

01 September 2022

SITREP:

UNAIDS' response to the crisis in Ukraine

KEY FIGURES AND MESSAGES AT A GLANCE

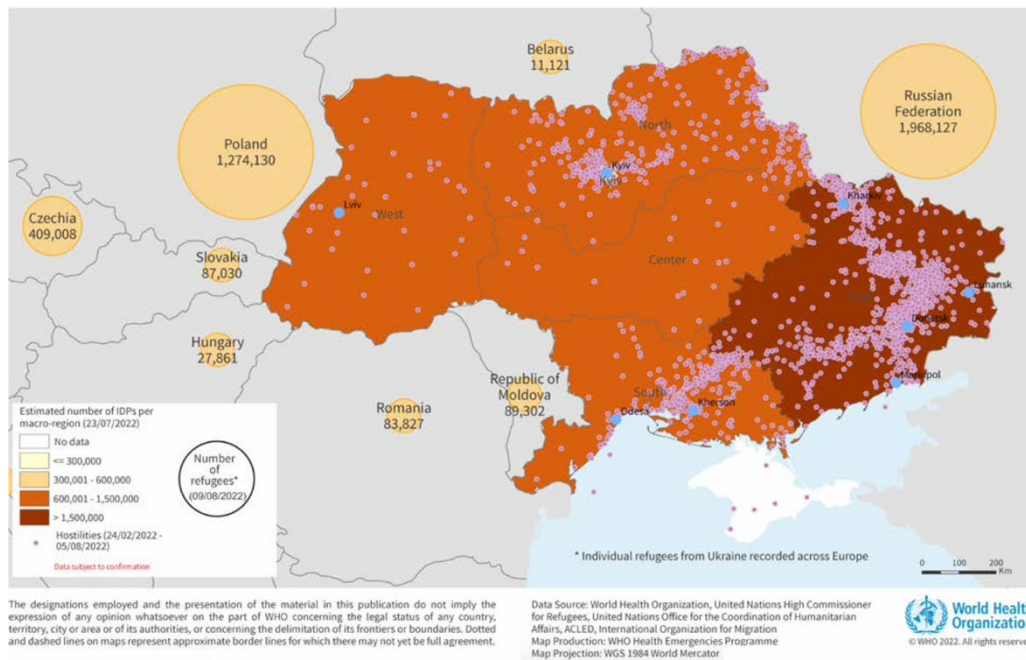


- After six months of the war in Ukraine:
 - 17.7 million people, or 40% of the country's entire population, require humanitarian assistance, with further deterioration of the situation expected during the winter months ([OCHA](#));
 - Nearly one-third of Ukrainians have been forced from their homes, creating one of the largest human displacement crises in the world;
 - Intense hostilities are exacerbating humanitarian needs at the front lines and in large parts of the east and south of the country.
- Access to health care continues to be severely impacted due to security concerns, restricted mobility, broken supply chains, and mass displacement ([WHO](#)). Timely delivery of humanitarian aid and medicines, particularly to hard-to-reach areas, remains a challenge due to ongoing insecurity and logistics constraints.
- HIV is among the key public health risks for conflict-affected populations over the next three months and there is a high risk of considerable levels of excess HIV mortality/morbidity as the result of potential interruption of access to diagnostic services and treatment ([PHSA](#)). About 59,000 people receiving antiretroviral therapy (ART) reside in areas affected by the conflict.
- The critical needs of civil society organisations which provide support to people living with HIV and key and vulnerable populations in refugee-hosting countries are still not being met by the international community (e.g., out of 30 civil society organisations providing services for key populations in Poland, only six organisations are still functioning due to lack of funding and severe burnout).
- To support civil society organisations providing HIV services in Ukraine and in hosting countries, UNAIDS has issued an urgent call to the international community for an additional US\$2.42 million. UNAIDS strongly appreciates Germany for the contribution of US\$ 1M to support emergency programme in Ukraine and neighbouring countries in response to this call for financial contributions and is calling on other donors to contribute as well.
- Additional funds are urgently required to plan support for vulnerable groups with the upcoming winter and low temperatures. Access to shelters remains one of the most urgent needs of both IDPs and refugees in host countries.
- Around 3.7 million people are in need of services specialising in sexual and gender-based violence (SGBV) prevention and response ([OCHA](#), [WHO](#)). National protection systems and mechanisms for women survivors of violence have been compromised by the conflict, and

SGBV services are mostly unavailable in areas affected by active hostilities and non-government-controlled areas.

- Six months of the war have also put an enormous burden on the mental health of people both in Ukraine and those who have fled. The affected population is at high risk for adverse mental health outcomes and there is an urgent need for continued mental health and psychosocial support services. According to the Ukrainian Ministry of Health (MoH), approximately 15 million people are in need of psychological support due to war-related trauma and stress.
- Eamonn Murphy, UNAIDS Deputy Executive Director for programs and Regional Director for EECA a.i., visited Ukraine and Moldova during 17 – 21 July 2022. The visit enabled the DXD to meet stakeholders in the government, civil society (including beneficiaries of the UNAIDS emergency fund for Ukraine), the UN and international organisations to discuss the overall operating context, the key elements of HIV response, and the relevant support that UNAIDS could provide up to the end of 2022 and beyond.

Figure 1. Distribution of internally displaced persons (IDPs) and refugees in Ukraine and neighbouring countries as of 9 August 2022



Situation and response update on access to HIV services: UKRAINE

| Access to antiretroviral therapy, diagnostics, and opioid agonist therapy | |
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| Situation update | <p>1,166 new HIV cases have been registered in July 2022 (note: no data is available from Kharkiv oblast). This is almost the same level as in July 2021 (1,328) and in the preceding months this year (June 2022 – 1,194) as a result of improvement of the situation with diagnostics supplies and delivery.</p> <p>The cumulative 6,813 new HIV cases registered in Ukraine as of 1 August 2022 is 26% less than for the same period of 2021 (9,216). This indicates a gap in HIV diagnoses during March-May 2022 and less detection of new HIV cases due to destruction of laboratories and equipment, shortages in supply of commodities and disruption of delivery.</p> <p>As of 1 August 2022, the cumulative number of people receiving antiretroviral therapy was 125,272, and the number of people starting ART in July 2022 was 1 190. This is 26% less than the number of people who started ART in July 2021.</p> <p>Access to health care and provision of antiretroviral therapy is ensured in Ukrainian-controlled territories with deliveries commencing as planned and provision of ARVs to patients for a number of months. However, access to ART in occupied territories continues to be a challenge with a number of sites either not operating or facing shortages in health care personnel. Overall, there is insufficient information on access to HIV treatment in crossline areas and on the availability of health facilities and staff to provide services. It is reported that only 9% of HIV treatment sites are operational in the Luhansk oblast. Approximately 59,000 people receiving antiretroviral therapy reside in areas affected by the conflict. Information is collected on a bi-weekly basis and shared through a hotline and the Public Health Centre: https://findart.phc.org.ua/.</p> <p>The Ukrainian Public Health Centre started releasing the Situational report on provision of Opioid Agonist Therapy in Ukraine on a monthly basis (available in Ukrainian only). As of 1 July 2022, 18,612 people were receiving OAT (again, no data is available from Kharkiv oblast). Of those, 1,331 are IDPs. Although the total number of OAT clients increased by 1,463 (+8.6%) during January-June 2022, a negative growth rate is registered in four oblasts: Luhansk -100% (all OAT sites in Luhansk oblast are not functioning); Donetsk -68.5%; Kharkiv -21.4%; Zaporizhzhia -10.2%. The Ukrainian Public Health Centre developed a chatbot for OAT and online mapping of harm reduction services.</p> |
| Challenges | <p>Timely delivery of humanitarian relief items, particularly to hard-to-reach areas, remains a challenge due to ongoing lack of security and logistics constraints. There remains a lack of information from partners on incoming pipelines and storage/transport needs, including information on final destinations, volumes and timeframes, to ensure essential operational planning for the scale-up of the winterization response.</p> |
| Action required | <p>Timely delivery of humanitarian assistance across the country, impeded by the ongoing insecurity and logistics constraints, needs to be improved.</p> <p>Ensure that salaries of the personnel at medical facilities providing HIV testing, ART and OAT are included in direct budget support (\$1.7B) covering six months' worth of health workers salaries provided by US Government (via World Bank).</p> |

HIV prevention and care services/civil society organisations and communities

Situation update

Housing needs remain high among IDPs with an estimated 6.2 million people in need of shelters and non-food items between March and August 2022 (OCHA). The primary concern among IDPs in accommodation centres located in educational institutions (i.e. schools, colleges and university dormitories) is the need to vacate the premises before the new academic year starts.

The MoH of Ukraine estimates that 15 million people might require psychological support and treatment due to war-related trauma and stress. Of the 15 million, three to four million people potentially require medication-assisted treatment. Concerns have been raised about the long-term mental health impact of the war in Ukraine.

Crises and emergencies exacerbate all forms of SGBV, including sexual exploitation and abuse. Multiple forms of SGBV cases are being reported, with particularly high insecurity and risk for women and girls on the move, at border crossing points and transit/collective centres, and in bomb shelters. There continue to be several reports of intimate partner violence, sexual exploitation and abuse, sexual harassment, sexual violence (including conflict-related sexual violence) and economic abuse.

The Alliance for Public Health is procuring hormone replacement therapy for trans* people and support several shelters in Kyiv and Odesa on the basis of two public organisations.

The humanitarian project, "Comprehensive program of humanitarian response for refugees affected by the crisis in Ukraine", has also been launched, financed by Christian Aid and implemented by the "Public Health Alliance" in partnership with 23 regional NGOs. Humanitarian, psychological, legal, social support as well as evacuation and cash transfers will be provided during project implementation for PLHIV and key populations.

Challenges

There is an overall lack of certainty around the figures and locations of the population moving back to Ukraine from abroad or to other locations within the country. More people are anticipated to move west ahead of the winter months. According to the [IOM survey](#), around 15% of IDP respondents indicated plans to return to their places of habitual residence within the next two weeks. Additionally, border-crossing figures suggest that since May, the number of Ukrainians returning to Ukraine has increased, a trend that might continue in the coming months (IOM). This increase in movement poses a significant challenge to the collection of timely and accurate data on the numbers, locations, and needs of IDPs across Ukraine, further complicating efforts in humanitarian assistance planning, implementation and effectiveness.

According to an [update from Ukraine Public Health Situation Analysis \(PHSA\)](#), HIV is among the key public health risks for conflict-affected population over the next three months, and has a high risk of considerable increase in levels of mortality/morbidity as a result of the interruption of access to diagnostic services and treatment.

Access to shelter is among the most urgent needs of both IDP and refugees in hosting countries. As countries deal with longer-term solutions, acute needs for shelters have persisted and will increase with challenges around weather, policy changes, and host fatigue. With the upcoming winter and lower temperatures, additional funds are urgently required to plan for fast-tracking of urgent activities to support vulnerable individuals and families.

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

are ongoing reports about the eviction of people from shelters and manifestations of physical violence against community representatives.

The affected population is also at high risk for adverse mental health outcomes and there is consequently an urgent need for continued mental health and psychosocial support services. Health care workers face challenges of working over capacity due to understaffing, and are at increased risk of psychological distress, burnout and mental health issues. The exacerbation of chronic mental health problems and high levels of acute psychological effects among affected populations of all ages puts mental health at a very high risk of higher levels of excess mortality/morbidity.

National protection systems and mechanisms for women survivors of violence have also been compromised, and sexual and gender-based violence services are mostly unavailable in areas affected by active hostilities and non-government-controlled areas.

An estimated 5,400 people released from prisons do not have identity cards, of which more than 4,000 people do not have the funds to renew their documents. People are provided with a certificate from the Ministry of Internal Affairs, which currently does not have the status of an identity card. Thus, a person released from prison has limited access to administrative, medical, social and other services.

Action required

Address barriers to safe and equal access for key populations to social services and programmes, develop tailored programmes/specialised shelters to ensure key populations in displacement and/or affected by the war in Ukraine enjoy equal rights.

Advocate for equitable and non-discriminatory provision of services to key populations by humanitarian actors, civil society organisations, government, and law enforcement agencies. Interaction between communities and military administrations is required.

Increase options to integrate HIV-related services (information, testing, prevention packages) into a broader set of humanitarian services, led by humanitarian organisations. This approach should work for hosting countries as well.

Urgent work is needed to repair shelters and distribute winter fuel to the most vulnerable before the winter season.

Response: UNAIDS Secretariat and Cosponsors

UNAIDS supported a meeting of the regional communities and networks, titled "During and after the war: rethinking the role of community networks and civil society working in the field of public health". The main purpose of the meeting was to develop a new vision, values and principles of interaction of regional networks given new conditions including with international agencies and donors. Many challenges have appeared for the region: new political realities, the division of the region by war, advocacy challenges, human rights and others.

UNAIDS supported the establishment of a working group on psychological assistance and the launch of a series of weekly webinars titled "Shelters: psychological support in emergencies" for social workers, volunteers and people working in shelters.

Eamonn Murphy, UNAIDS Deputy Executive Director for programs and Regional Director for EECA a.i., visited Ukraine during 17-20 July 2022. Mr. Murphy visited Kyiv and nearby towns of Irpen and Bucha, both of which are significant examples of the extensive damage the war has inflicted on Ukraine. The visit enabled the DXD to meet key stakeholders in the government, civil society (including beneficiaries of the UNAIDS emergency fund for Ukraine), the UN and international organisations to discuss the overall operating context, key needs in HIV/AIDS response and the relevant support UNAIDS could potentially provide up to the end of 2022 and beyond.

UNODC provides support to ensure that people in prisons have humanitarian aid and HIV prevention services, and that the needs of people released from prisons are met, including assistance to restore documents including financial support for required fees.

WHO developed a framework for Prioritized Multisectoral Mental Health and Psychosocial Actions in Ukraine jointly with the MoH of Ukraine. Twenty-one Community Mental Health Teams were additionally trained on the management of stress-related mental health conditions. A total of 11,821 consultations by mental health and psychosocial support services have been provided to the affected population.

UNICEF provides mental health and psychosocial support through online and offline counselling; Ninety adolescents (74 girls and 16 boys) and 42 IDPs received information on sexual and reproductive health; 49 HIV-positive pregnant women accessed health services and received counselling and treatment in Donetsk. Under the Global Fund Emergency Grant, diagnostics and harm reduction commodities to test and confirm the HIV status of 52,000 people have arrived in Ukraine for onward delivery to implementing partners.

UNHCR continues to enhance GBV mainstreaming in programmes in the eastern, central and western regions of Ukraine. Current efforts involve providing services to persons at risk of GBV and GBV survivors such as psychological support, social accompaniment, referrals, dignity kits, cash assistance and legal aids. Ongoing work has also taken place to ensure that reception centres hosting displaced people mainstream GBV prevention and risk mitigation. UNHCR conducted six in-person workshops on GBV prevention, risk mitigation and response in Lviv, Vinnytsia, Dnipro, Kyiv and Uzhhorod to partner organisations and local NGOs.

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 tool to better understand mobility dynamics in the region.

WFP has assisted people living with HIV/TB with food support through All-Ukrainian Network of People Living With HIV.

UNFPA is coordinating with 10 shelters, eight crisis rooms, three day-care centres and nine service delivery points, prepositioning supplies and distributing dignity kits and essential packs. UNFPA is working to develop an online platform for complex support to survivors of GBV, including rape and other forms of conflict-related sexual violence. Psychotherapists and medical and legal specialists will provide online support and consultations. Three mobile reproductive health teams were deployed in the Kyiv and Lviv regions. Since 26 April, 823 women received sexual and reproductive health services and referrals to specialised medical services.

Since the start of the war, 27 GBV partners have provided GBV prevention and response services to 177,669 people. Two Survivor Relief Centres opened by UNFPA recently provided assistance to 842 people in Zaporizhzhia and Lviv. A third Centre for internally displaced people and GBV survivors will be opened in Dnipro.

The Protection Cluster developed the Generic [GBViE referral pathway in Ukraine](#). This referral pathway describes the process, principles and contacts for GBV specialists to make referrals to other essential services for GBV survivors.

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 30 August 2022, 90,525 refugees have been recorded in Moldova (591,957 passed over the borders of the Republic of Moldova since the beginning of the war). 184 people living with HIV have been provided with HIV treatment (66 women

and 118 men; 11 people got PrEP). All treatment centres all over the country are involved in ART delivery. Civil society organizations are providing thousands of refugees with integrated HIV/TB/hepatitis/SHRH/mental health and psycho-social support. During the period from April to June 2022, with the support of UNAIDS, six local organisations covering mainly the Chisinau, Balti, Cahul, Tiraspol and Bender areas, reported the coverage of 2,459 persons with psychological and mental health services and 1,113 with psychological and mental health counselling.

Response: UNAIDS Secretariat and Cosponsors

All refugees from Ukraine are guaranteed a full package of free sexual and reproductive health care in Moldova through an agreement signed between UNFPA and Moldova's National Health Insurance Company.

The winterization strategy is being developed by UN and the Government to address the cold season needs of both Moldovans and Ukrainian refugees. The UNAIDS country office is commencing a rapid HIV/communicable disease-related needs assessment across the country in the context of a winterization exercise.

European Union countries receiving refugees

Situation update

According to the government data compiled by the Office of the United Nations High Commissioner for Refugees ([UNHCR](#)), more than seven million refugees from Ukraine were recorded across Europe as of 30 August 2022. The majority of refugees are recorded in Poland (1,353,338), Germany (670,000), and Czech Republic (423,202). Italy, Bulgaria, Spain, United Kingdom each have more than 100,000 refugees recorded. Other neighbouring countries are also seeing an influx of refugees, including Slovakia (90,612), Romania (86,178), and Hungary (29,027).

Such an influx of people puts an additional strain on housing, health care, jobs and schools in these countries. This added stress can increase as the armed conflict continues.

Some refugee-hosting countries are tightening conditions on provision services and support for Ukrainian refugees. Czech Republic is limiting the amount of financial support. Due to recent changes in German legislation, Ukrainian refugees with HIV in Germany are now required to have full health insurance in order to get ARV medicines.

In Germany, HIV-positive Ukrainians have united and created the non-government organisation "PlusUkrDe". The organisation will assist HIV-positive Ukrainians in Germany, including in medical and social support and reintegration.

The Alliance for Public Health, within the project "Help How Hub. Emergency Response" (through regional SoS_2.0 project funded by the Global Fund), has released guidelines titled "[Receiving medical aid through public health insurance in Germany](#)" to help those refugees in Germany gain access to health care services. A step-by-step [guide](#) to accessing OAT in Germany has been developed, providing useful information for those planning to move to Germany and those already in the country.

The information platform [Treatment4Ukraine](#) has also been launched and provides information on getting health care services in Europe for Ukrainians living with HIV, Hepatitis B and C, TB, and those who need OAT.

The European Harm Reduction Association is launching research in European countries on the barriers to mental health care for refugees, as well as for people who use new psychoactive substances or are clients of an OAT programme. EHRA conducted three webinars on combating gender-based violence aiming to

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| | <p>promote a better understanding of violence against women and girls among Ukrainian refugees in order to support their needs and recovery.</p> |
| <p>Challenges</p> | <p>The Czech health care system is facing a shortage of nurses and doctors in some areas. As a result, it can become overloaded in the long run with increased pressure from refugees. Lack of funding and EU regulations have so far been an issue in including Ukrainian health care workers in the Czech health care system. There are also reports from CSOs about problems with access to general medicine in other EU countries as most family doctors or general practitioners have currently exhausted their quotas for new patients.</p> <p>Neighbouring countries' capacities to provide long-term and safe shelters are being stretched and the situation may worsen closer to the winter season.</p> <p>Civil society organisations 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.</p> <p>People fleeing Ukraine, particularly women and girls, continue to face challenges and vulnerability risks as they seek safety in neighbouring countries. Prevention and protection from gender-based violence, trafficking, sexual exploitation and abuse remain key concerns.</p> <p>TB patients abroad are facing a lack of necessary medicines for TB treatment (especially for MDR-TB) which is forcing them to return to Ukraine for treatment.</p> |
| <p>Action required</p> | <p>Ensure humanitarian actions that respond to the needs of both people from Ukraine impacted by the armed conflict and those in host communities.</p> <p>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 receive necessary medication from Ukraine and prevent interruption of treatment.</p> <p>Additional resources are urgently required to mobilise extra capacity for civil society organisations given the continuous high workload in meeting the needs of refugees.</p> |
| <p>Response: UNAIDS Secretariat and Cosponsors</p> <p>UNAIDS supported regional networks of KPs to conduct community led monitoring and develop a digital platform to monitor and respond to issues with access to services for Ukrainian refugees and disruption of services in host countries.</p> <p>WHO hosts a weekly MHPSS Working Group to discuss the current provision of psychosocial support to Ukrainian refugees and volunteer workers and to identify gaps and needs. WHO developed a pilot project in six regions of Poland to treat patients with TB and MDR-TB from Ukraine and supported the provision of HIV and TB drugs to ensure the continuation of the Ukrainian treatment protocol. WHO started funding two Polish NGOs whose project activities are aimed at facilitating access to the health system and HIV prevention, care, and treatment for PLHIV and KPs, with a focus on refugees arriving in Poland from Ukraine. The pilot initiatives will continue until 31 December 2022. In Hungary, WHO facilitated collaboration between Hungary and Ukraine on TB patient records, resulting in a secure cross-border exchange of patients' data that is enabling an uninterrupted treatment of TB.</p> <p>IOM in Poland has been providing direct assistance to residents in eight long-term stay centres in Warsaw with four Psychosocial Mobile Teams. From 21 June to 5 July, IOM Poland provided psychological first aid, individual psychosocial counselling, group sessions, social counselling, and</p> | |

community engagement activities to a total of 675 adults and 91 children, reaching a total of 6,669 persons through MHPSS interventions since April.

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 are seeing significant HIV epidemics (Chernihiv, Dnipro, Kharkiv, Kryvyi Rih, Kyiv, Odesa, and Poltava). In the absence of additional funding, UNAIDS reprogrammed other funds at the regional and country level to address essential needs in Ukraine and support regional communities working with Ukrainian refugees in hosting countries.

UNAIDS has issued an urgent call to the international community for an additional US\$2.42 million for civil society organisations providing HIV services in Ukraine and in countries receiving refugees in need of HIV services.

UNAIDS strongly appreciates Germany's provision of US\$ 1M in support of the emergency programme in Ukraine and neighbouring countries. In addition, Germany also supported UNODC programme on HIV prevention, treatment and care and support people who use drugs and people in prison settings in Ukraine with US\$ 1 480 000.

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/AfiMoldova/status/1550480359237746689?s=20&t=xcdhF26WB4I0zpHvO2mTQQ>

<https://twitter.com/EamonnMurphy63/status/1550202958083723266?s=20&t=xcdhF26WB4I0zpHvO2mTQQ>
[Q](#)

https://twitter.com/UNAIDS_EECA/status/1550359615422046208?s=20&t=xcdhF26WB4I0zpHvO2mTQQ

<https://twitter.com/EamonnMurphy63/status/1548990671247253504?s=20&t=xcdhF26WB4I0zpHvO2mTQQ>
[Q](#)

<https://twitter.com/EamonnMurphy63/status/1549347034184007681?s=20&t=xcdhF26WB4I0zpHvO2mTQQ>
[Q](#)

<https://twitter.com/EamonnMurphy63/status/1549658160176267264?s=20&t=xcdhF26WB4I0zpHvO2mTQQ>
[Q](#)

COSPONSORS` SITREPs

UNHCR [Ukraine situation Flash Update #27](#)

UNHCR [UNHCR Operational Response Delivery Updates – 22 August 2022](#)

| | |
|---------------------------|--|
| UNHCR | <u>Generic GBViE Referral Pathway in Ukraine - August 2022</u> |
| UNICEF | <u>UNICEF Ukraine Humanitarian Situation Report No. 19, 26 July - 24 August 2022</u> |
| WFP | <u>WFP Ukraine External Situation Report #20</u> |
| WHO | <u>WHO's Response to the Ukraine Crisis - Interim Report (February to June 2022)</u> |
| WHO | <u>External situation report #19, reporting period: 28 July–10 August 2022</u> |
| WHO/Health Cluster | <u>Ukraine: Health Cluster Bulletin #17 (May - July 2022)</u> |
| WHO/Health Cluster | <u>Ukraine: Public Health Situation Analysis (PHSA)- long form (01 Aug 2022)</u> |
| UNFPA | <u>Ukraine Emergency Situation Report #9 (3 June 2022)</u> |
| <hr/> | |
| IOM | <u>Ukraine Internal Displacement Report – General Population Survey Round 8</u> |
| IOM | <u>Ukraine Response Situation Report, 22 August 2022</u> |
| UNOCHA | <u>Ukraine Situation Report 24 Aug 2022</u> |
| UNOHCA | <u>WINTERIZATION PLAN. Winter Priority Procurement & Repair Plan 2022 - 2023</u> |