

## UKRAINE

### SITREP 2026

FIFTH YEAR OF WAR: DEEPENING HUMANITARIAN NEEDS AND IMPACT ON THE HIV RESPONSE





# OUTLINE

Overview	3
Key humanitarian figures	4
HIV epidemic and service trends	7
Key challenges and critical needs	9
UNAIDS' key areas of activities	13
UNAIDS Co-sponsors updates	17
References	22

# OVERVIEW

As the war in Ukraine enters its fifth year, the humanitarian crisis continues to deepen, with profound consequences for access to essential services, including health care.

Modern warfare tactics, including the widespread use of drones and repeated attacks on critical infrastructure, are increasing civilian harm and fundamentally reshaping how health services are delivered, especially in conflict-affected settings.

In frontline areas, intensified hostilities have left medical facilities damaged, destroyed, or non-functional; caused severe staff shortages (40% of hospital positions unfilled or more in some areas) (1) and made it unsafe for ambulances to reach remote or heavily damaged territories.

Recent large-scale attacks on Ukraine's energy infrastructure nationwide have further worsened the situation, particularly during winter. Missile and drone strikes have repeatedly damaged power plants, transmission lines, and other critical facilities, leading to widespread electricity and heating outages that have affected hundreds of thousands of people in freezing temperatures.

These disruptions are multiplying public health risks and exacerbating communicable and noncommunicable diseases, cold-related injuries, mental health stressors, and protection risks, including gender-based violence.

The energy crisis has also hampered humanitarian and health services, including HIV testing, treatment and prevention, as well as data collection and reporting. Power outages have disrupted clinic operations, information systems, telecommunications, and transportation, making it more difficult for health workers to deliver services and for people affected by HIV to access care and remain on treatment—especially where service continuity is already fragile.

Together, these pressures are driving not only recurrent emergency conditions but also long-term structural damage to Ukraine's health system, including HIV care and treatment.

In 2026, an estimated 10.8 million (2) people across Ukraine will require humanitarian assistance. Needs are highest in frontline areas and regions experiencing intense shelling and destruction of civilian infrastructure. Of 3.7 million internally displaced people, 73% have been displaced for more than two years and 83% for more than one year (2).

Protracted displacement, combined with poverty and infrastructure damage, is eroding coping capacities, increasing the risk of treatment interruption, and worsening mental health.

Vulnerable populations—including people affected by HIV, women-headed households, children, and survivors of violence—are among the most affected.

Key populations and people living with HIV, often marginalized even in peacetime, can become even harder to reach during conflict and heightened scrutiny, and are not adequately covered by humanitarian assistance or social support. People without social networks or reliable access to state support face heightened risks of exclusion and require targeted assistance to stabilize their living conditions.

Local organizations and community groups continue to deliver the humanitarian response and essential HIV services, often at significant personal risk. Their leadership and knowledge of affected communities are indispensable in an increasingly localized response. However, many are steadily losing staff capacity due to the war, increasing the burden on those who remain and making it harder to sustain services under extremely difficult conditions.

Continued support from international organizations and donors—especially the United States Government, the Global Fund to Fight AIDS, Tuberculosis and Malaria, Expertise France, the Government of the Netherlands and other bilateral and multilateral partners—has been critical to sustaining essential HIV services.

The Government of Ukraine, through the Ministry of Health and the Ukraine Public Health Center, is making every effort to ensure the continued availability of services in close collaboration with community-led organizations.

At the same time, growing operational pressures are making service delivery and reporting increasingly challenging.

Ukrainians have shown extraordinary courage in the face of growing and recurrent emergencies, but they must also be assured of consistent, principled support to rebuild the health system in the long term after the war—including HIV care and treatment.

In 2026, the AIDS response will remain heavily dependent on external support, underscoring the need for strategic, predictable funding to sustain essential services while also beginning—where feasible and appropriate, and in line with the evolving context—to plan a gradual transition of coordination and delivery arrangements to nationally owned systems and community-led structures.

# KEY HUMANITARIAN FIGURES

**10.8M**

people will require humanitarian assistance and protection in 2026. (2)

**4.1M**

people with health specific needs. (3)

**3.7M**

people remain internally displaced (4)

with 73% in displacement for more than two years. (5) Shifts in the frontline continue to trigger new displacements. At the same time regular deadly attacks and airstrikes continue to occur far away from the frontlines demonstrating that no area in Ukraine is currently to be considered safe.

**2.5M**

homes have been damaged or destroyed with more being hit almost every day. Winter and sub-zero temperatures exacerbate these challenges, leaving millions without reliable heating, water or electricity. (6)

- The latest Protection Analysis Update highlights the effects of the war on the cross-section of Ukrainian society, including women, men, children and minority communities including the Roma community and LGBTIQ+ people. (7)
- While most refugees continue to express their intention to return to Ukraine when the situation allows, insecurity and concerns around access to housing, employment and services continue to pose significant obstacles to return. (8A)
- Border monitoring interviews have shown a higher proportion of people leaving Ukraine who - on top of the security situation- report a lack of electricity, lack of heating or lack of water as reasons for leaving the country.(9)

**5.8M**

refugees from  
Ukraine were  
recorded globally  
(8)

**INCLUDING**

**5.3M**

in Europe (8)

- Gender-based violence (GBV) risks for LGBTIQ+ persons as well as women living with HIV are rising as displacement, economic strain and weakened services deepen vulnerabilities. It is understood that cases of GBV in the country are vastly underreported. (11)

**OVER**

**2 840**

attacks on health-care  
facilities, which have  
claimed at least 226 lives  
and injured many more,  
severely disrupting health  
services. (10)

# HIV EPIDEMIC AND SERVICE TRENDS

According to the latest data from the Ukrainian Public Health Center, as of 31 December 2025,

**| 130,676 people**

living with HIV (PLHIV) were registered in HIV care in Ukraine. (1)

HIV prevalence remains highest in Dnipropetrovsk, Odesa, Mykolaiv regions and in the capital city, Kyiv. Compared with the same period in 2024, the number of people living with HIV (PLHIV) under follow-up decreased **by 5.1%** reflecting challenges in continuity of care and service access, especially in heavily affected regions. (2)

HIV testing volumes for the first nine months of 2025 declined slightly, with a **0.9%** reduction compared with 2024, and newly identified HIV-positive cases dropped by **22.7%**.

Overall testing efficiency fell to **0.39%, down from 0.5% in 2024**, suggesting continuing gaps in case detection.

During this period,

**| 6 106 new HIV cases**

were registered — **22.1% fewer** than in the previous year — though this trend likely reflects limited access to testing services rather than a substantive epidemiological shift. (3)

Sexual transmission remains the main mode of HIV transmission (approximately **83.4%** of new cases). **Men aged 30–49 years** make up the majority of new diagnoses. (4)

An average daily reporting in 2025 indicated **22 new HIV cases, 8 AIDS cases, and 3 AIDS-related deaths**. (4)

The combined pressures of the protracted war, attacks on energy infrastructure, and the resulting disruptions to health systems and social services underscore the need for sustained humanitarian access, robust support for health service delivery, and prioritization of community-led responses to ensure continuity of HIV prevention, testing, treatment, and care.

Although Ukraine, with the support of international donors, sustained the critical elements of the HIV response and nationwide access, the war, which began in February 2022, has affected the number of people on antiretroviral treatment (ART) through multiple, compounding factors: as of 1 January 2026, there were

**115,650**

people on ART comparing to

**130,239**

at the end of 2021. (5)

In 2024, over **13,000 people in Ukraine** accessed medicine to prevent HIV (PrEP), and in the first nine months of 2025 the number down to just over 10,000. The Public Health Center of Ukraine reports that long-acting injectable PrEP is now available in all regions, expanding HIV prevention options and supporting continuity of HIV services for key populations during the war, including amid displacement and service disruptions. (6)

In this environment, community-led and community-based approaches continue to play a central role in maintaining reach, trust, and continuity of services for people facing insecurity, displacement and social vulnerability. Their effectiveness is closely linked to a broader system that is able to function and adapt.

Clear political commitment and the leading role of state institutions are the key to ensuring coordination, and long-term sustainability of the HIV response, including the capacity of healthcare services to deliver quality care and to integrate HIV services within the wider health system without creating new barriers.

Humanitarian assistance is closely connected to these service delivery efforts. For people living with HIV and key populations, support that helps cover basic needs—such as food, shelter, hygiene, transportation, and psychosocial care—directly affects the ability to remain on treatment and stay engaged in prevention and care. Experience in the current context shows that when basic needs are addressed, engagement with HIV services improves, adherence is more stable, and demand for testing, treatment, and prevention services increases. In this way, humanitarian assistance functions not only as short-term relief, but as an enabling component of an effective and sustainable HIV response.

# KEY CHALLENGES AND CRITICAL NEEDS

## 1. Continuity of HIV services under protracted conflict and infrastructure disruption

Repeated attacks on energy infrastructure and ongoing insecurity disrupt clinic operations, telecommunications, transport, and health information systems are undermining HIV testing, treatment, prevention and reporting, especially where services are already fragile.

### CRITICAL NEEDS:

- Power back-up and continuity solutions for HIV/health facilities (generators, fuel, solar/UPS where feasible) and for labs, cold chain, and data systems. (1)
- Service continuity planning: multi-month dispensing, decentralized ART distribution, mobile/outreach teams, telemedicine/helplines, and transport support for patients and providers.
- Strengthened protection of health service delivery amid ongoing attacks on health facilities. (2)

## 2. Prolonged displacement driving exclusion and treatment interruption risks

Displacement is increasingly protracted (3.7 million IDPs; 73% displaced >2 years; 83% >1 year), compounding vulnerability, financial strain, and barriers to care.

### CRITICAL NEEDS:

- Targeted social assistance linked to HIV treatment success (food, shelter, hygiene, transportation, psychosocial support) to stabilize adherence and service engagement.
- HIV services tailored for displacement: flexible registration, continuity across regions, and access for people without documentation or stable housing. (3)

### 3. Vulnerable groups, including key populations and people living with HIV, face layered barriers to services and social protection

- Older people, people with disabilities, women-headed households, children, survivors of violence—and marginalized communities such as people living with HIV, people who use drugs, and LGBTIQ+ people—face the greatest barriers to services during displacement. Marginalization is often compounded during conflict, making key populations and people living with HIV harder to reach and not consistently covered by humanitarian assistance or social protection programmes.

#### **CRITICAL NEEDS:**

- Inclusive, accessible service delivery (accessibility measures, inclusive outreach, adapted communications, case management).
- Strong GBV prevention/response integrated with HIV services and referrals; safe spaces and survivor-centred care.
- Explicit inclusion and safeguarding in protection case management, and social protection access—supported by stigma- and discrimination free service delivery and confidential pathways for outreach, referral and documentation support.

### 4. Worsening detection gaps and possible hidden epidemic trends

HIV testing volumes declined slightly (–0.9% vs 2024), newly identified HIV cases dropped sharply (–22.7%), and testing efficiency fell (0.39% vs 0.5% in 2024), suggesting gaps in case finding rather than a true epidemiological decline.

#### **CRITICAL NEEDS:**

- Targeted, community-led testing strategies (index testing where appropriate, outreach testing, self-testing, and key population tailored approaches).
- Restore/strengthen surveillance, including infections surveillance, reporting and data systems affected by outages and displacement. (5)

## 5. ART coverage under strain and risk of further declines

ART remains the backbone of the response (115,659 people on ART as of 31 December 2025) but has declined by 11.2% compared to the pre-war level of 130,239 people, and by 2.6% between 01 January 2025 (118,701) and 01 January 2026 — reflecting disruption, displacement, access barriers and reporting constraints. (6)

### CRITICAL NEEDS:

- Protect treatment continuity: multi-month dispensing, decentralized pick-up points, cross-region portability, adherence support and emergency ART buffer stocks.
- Focus on heavily affected regions and frontline areas where continuity is most fragile.

## 6. Erosion of community response capacity amid rising demand

Local organizations and community groups deliver much of the humanitarian response and essential HIV services, often at significant personal risk, but are steadily losing staff capacity due to the war—raising burnout levels and sustainability risks.

### CRITICAL NEEDS:

- Direct, flexible funding and duty-of-care support for community-led organizations (security, psychosocial support, insurance, staff retention, surge staffing).
- Formalized coordination with MoH/PHC and humanitarian clusters to reduce duplication and strengthen referral systems. (7)
- Scaled-up mental health and psychosocial support (MHPSS) and duty-of-care measures for frontline health workers, community providers, and peer navigators to mitigate cumulative stress, secondary trauma, and burnout risks affecting service continuity, quality and staff retention.

## 7. Funding volatility and high donor dependency threaten sustainability

HIV services became heavily dependent on external aid; humanitarian support is increasingly unstable, while operational pressures make delivery and reporting more difficult.

### CRITICAL NEEDS:

- Predictable, multi-year financing with clear transition/recovery planning and oversight; protect commodity supply and service delivery costs.
- Maintain donor support (US Government, Global Fund, Expertise France, bilateral partners) while reinforcing state leadership and long-term integration without undermining low-threshold models. (8)

## 8. Protection risks intersecting with HIV outcomes (GBV, trafficking, domestic violence)

GBV and trafficking risks remain high; >168,000 domestic violence complaints recorded in 2025; hotline data indicates a 9% increase in calls (over 35,000 in nine months; ~90% about domestic violence); 40 trafficking cases identified.

### CRITICAL NEEDS:

- Strengthen GBV and trafficking prevention and survivor-centred response integrated with HIV services (post-exposure prophylaxis (PEP) pathways where relevant, sexual and reproductive health linkages, psychosocial support, safe shelters, legal aid). (9)



# UNAIDS' KEY AREAS OF ACTIVITIES

Humanitarian assistance provided by UNAIDS and partners in 2022–2024 enabled HIV services—community organizations and health facilities—to stay operational through winters and repeated blackouts in 2025–2026. Practical support such as warm clothing, heaters, power banks, rechargeable batteries, flashlights and battery-backed equipment helped providers continue basic operations and outreach when electricity and communications were disrupted, and helped clients remain connected and maintain treatment routines. With sincere thanks to UNAIDS' donors for their timely support — especially the Government of the Netherlands, as well as the Monaco Red Cross, the US Centers for Disease Control and Prevention (CDC), and the German Government—these early investments helped sustain essential services beyond the initial emergency phase. (1)

In 2025, UNAIDS supported Ukraine's HIV response by strengthening national governance, data systems, service delivery coordination and community leadership — helping sustain accountability and continuity under wartime conditions.

## Strengthening governance and accountability.

UNAIDS actively engaged in the Country Coordinating Mechanism (CCM) and its Oversight Committee, providing ongoing technical input to strengthen oversight and accountability of Global Fund–supported HIV programmes. This included support to improve modalities for data collection and verification in HIV prevention programming, contributing to more consistent, reliable, and transparent programme data and to evidence-based decision-making across the national response to HIV.

## UNAIDS' KEY AREAS OF ACTIVITIES

### Supporting national estimates, planning, and reporting.

UNAIDS provided sustained technical leadership throughout Ukraine's HIV Spectrum estimation process. HIV estimations remain particularly challenging due to uncertainty in population size denominators caused by displacement, large-scale migration and demographic shifts.

Support included detailed review of demographic inputs, epidemiological assumptions, and programme data, as well as coordination of HIV Spectrum Estimates Validation Meetings with national stakeholders. This enabled joint review of assumptions and results and supported informed discussion on the use of HIV estimates for policy, resource planning, and programme decisions in a context of significant war-related uncertainty.

The results were shared with the Global Fund to inform decision-making for GC8 grant allocation. In parallel, UNAIDS supported the Global AIDS Monitoring (GAM) 2025 process with the Ministry of Health of Ukraine and the National Public Health Center, including data consolidation, quality review, and a CCM-based multi-stakeholder validation meeting to safeguard the integrity and completeness of national reporting.

### Improving service delivery coordination and surveillance.

Through continued participation in national technical working groups, UNAIDS supported key elements of the HIV service delivery and surveillance framework. Technical contributions were provided to the Procurement and Supply Management (PSM) group coordinated by the Public Health Center, engaging 54 representatives from government institutions, civil society and international partners.

Support focused on HIV medicines and prevention commodities—antiretroviral medicines, HIV tests and condoms—through analytical inputs to stock monitoring, procurement planning and risk assessment to anticipate shortages and strengthen coordination of HIV supply chain management.

UNAIDS also provided technical support on recent HIV infection (RHI) surveillance through the National HIV Prevention Working Group, strengthening capacity to analyse RHI data, identify active transmission clusters, and translate findings into targeted programmatic action, including improved linkage to care and implementation of the Procedure for Responding to Recent HIV Infection at subnational level.

UNAIDS further contributed to national HIV prevention and treatment working groups under the Public Health Center, supporting adoption of the updated National Standard of Medical Care for HIV.

## UNAIDS' KEY AREAS OF ACTIVITIES

### **Strengthening prevention of vertical HIV transmission and integrated prevention.**

The specialized prevention of vertical HIV transmission working group—coordinated by the Public Health Center and supported jointly by WHO, UNAIDS and UNICEF—helped align national approaches with WHO guidance. This included integration of updated HIV treatment standards and prevention innovations and strengthening the regulatory and programmatic basis for more effective and coordinated prevention of vertical transmission of HIV, hepatitis B and syphilis.

### **Advancing community-led responses and key population leadership.**

UNAIDS supported national platforms that strengthen community engagement and accountability. The IX National Forum of People Living with Drug Dependence, supported jointly by UNAIDS and UNODC, convened 110 participants from 24 regions, including government, international organizations, service providers, and community networks.

Community representatives analysed legal and programmatic barriers, humanitarian and war-related challenges, and gaps in HIV and TB prevention and public health services—reinforcing community voices in policy dialogue, advocacy and community-led monitoring. UNAIDS also supported the National Key Populations Platform, including a three-day capacity-building programme for 15 newly elected Steering Committee members, strengthening understanding of HIV governance, legislative developments and practical advocacy tools.

### **Supporting civil society and awareness-raising.**

UNFPA and UNAIDS jointly supported the XVIII National LGBTIQ+ Conference of Ukraine, engaging 151 participants and strengthening civil society capacity to address HIV and sexual and reproductive health in a complex humanitarian context; 100 HIV self-testing kits were also provided. In the context of World AIDS Day, UNAIDS organized an open-door HIV event in Kyiv at the UN Common Premises: 147 participants accessed on-site testing for HIV, viral hepatitis and syphilis, and 300 HIV self-testing kits were distributed.

## UNAIDS' KEY AREAS OF ACTIVITIES

### Policy advocacy and strategic communications.

Joint advocacy by UNODC, WHO and UNAIDS, contributed to adoption of a New Drug Policy in May 2025, supporting harm reduction and human rights-based policing approaches. UNAIDS also strengthened strategic communication and advocacy through a year-long social media campaign comprising 82 evidence-based posts on HIV prevention, testing, treatment and stigma reduction, reaching more than 50,000 people and helping sustain public engagement on HIV as a public health priority.

PEPFAR funding to Ukraine over two fiscal years—USD 59.5 million in FY2024 and USD 59 million in FY2025 (USD 118.5 million in total)—has been instrumental in sustaining antiretroviral treatment procurement, including multi-month dispensing, expanding HIV testing and case identification, strengthening service provision and maintaining HIV service delivery amid war-related disruptions. (2)

Bearing in mind the persistent humanitarian needs of people living with HIV and key populations and drawing on experience from its humanitarian programme (2022–2024), UNAIDS has launched a €5 million emergency appeal to the Government of the Netherlands to support the crisis response in Ukraine. The proposed initiative would deliver essential humanitarian assistance to key affected populations, veterans facing substance use and mental health challenges, people living with HIV and their families, and service providers in the HIV response sector. It aims to strengthen resilience and sustainability in the HIV response and safeguard continuity of care under the most challenging humanitarian conditions.



# UN AGENCIES' SUPPORT FOR THE AIDS RESPONSE IN UKRAINE: 2025 UPDATE (3)

## The UN Resident and Humanitarian Coordinator (UNRC)

in Ukraine has provided strategic support to the HIV response under wartime conditions by keeping HIV on the political agenda within the broader UN humanitarian and recovery framework. Through sustained high-level advocacy and engagement in stigma-reduction efforts, the UNRC has reinforced rights-based, non-discriminatory messaging, supported the normalization of HIV testing and strengthened confidence in the continuity of HIV services.

The UNRC has also used the convening function of the RC/HC Office to advance inclusion and access for key populations, bringing together UN entities, civil society, and other stakeholders to promote Sexual Orientation and Gender Identity (SOGI)-sensitive approaches, strengthen protection, reduce discrimination and integrate community perspectives across the humanitarian–development–peace nexus.

## WHO,

in 2025, provided technical leadership to strengthen Ukraine's HIV response through policy guidance, service integration, clinical capacity building, and monitoring support.

WHO assisted the Ministry of Health and the Public Health Center in updating national HIV strategies, clinical standards and regulatory frameworks in line with global recommendations and contributed to core technical working groups. Support included integration of HIV services with tuberculosis, viral hepatitis and mental health care, expansion of opioid agonist maintenance therapy (OAMT), introduction of long-acting Cabotegravir (Cab-LA), integration of HIV services into primary health care and ensuring availability of essential diagnostics and treatment options. As part of this effort, WHO strengthened the management of advanced HIV disease (AHD) by organizing a national two-day training for over 30 healthcare professionals jointly with UNAIDS. The training focused on application of WHO-recommended clinical algorithms for inpatient and outpatient care, systematic screening for advanced disease, rapid ART initiation and management of opportunistic infections.

Additional trainings for primary and secondary healthcare providers on HIV indicator conditions were conducted to ensure targeted testing and reduce missed diagnostic opportunities, alongside sessions on adherence and service quality. WHO also supported surveillance and monitoring systems to improve data quality and evidence-based programme planning.

## ILO

continued scaling up voluntary counselling and testing (VCT) in the workplace. Six awareness raising sessions at six companies were attended by around 1,000 workers, of whom 671 were tested for HIV, syphilis and hepatitis B and C. As a part of social dialogue and collective bargaining efforts HIV and non-discrimination provisions were included in the draft tripartite territorial agreement for Kyiv region. It is not yet adopted but the provisions were approved by the parties (regional authorities, employers' and trade unions' associations).

Building on sustained capacity development and close cooperation with the State Labour Service of Ukraine, 215 enterprises adopted workplace non-discrimination programmes in 2025, explicitly protecting workers living with or perceived to be living with HIV.

## UNFPA

launched youth-friendly podcasts on consent and PrEP to improve access to HIV prevention information for marginalized LGBTQ+ youth and hard-to-reach groups. UNFPA maintained the integration of SRH and GBV services within emergency contexts. In Moldova, essential SRH-related healthcare costs were covered for 4,649 refugee women from Ukraine under Temporary Protection status, and a National Minimum Initial Service Package (MISP) Readiness Assessment was completed to strengthen institutional preparedness for crisis contexts. In Ukraine, 2025 population estimates were delivered to serve as the primary data source for the 2026 Humanitarian Needs and Response Plan, directly informing national targets and funding requirements under conditions of martial law.

## UNICEF

continued delivering gender-based violence (GBV) prevention, response and risk mitigation services, prioritizing women and girls at risk or survivors of GBV. These efforts reached 36,590 people through UNICEF-supported Safe Spaces and mobile teams, providing a package of case management, psychosocial support and GBV prevention activities.

UNICEF also launched the '16 Days of Activism against GBV' campaign focused on online safety through its social media platforms and promoted Laaha, a virtual safe space for women and girls to access vital information on sexual and reproductive health, healthy relationships and life-saving services. (4)

UNICEF-supported child-friendly hubs, online platforms and mobile teams enabled more people to newly access Mental health and psychosocial (MHPSS) services, reflecting rising demand. Mobile teams also reached remote settlements with limited or no social services, providing MHPSS support.

In Kharkiv, youth centres and safe spaces provided structured psychosocial support, life-skills guidance and safety education for adolescents. UNICEF also strengthened emergency mental health and child protection responses through capacity building, equipping frontline workers and specialists with improved skills for safe monitoring, referrals and crisis response. (4)

## UNHCR's

response—implemented mainly through national partners (11 of 12) and a wide network of community-based organizations—will remain multisectoral, focusing on legal aid to secure civil documentation and access to services, including support related to damaged housing.(5)

UNHCR provides multi-purpose cash assistance to the most vulnerable internally displaced and conflict-affected populations. In 2025, targeted support was channelled through the "Positive Women" CBO, which served women affected by HIV and their families.

In 2025, UNHCR strengthened GBV referral pathways across 17 oblasts in collaboration with four implementing partners, including the HIV-service organization Light of Hope. HIV-sensitive and survivor-centred approaches were integrated throughout GBV interventions to ensure equitable access for key populations and people living with HIV.

Partners regularly updated regional referral maps covering health, HIV-related, psychosocial, legal and social protection services, supporting accurate and confidential referrals. UNHCR also conducted field missions and facilitated coordination to improve the effectiveness of local referral systems.

UNHCR reinforced GBV prevention and risk-mitigation efforts by investing in community empowerment and local protection mechanisms.

Capacity-building activities—including six field missions, 16 trainings and one Training of Trainers—reached 671 participants from partner organizations,

law enforcement, social services and community groups, with an additional 1,520 individuals engaged through partner-led sessions.

These efforts strengthened community capacities to identify risks, co-design solutions and promote safer, more equitable environments.

To strengthen sustainability, UNHCR and partners delivered targeted training on people-centred and protection-oriented service provision.

Ongoing cooperation with “Positive Women” helped enhance referral procedures and improve service quality for women survivors of violence, including those living with HIV. This partnership also supported awareness-raising and prevention initiatives, alongside joint training activities to strengthen professional capacity on GBV prevention and response.

In 2025, UNHCR support to the HIV response in Moldova, in collaboration with UNAIDS, ensured continued access to HIV prevention and related health services for refugees and host communities across the North, Centre, South and East (Transnistrian region). Community-based HIV prevention, TB screening, care and support services reached nearly 2,285 refugees living with and affected by HIV, with a focus on key populations, including sex workers, LGBTQ+ individuals and refugees who use drugs.

Beneficiaries received individual and group information and education sessions on HIV, hepatitis, STIs and TB prevention, testing and referral to treatment, alongside guidance on accessing humanitarian assistance, GBV support, sexual and reproductive health and psychosocial services.

In addition, outreach prevention services on HIV, TB, STIs and viral hepatitis were provided to 563 individuals from high-risk refugee groups.

## UN WOMEN,

under the initiative “**Positive Women Safe Spaces – Supporting Resilience and Empowerment**” implemented by the community-based organization (CBO) *Positive Women*, supported nine safe spaces for displaced women living with HIV, reaching around **7,000 women** with humanitarian, social, psychological, and legal assistance.

As part of UN Women and UNICEF’s technical support delivered through Positive Women, women living with HIV and affected women were also empowered to advocate for the availability and access to **prevention of vertical transmission** services at the local level—particularly in **Fast-Track Cities** (Kyiv, Odesa, Dnipro, and Kryvyi Rih).



## Women, HIV and war: a triple burden

Lidiia is from Ukraine's Zaporizhzhia region, near the front line. After her village fell under occupation in 2022, she lived for months without humanitarian access, struggling to find food, hygiene supplies, and antiretroviral treatment for HIV.

Lidiia is living with HIV and when medicine shortages became critical, Lidiia fled while pregnant, carrying her young daughter. After a three-day journey, she reached Dnipro, where she found refuge at a shelter run by the community-based organization 100% Life. Supported through donor funding, the shelter provides displaced women and families living with HIV with housing, basic supplies, and access to antenatal, paediatric and HIV care.

3.7 million people remain internally displaced in Ukraine, with 6.9 million displaced abroad—many of them women and children. Community-led research among women living with HIV found a “triple burden” of displacement, gender-based violence and barriers to health services. More than 70% reported worsening economic conditions, and one third faced increased difficulty accessing HIV care due to insecurity and damaged infrastructure.

Despite these challenges, most women have been able to continue life-saving HIV treatment thanks to emergency distribution and community support—highlighting both the strain on services and the resilience of Ukraine's health system and civil society.

Sustained international support remains essential to ensure women like Lidiia can continue accessing vital care amid ongoing conflict.

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## UNAIDS' KEY AREAS OF ACTIVITIES AND UN AGENCIES' SUPPORT FOR THE AIDS RESPONSE IN UKRAINE: 2025 UPDATE

1. Sitrep: UNAIDS response to the crisis in Ukraine - February 2025
2. <https://moz.gov.ua/en/pepfar-confirmed-the-allocation-of-usd-1185-million-in-funding-to-ukraine-for-2024-2025>
3. This section provides an overview of activities implemented by UN agencies in Ukraine that contributed to the HIV response—directly or indirectly—within the UBRAF (and beyond). Detailed information on each activity is available in the respective agencies' situation reports published online (see the References section).
4. Ukraine Humanitarian Situation Report No. 58, November 2025 | UNICEF
5. UNHCR