viral hepatitis prevention, screening, treatment, and care services:

- 10,746 people benefited from harm reduction services.
- 3,337 individuals received HIV, TB, and HCV screening.
- 2,046 people were referred to care.
- 300 patients received HIV treatment.
- 3,580 individuals accessed mental health support.
- 2,282 people received social services.

(22)





# KEY CHALLENGES AND CRITICAL PRIORITIES IN THE HIV RESPONSE

- Ukraine's economic crisis, exacerbated by the war, has severely impacted HIV funding. The country's GDP fell 30-35%, leading to the largest recession in its history. Poverty rates rose from 5.5% to 24.2%, with 9% of the population living below the poverty line by 2023. High inflation, labor shortages, and destruction of energy infrastructure further strain healthcare funding, limiting access to HIV treatment and services.(23)
- The instability of international humanitarian aid and Ukraine's full dependence on external support for its HIV response **demand urgent, adaptive action to address evolving treatment and service needs and respond effectively to "emergencies within the emergency"**.
- Immediate life-saving interventions, including access to HIV treatment, prevention services, and mental health support, must be prioritized while **ensuring long-term recovery efforts that strengthen HIV health systems and community resilience**.
- One of the most pressing challenges is displacement and migration, with millions forced to flee internally and internationally, impacting HIV services coverage. ART enrolment remains 9% below pre-war levels, requiring **action to ensure HIV prevention, testing, and treatment services available and accessible for all who need it**.



- A worsening mental health crisis has also emerged, with rising cases of anxiety, depression, and PTSD exacerbating substance use and increasing HIV risk, affecting treatment adherence. The lack of accessible mental health services underscores **the urgent need for integrated mental health support within HIV care, particularly for people living with HIV (PLHIV) and key populations.**
- Gender-Based Violence (GBV) and human trafficking have surged, disproportionately affecting women, girls, and vulnerable communities. Many cases, including Conflict-Related Sexual Violence (CRSV), remain under reported due to stigma and inadequate support services. **Strengthening legal protections, survivor-centered healthcare, and emergency shelters is essential to address the long-term consequences of violence.**
- While HIV testing and PrEP use have increased, war-related disruptions limit the expansion of innovative HIV prevention programs, especially for key populations. **Ensuring continued investment in long-term prevention medicine, harm reduction, and outreach services is crucial.**
- Stigma and discrimination continue to be significant barriers for PLHIV and key populations, restricting access to healthcare, social protection, and shelters. **Expanding anti-stigma policies, legal protections, and community-led advocacy efforts will help remove structural barriers and improve service accessibility.**
- **Strengthening data collection and needs assessments** is equally vital for evidence-based decision-making and targeted interventions for the most affected populations.





- Empowering community-led responses—including women-led, IDP-led, and key population-led organizations—is key to delivering lifesaving services to those most in need. **These grassroots efforts require sustained investment and support.**
- The healthcare system is overburdened due to severe staff shortages, budget deficits, and the destruction of medical facilities. **Strengthening HIV service capacity, infrastructure restoration, integration of HIV services in the general healthcare system** and financial support for healthcare workers is critical to maintaining essential services.
- **The UNAIDS Emergency Fund** must be sustained to provide direct humanitarian assistance, including shelters for displaced persons and key populations, and ensure that HIV service providers are integrated into emergency response mechanisms and country recovery efforts.
- UNAIDS, its Co-sponsors, and UN agencies must enhance coordination efforts, ensuring a comprehensive, multi-sectoral response that **integrates HIV services into broader humanitarian and recovery efforts.**



# UNAIDS' RESPONSE STRUCTURE AND RESOURCES

Throughout the three-year war, UNAIDS mobilized €4,376,000 to address emergency and humanitarian needs for key populations and people living with HIV (PLHIV). Key funding sources include:

**US\$ 200,000**

UNAIDS emergency  
funding

**US\$ 27,000**

Monaco Red Cross

**US\$ 170,000**

CDC reprogramming

**€1,050,000**

German funding (Ukraine,  
Moldova, and Poland)

**€2,072,000**

Netherlands funding

## THESE FUNDS SUPPORTED CRITICAL SERVICES, INCLUDING:

- Sustaining HIV prevention and care through community-based organizations, involving first-aid training, provision of medical supplies, and reconstruction of damaged community centers.
- Power generators, heaters, transportation for blood samples and essential medicine distribution and other procurement to reach people in remote city districts or those residing outside the city.
- Humanitarian aid: hygiene kits, food vouchers, financial assistance, and transportation support for healthcare access for internally displaced women, first aid kits, transportation assistance to healthcare facilities, and medicine delivery.
- Dedicated support for mothers living with HIV and their children.
- Establishing shelters for internally displaced key populations.



## AS A RESULT IN 2024 WITH RESOURCES FROM THE NETHERLANDS:

**60,094** individuals received humanitarian aid

**45,858** resumed or initiated HIV services

**20,528** social work interventions supported treatment adherence and access

**3,494** individuals received medical reimbursements, easing financial barriers

**20,845** received food aid; **17,801** received hygiene kits

**7,683** accessed mental health support; **322** HIV service providers participated in burnout prevention

**1,391** found temporary shelter; **6,669** key populations and PLHIV received winterization support

**178** individuals received vocational training, and **60** were supported in employment

**14** healthcare facilities received essential equipment  
(24)

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Despite severe challenges, UNAIDS remains committed to protecting HIV services, advocating for inclusive healthcare, and ensuring no one is left behind. Ongoing support is crucial to sustaining these life-saving interventions for Ukraine's key populations.

# CO-SPONSORS UPDATE 2024

## WHO

provided technical support to expand PrEP under a public health approach, strengthening monitoring systems. Currently, 84% (251/300) of PrEP sites report data through national health systems. Despite war-related disruptions, the number of healthcare facilities offering PrEP services increased by 2%. 15 training sessions were conducted across 16 regions, reaching 437 obstetricians and gynecologists from public and private sectors. Aligned with WHO guidelines, the training covered PrEP, PMTCT, and PEP. Post-training evaluations showed 88% of participants improved their knowledge and confidence in delivering WHO-aligned HIV prevention services.

WHO HIV experts conducted 14 out of 20 planned training sessions (2023-2024) for healthcare institution heads, integrating HIV testing services (HTS) into primary care. This training reached 474 facilities, leading to a 73% increase in HIV testing at primary healthcare centers compared to 2023.

WHO is facilitating discussions on low-threshold opioid agonist maintenance therapy (OAMT) services, including mobile service development for easier treatment access. WHO Ukraine is actively involved in recalculating OAMT packages with NHSU financial units, using this as a strategic advocacy tool to expand OAMT sites and strengthen harm reduction services.

## UNODC

in Ukraine continues to play a key role in organizing a series of meetings and working group sessions to discuss the draft Drug Policy Strategy for 2030, along with an implementation plan for the following five years. A central focus of this strategy is a comprehensive approach that emphasizes a continuum of care for PWID, the quality of services, and the professional development of staff.

## UNDP

To enhance efforts to decriminalize HIV transmission, UNDP supported the work of an HIV-positive women-led organization. To promote human rights, UNDP made significant strides in advocating for LGBTQI+ rights and the inclusion of PLHIV through various activities aimed at strengthening policy capacity, building intersectional partnerships within key population communities, and advancing legislative reform and rights awareness. As a result of this work, two public reports were prepared, highlighting legislative gaps and proposing reforms to enhance protections for LGBTQI+ and PLHIV communities.

## UNFPA

played a key role in providing inputs to discussions on the humanitarian needs of key affected populations (KAPs).

The 17th National LGBTQI+ Conference in Kyiv, supported by UNAIDS and UNFPA was a crucial event in advancing the rights and inclusion of LGBTQI+ communities in Ukraine's humanitarian response.

## ILO

In 2024, the ILO continued implementing the VCT@Work (Voluntary and Confidential HIV Counselling and Testing at Work) initiative in workplaces across the Kyiv region. Activities included awareness-raising, advocacy meetings, HIV testing events, information dissemination, consultations with employers and trade unions, and promoting an HIV webpage developed by unions. As a result, 3,000 workers from six companies increased their awareness of HIV, and 1,000 took an HIV test, including 300 using self-testing kits. A multi-disease testing approach identified one case of HIV, four cases of Hepatitis C, and two cases of Syphilis. Workers also accessed TB screening via mobile X-ray. The initiative was implemented in Irpin Professional College of Law and Economics, Green House in Kalynivka, the National University of Bioresources, the Ministry of Justice (Inter-Regional Department), and the National Sanctuary 'Zalissya.' Additionally, FARMAK integrated HIV stigma and discrimination into its collective bargaining agreement, with another company expected to follow. A strong collaboration was established between the Kyiv Regional Council of Trade Unions and the Regional Specialized Medical Centre, whose director has become a key advocate for VCT@Work in the region.

## UNICEF

HIV-related activities in Ukraine for 2024 focused on sustaining PMTCT services and supporting vulnerable populations amid the ongoing armed conflict. The organization continues to provide technical and advocacy support to the Ministry of Health (MoH) and the Public Health Centre (PHC) in collaboration with UNFPA, WHO, and UNAIDS to resume efforts toward the Triple Elimination of mother-to-child transmission of HIV, Hepatitis B, and Syphilis certification. In partnership with 100% Life, UNICEF has assisted internally displaced women and children living with HIV in Dnipro, supporting 136 women with newborns, including 30 internally displaced women, 29 pregnant women, and 77 women from vulnerable groups. These beneficiaries, receiving services from the Dnipro City and Regional AIDS Centres, were provided with ART adherence counseling, diagnostics, transportation, and group support sessions. Additionally, UNICEF procured 50,000 packs of high-energy biscuits to improve nutrition for HIV-positive pregnant and lactating women, adolescents, and internally displaced persons (IDPs) in conflict-affected regions, with an approximate cost of \$12,000. To further support families of HIV-exposed and HIV-positive children, UNICEF distributed 1,542 packs of diapers valued at approximately \$60,000 to healthcare facilities in Kyiv, Odesa, Khmelnytsky, Rivne, Chernihiv, and Kharkiv. Through these efforts, UNICEF continues to demonstrate its commitment to ensuring access to life-saving HIV-related services and improving the well-being of vulnerable populations in Ukraine.

(25)

# 10 KEY MESSAGES

## 1 URGENT, SUSTAINABLE FUNDING IS CRITICAL TO SUSTAIN UKRAINE'S HIV AND HUMANITARIAN RESPONSE

The war-driven economic crisis has severely impacted healthcare funding, putting access to HIV services at risk. With HIV services entirely dependent on external aid and humanitarian support increasingly unstable, immediate action is needed to secure necessary fundings.

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## 2 ENSURE CONTINUOUS HIV TREATMENT

Urgently secure ART supplies and expand treatment access for all people living with HIV, including displaced populations.

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## 3 INTEGRATE MENTAL HEALTH SUPPORT

Integrate psychological care into HIV services to address war-related trauma and prevent health deterioration.

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## 4 REACH DISPLACED AND VULNERABLE POPULATIONS

Promote adaptive service delivery models, including mobile clinics and telemedicine.

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## 5 SCALE UP HIV PREVENTION EFFORTS

Increase access to testing, long-term medicine PrEP, and harm reduction services, especially for key populations.

## 6 ADDRESS GENDER-BASED VIOLENCE (GBV) AND CONFLICT-RELATED SEXUAL VIOLENCE (CRSV)

Strengthen legal protections, survivor-centered healthcare, and emergency shelters.

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## 7 ADDRESS STIGMA AND DISCRIMINATION

Implement policies to ensure PLHIV and all key populations can access healthcare without fear.

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## 8 IMPROVE DATA COLLECTION AND RESPONSE STRATEGIES

Enhance monitoring systems to tailor interventions and meet evolving needs.

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## 9 PROTECT AND REBUILD HEALTHCARE INFRASTRUCTURE

Strengthen health facilities, support medical staff, and restore essential HIV services.

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## 10 INTEGRATE HIV SERVICES INTO BROADER HUMANITARIAN AND COUNTRY RECOVERY EFFORTS

Ensure HIV care is prioritized within emergency response and long-term recovery plans.



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