Ensuring high-quality HIV care for displaced people from Ukraine

Since the onset of aggression from the Russian Federation towards Ukraine on 24 February 2022, and as of 11 April 2022, more than 4 million Ukrainian people had fled to Poland, Hungary, Slovakia, Romania and the Republic of Moldova (1). While countries bordering Ukraine have received most of the displaced people so far, it is envisaged that there will be further migration across Europe in weeks to come.

It is estimated that prior to the war, more than 250 000 people (1% of the total population) were living with HIV in Ukraine, of whom around 130 000 were receiving antiretroviral therapy.

As the displacement of people from Ukraine escalates, it is imperative that countries across Europe receiving these displaced people are prepared to ensure high standards of HIV prevention, treatment and care.

The European Council has adopted a Temporary Protection Directive (2) that offers an appropriate response to the present situation by providing immediate protection and rights, including rights to medical assistance.

Partners at the European AIDS Clinical Society (EACS), together with the Euroguidelines in Central and Eastern Europe (ECEE) network group, the WHO Collaborating Centre at the Centre of Excellence for Health Immunity and Infections (CHIP), Denmark, were tasked by the WHO Regional Office for Europe to work with the Public Health Centre of the Ministry of Health of Ukraine to produce a standardized protocol for the clinical management and medical data-sharing for displaced people living with HIV from Ukraine (3).

To ensure that appropriate systems are in place for the clinical management and data-sharing for displaced people from Ukraine living with HIV across Europe, it is critical for countries to consider the following actions:

a) urgently develop and deploy national plans to provide free and easily accessible HIV care, including the provision of antiretroviral therapy, therapy for coinfections, prevention of opportunistic infections and opiate-agonist therapy, where needed, for Ukrainian people;

b) make provision for a network of designated and accessible clinics to provide HIV testing and antiretroviral therapy, along with testing and care for viral hepatitis, tuberculosis and sexually transmitted infections; these services need to take into account the language, culture and mental health needs of displaced people;

c) ensure secure electronic transfer of medical information between Ukraine and receiving countries using the link and form provided (3), and within and between countries to facilitate safe and rapid provision of care;
d) hold stocks of antiretroviral therapy sufficient to provide at least 90 days’ therapy for displaced people in case of onward transit to other European countries, preferably using the same regimen as the one prescribed in Ukraine;

e) take the opportunity to provide easy access to HIV and other blood-borne virus testing for displaced people as a part of general health screening and for those being admitted to hospital for care; and

f) provide documentation confirming HIV status, details of tests carried out and antiretroviral therapy dispensed for those transiting onwards within or out of the country.

Addressing these considerations would enable provision of the highest standards of care for people living with HIV who are fleeing Ukraine and ensure that the displacement of people from Ukraine does not have a negative impact on the aspirations of achieving the United Nations Sustainable Development Goals by 2030.

References*


* All references accessed 13 April 2022.