Critical needs of civil society organisations providing support to people living with HIV and key and vulnerable populations are still not met by the international community.

The delivery of humanitarian life-saving aid, including antiretroviral therapy and opioid agonist therapy, in the eastern and southern parts of Ukraine remains exceptionally challenging due to the military actions, security concerns, restricted mobility and mass displacement and disruption of logistic chains. Continued attacks on health facilities and difficulties in transporting medication are both impacting the availability of health services.

Access to healthcare including provision of antiretroviral therapy is complicated with 33 sites closed in the occupied territories and hotspots (Donetsk, Luhansk, Kharkiv, Zaporizhzhya oblasts), sixteen sites facing shortages of personnel and providing limited services, and lost connection with ART sites in newly occupied territories. 30% of patients are at risk of treatment interruption with no refills left or ending.

New cases are not being fully detected and quality of treatment monitoring is reduced. Access to diagnostics including CD4 and viral load testing remain challenging due to destruction of laboratories and equipment, shortages with commodities’ supply and disruption of delivery. For the first quarter of 2022, HIV testing in Ukraine decreased by 36% compared to the same period last year, which overall reduced the detection of new cases by 40%. Forty-four per cent of sites do not provide CD4 testing, and almost 30% do not provide viral load testing.

IOM estimates that a total of 13,686,000 persons have been displaced within Ukraine and or crossed the border to neighbouring countries. As the crisis evolves, displacement and mobility patterns continue to change, requiring scaled-up and integrated interventions that address both emerging and existing needs.

Figure 1. Distribution of internally displaced people and refugees in Ukraine and in refugee-hosting countries as of 25 May 2022.
Situation and response update on access to HIV services: UKRAINE

Access to antiretroviral therapy, diagnostics, and opioid agonist therapy

| Situation update | 834 new HIV cases have been registered in April 2022 (no data available from Kharkiv oblast) which is almost 40% less than in April 2021. Cumulative 3423 new HIV cases registered in Ukraine by 01 May 2022 is 32% less than for the same period of 2021 (5022). This means that new cases are going undetected. Access to health care and provision of antiretroviral therapy is complicated with 33 sites closed in the occupied territories and hotspots (Donetsk, Luhansk, Kharkiv, Zaporizhzhya oblasts), sixteen sites are facing shortages of personnel (no doctors, only nurses) and provide limited services, connection with ART sites on newly occupied territories is lost. Information is collected on bi-weekly basis and shared through hotline and Public Health Centre: https://findart.phc.org.ua/. As of 1 May 2022, the cumulative number of people who started antiretroviral therapy in 2022 was 2793, which is 30% less than during the same period in 2021. Out of 127 522 patients currently on antiretroviral therapy, 30% are at risk of treatment interruption with no refills left or coming to an end. 75 ART sites have no option to provide refills of antiretroviral medicines for 3 months or longer. Access to diagnostics, including CD4 and viral load testing, remain challenging due to destruction of laboratories and equipment, shortages with commodities’ supply and disruption of delivery. For the first quarter of 2022, HIV testing in Ukraine decreased by 36% compared to the same period last year, which overall reduced the detection of new cases by 40%. Decrease in HIV testing is noted in all regions, except Ivano-Frankivsk, Kiev, Rivne, Sumy, Ternopil. 44% of sites do not provide CD4 testing, and almost 30% do not provide Viral Load testing.

Ukrainian Public Health Centre released Situational report on provision of Opioid Agonist Therapy in Ukraine (available in Ukrainian only). 17 510 people are receiving OAT, of them 1180 are internally displaced people. Fifteen opioid agonist therapy sites located mostly in Donetsk, Luhansk and Kharkiv oblasts are closed resulting in decreasing number of OAT clients there: -30.8%, -63.7% and -20.6% respectively. There is risk of interruption for 1 500 people in Kherson, Zaporizhzhya, Donetsk oblasts. Number of clients receiving take-home OAT medicines increased by ten per cent, and currently is 94.4%. Considering increased risk of overdosing Alliance for Public Health supported civil society organizations in Naloxone procurement and provision the clients with vitally important medicine.

Challenges | The delivery of humanitarian life-saving aid, including antiretroviral therapy and opioid agonist therapy, in the eastern and southern parts of Ukraine remains exceptionally challenging due to the disruption of logistic chains and military action. Continued attacks on health facilities and difficulties in transporting medication are both impacting the availability of health services.

Action required | System tracking clients receiving antiretroviral treatment and opioid agonist therapy is needed to track people and their movements. UN convoy is becoming the only reliable way to deliver medicines and goods. The Public Health Centre will start planning delivery of medication to these
facilities well in advance – it takes 4-6 weeks to plan the delivery of medication and it is important for the facilities to keep enough stock.

## HIV prevention and care services/civil society organizations and communities

### Situation update

According to the Health Cluster, sexual and gender-based violence (SGBV), mental and psychosocial health, and infectious diseases remain among key health concerns for the conflict-related population together with non-communicable diseases (NCDs) and crisis-attributable injuries.

Housing needs remain high among internally displaced persons with some 6.2 million people are estimated to be in need of shelter and NFI between March and August 2022 (OCHA).

Civil society organizations report a decrease in the inflow of new clients caused by internal migration. ECOM reports about increased level of domestic violence among LGBTI couples.

### Challenges

Internal mobility flows are becoming increasingly complex with new displacements, secondary movements and returning to the places of residence. IOM estimates that over 8 million people have been internally displaced within Ukraine (4% increase since 17 April). Additionally, IOM estimates that 2.8 million people have moved back to their homes following earlier displacement.

Fluidity of IDP movements is a significant challenge to collect timely and accurate data on the numbers, locations, and needs of internally displaced persons across Ukraine, limiting humanitarian assistance planning, implementation and effectiveness.

A number of shelters operating in Ukraine could provide services to people living with HIV and key populations. However, representatives of these groups are often excluded from traditional support networks among displaced and host communities, experiencing challenges to access shelters and facing stigma and discrimination.

Humanitarian conditions worsen in both eastern and southern Ukraine, with ongoing, wide-scale disruptions in electricity, water and gas supplies. Fuel shortages across the country are impacting the operational capacity of humanitarian organizations, particularly those using light vehicles.

While there are reports of gender-based and sexual violence along with a high risk of trafficking at borders, referral pathways for GBV survivors are not fully functioning in many locations, and access to police services is limited.

### Action required

Address barriers to safe and equal access for key populations to social services and programmes, develop tailored programmes/specialized shelters to ensure key populations in displacement and/or affected by the war in Ukraine enjoy equal rights. Develop prevention programmes addressing domestic violence for LGBTI couples and other key populations.

Advocate for equitable and non-discriminatory provision of services to key populations by humanitarian actors, civil society organizations, Government, and law enforcement agencies.
Rebuilding GBV referral pathways where these have been broken or disrupted to help survivors access to support services which meet their range of needs (eg. GBV case-management, PSS, CMR, legal advice and counselling, etc.)

Response: UNAIDS Secretariat and Cosponsors

Working group on psychological assistance established with UNAIDS support (through the Technical Support Mechanism) launched a series of webinars “Shelters: psychological support in emergencies” for social workers, volunteers and people working in shelters.

UNDP is strengthening the judicial expertise on HIV infection and related comorbidities (developing a training module for legal experts, lawyers and judges on the roles of the law and the judiciary system in the response to HIV) (with a particular focus on gender-related comorbidities that require gender-specific clinical management in the penitentiary establishments). UNDP has supported the development of Fast-Track city dashboard; international consultant conducted an evaluation of training needs on HIV detection (in FT cities: Dnipro and Kryvyi Rih) a detailed report will be provided by end of May. National consultants are monitoring barriers to treatment and health services for people living with HIV and KPs in an emergency/conflict settings and mapping HIV prevention, care and support services available in wartime for PLHIV.

To establish, support and scale up Mental Health and Psychosocial Support (MHPSS) in countries, WHO launched a training course “Introducing Mental Health and Psychosocial Support (MHPSS) in emergencies” available in English, Ukrainian and Polish. Through this training, the participants will learn about key approaches to advocacy and to identify entry points for mental health and psychosocial integration as an integral and cross-cutting component in public health emergency responses and in humanitarian emergencies.

UNODC is supporting a rapid assessment on substance use to study the needs of people with substance use disorders beyond the access to pharmacological treatment, their health needs (withdrawal, co-morbid disorders, services available etc), drug use patterns (risky modes of consumption, increased/decreased use, access to clean needles, overdose reports) etc. Research tool was piloted in partnership with communities and sampling size and geography is agreed.

WFP has finalized an agreement with the 100% Life (Ukrainian Network of People Living with HIV), for both in-kind and cash-based transfer activities in various oblasts across Ukraine. Nutrition support in the form of an integrated nutrition package is being included in the agreement to support children 6-23 months alongside our in-kind and cash-based transfer or Rapid Response activities.

As part of efforts to raise the protection concerns of LGBTIQ+ persons in Ukraine, the UNHCR-led Protection Cluster issued an Advocacy Note on Protection of LGBTIQ+ people in the Context of the Response in Ukraine.

IOM published the latest round of Ukraine Internal Displacement Report documenting changes in displacement and mobility flows and capturing the needs of IDPs and the non-displaced population in the country. IOM is scaling up the use of its Displacement Tracking Matrix (DTM) tool to better understand mobility dynamics in the region.

Situation and response update on access to HIV services:

RECEIVING COUNTRIES
# Access to antiretroviral therapy and opioid agonist therapy

## Republic of Moldova

| Situation update | As of 27 May 2022, 475,011 refugees have passed over the borders of the Republic of Moldova since the beginning of the war. One hundred and forty-three people living with HIV have been provided with HIV treatment. Fifteen people have received opioid agonist therapy. All treatment centers all over the country are involved in ART delivery. |

## Response: UNAIDS Secretariat and Cosponsors

UNAIDS Secretariat together with Cosponsors, continues to ensure humanitarian assistance is targeted to the most vulnerable populations in line with humanitarian principles with a focus on providing critical support to people living with HIV and key populations including in Transnistria region. Thanks to the joint efforts an “Algorithm of TB screening and HIV prevention and testing services for refugees provided by NGO” was approved by the MoH opening access of civil society organizations to all refugee centers in Moldova (around 100).

With UNHCR support comprehensive GBV referral pathways have been developed, shared, and continue to be updated based on service mapping for all regions. 212 frontline partners, government and NGO staff have been trained on GBV safe disclosure and referral to increase access to support.

## European Union countries receiving refugees

| Situation update | Although the number of border crossings out of Ukraine into neighbouring countries is still high, the trend is declining. As of 27 May 2022, more than 3.5 million people had arrived in Poland, 978,407 in Romania, 660,192 in Hungary and 449,509 in Slovakia. About 300–350 people living with HIV/AIDS (PLHIV) from Ukraine have relocated to Czechia and have been included in the national HIV treatment and care programme, increasing the total number of people on antiretroviral therapies (ARV) by about 10%. The Czech AIDS Foundation is currently providing medicines through a donation programme financed by pharmaceutical companies. The Poland MHPSS Technical Working Group has developed a MHPSS Communication Essentials document, describing how MHPSS services are positioned in different layers and using the correct terminology especially around trauma. The European Centre for Disease Prevention and Control (ECDC), in collaboration with Copenhagen HIV Programme (CHIP), Centre of Excellence for Health, Immunity and Infections and European AIDS Clinical Society (EACS), conducted a webinar on the “Key considerations on the continuum of HIV care for refugees from Ukraine.” The aim of the webinar is to help countries in the EU/EEA provide standardised HIV prevention, treatment and care for persons fleeing from Ukraine. Civil society organizations established shelters and provide services for sex-workers In Slovakia and several other refugee-hosting countries. |
Challenges

National infrastructures and service in refugee-receiving countries, especially Poland (which is hosting approximately three million refugees) are witnessing an increasing pressure, resulting in additional challenges in the response.

Civil society organizations are raising concerns about access to antiretroviral treatment in Slovakia due to lasting procedures demanding registration, changes in treatment regimen, and disproportionally high costs in case of not meeting criteria.

Civil society organizations providing HIV services to people living with HIV and key populations are lacking human and financial resources and are in critical need of extra capacity and require urgent financial assistance to continue services provision.

Action required

Advocate for and continue to work with governments in European Union countries to ensure continuation of antiretroviral and opioid agonist treatment for people living with HIV and people who use drugs from Ukraine and prevent treatment interruption.

Additional resources are urgently required to mobilize extra capacity for civil society organizations given the continuous high workload in meeting the needs of refugees.

Response: UNAIDS Secretariat and Cosponsors

UNHCR facilitated trainings in Hungary and Poland on gender-based violence (GBV) for volunteers and partners, focusing on delivery of support to survivors and actors not familiar with GBV response and prevention, as well as prioritization of psychological first aid. GBV Referral pathways, which include information on some 21 NGOs and three governmental institutions, have been finalized and shared with all protection actors to enhance access to information and protection services including psychosocial support for those in need of GBV services and support.

WHO, in coordination with key MHPSS agencies and refugee-hosting countries, organizes weekly regional webinars on various topics related to MHPSS. WHO conducting a comprehensive service mapping for MHPSS in Poland. The aim is to have it available in Ukrainian and Polish for both service providers and people in need of services.

UNODC provides capacity building for specialized law enforcement units against trafficking in persons/referrals to health services from Austria, Germany, Moldova, Poland, Romania, and Slovakia. In partnership with Austrian NGOs, UNODC offers guidance/approved materials in psychological counselling to mitigate anxiety, and stress, including for families in significant distress, and resources and experience to support families in conflict situations and linkages to groups that can offer similar and HIV prevention and care services.

UNAIDS’ RESPONSE STRUCTURE AND RESOURCES

UNAIDS released an initial US$ 200 000 in emergency core funds to address urgent humanitarian and programme demands in seven cities that have large HIV epidemics (Chernihiv, Dnipro, Kharkiv, Kryvyi Rih, Kyiv, Odesa, and Poltava) and provides more than US$ 400 000 (US$ 200 000 through the Technical Support Mechanism) for the region. It is reprogramming at the regional and country level (Ukraine and the Republic of Moldova).
UNAIDS has issued an urgent call to the international community for an additional US$ 2.42 million for civil society organizations providing HIV services in Ukraine and in countries receiving refugees in need of HIV services.

MORE INFORMATION  War in Ukraine | UNAIDS

UNAIDS SECRETARIAT PRESS STATEMENTS

UNAIDS SECRETARIAT WEB STORIES

Helping Ukrainian refugees with HIV treatment and support in Berlin | UNAIDS
Keeping LGBTI people safe in times of war | UNAIDS
Kryvyi Rih AIDS centre continues to provide HIV services despite the war in Ukraine | UNAIDS
Addressing the vulnerabilities and challenges facing LGBTI people in and fleeing from Ukraine | UNAIDS

TWEETS

https://twitter.com/UNAIDS/status/1527605283920412673?s=20&t=i0BwSAr4UMayUl09HFYCBg
https://twitter.com/MMKavanagh/status/1526534454667366402?s=20&t=i0BwSAr4UMayUl09HFYCBg
https://twitter.com/UNAIDS/status/1526519611868553216?s=20&t=i0BwSAr4UMayUl09HFYCBg

VIDEOS

Helping influx of Ukrainian refugees with HIV treatment in Berlin
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IOM  Regional Ukraine Response, Situation Report #19, 19 May 2022

UNOCHA  Ukraine: Situation Report, 26 May 2022