

UKRAINIAN REFUGEES IN EUROPEAN COUNTRIES: BARRIERS, SOLUTIONS AND BEST PRACTICES

Access to HIV and Tuberculosis Care

Based on qualitative sociological research study





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SUMMARY

In this publication, the authors aimed to analyze the barriers in access to HIV and tuberculosis (TB) treatment services, which refugees are facing in the host countries and describe the ways to address such barriers. From the very beginning, the project was planned and implemented with the engagement of community.

The study was a combination of a desk review with data collection and analysis using qualitative methods. The desk review included analysis of the specific approaches used to arrange health care for refugees in six host countries, which had been selected taking into account the differences in their health systems. In total, there were 68 interviews conducted both directly with service recipients — refugees from Ukraine in need of HIV and TB treatment services — and with health experts who helped to arrange health services remotely from Ukraine and those specialists who worked on providing social and medical support in the countries receiving Ukrainian refugees.

The interviews were dedicated to the mechanisms of service provision, patient pathways as well as the experience and prospects of transnational cooperation in improving access to HIV and TB counseling, treatment, and prevention. In addition to identifying the range of key actors engaged in the provision of services to refugees, this publication describes the best practices helping to create the conditions for HIV and TB prevention as well as uninterrupted access to ART and TB care.

Our study shows that refugees have access to HIV and TB treatment as well as testing and counseling in all the focus countries. The EU countries are implementing the temporary protection policy adopted by the European Commission, while Moldova and Georgia have approved special regulations granting free access to ART, TB treatment, counseling and testing to Ukrainian refugees. At the same time, the study allowed identifying a number of barriers associated with the lack of information and the language barrier as well as bureaucratic norms and regulatory restrictions in the host countries. There are certain differences in the lists of medicines and treatment regimens, in the way the systems to prevent infection diseases operate, and in the delivery of OST in Ukraine and in the host countries, which may affect the access and the adherence to treatment. The report separately focuses on the need to address stigma, the importance of regular psychological support, as well as the development of gender-sensitive approaches as the vast majority of war refugees are women, who bear an enormous burden of caring for their children and older relatives.

The report presents the examples of effective projects aimed at improving access to services and treatment involving formal and informal agents as well as government and civil society organizations that demonstrate the solidarity and openness of the host countries to refugees from Ukraine. This research study may contribute to preparing recommendations and defining the best practices in rolling out programs to provide treatment of socially significant diseases to refugees in the host countries.



ABBREVIATIONS

ART	antiretroviral therapy
EECA	Eastern Europe and Central Asia
EU	European Union
HIV	human immunodeficiency virus
KPs	key populations
MDR-TB	multidrug-resistant tuberculosis
MSM	men who have sex with men
NGO	non-governmental organization
OST	opioid substitution treatment
PHC	Public Health Center at the Ministry of Health of Ukraine
PLWH	people living with HIV
PTSD	post-traumatic stress disorder
PWID	people who inject drugs
STIs	sexually transmitted infections
SW	sex workers
TA	target audience
TB	tuberculosis
UN	United Nations
WHO	World Health Organization





INTRODUCTION

The war and the hostilities started by Russia on the territory of Ukraine in February 2022 forced millions of Ukrainians to seek safety and refuge abroad. It became the biggest migration crisis since the end of the World War II. According to the data published by UNHCR, there were over 8 million refugees from Ukraine registered in the European Union as of February 2023¹.

The hostilities have significantly disrupted operation of the Ukrainian health care system, which, in its turn, affects the health of people, in particular those living with human immunodeficiency virus (HIV) or affected by tuberculosis (TB). The countries receiving Ukrainian refugees have already provided and are continuing to provide unprecedented support in protecting the lives and health of the citizens of Ukraine. Governments of those countries had to implement emergency response and create the conditions to provide support and health care to a huge number of people.

The countries receiving refugees demonstrated an unprecedented level of solidarity and readiness to promptly provide all types of support and offer temporary protection to Ukrainians.

OVER 8 MILLION
refugees from Ukraine
registered in the European
Union as of February 2023

It is estimated that in February 2022 there were about 260,000 people living with HIV (PLWH) in Ukraine; 152,000 of them received antiretroviral treatment (ART)². In 2021, there were 18,307 new and relapse TB cases registered in Ukraine³.

The host countries were including the citizens of Ukraine in their national health care programs and medical insurance systems, in particular for them to access HIV and TB treatment. However, because of the forced emergency response and high financial burden, the citizens of Ukraine are still facing significant barriers in access to HIV and TB services. Challenges in access to treatment are associated with a number of reasons, in particular the language barrier, stigma, complicated logistic trajectories, lack of the documents required to receive health services, etc.

In this publication, the authors aimed to assess the barriers in access to HIV and TB treatment services, which refugees are facing in the host countries, describe the ways to overcome such barriers, define the range of key actors providing support to refugees in accessing the services, and identify the best practices helping to create the conditions for prevention and uninterrupted access to ART and TB treatment. This publication may contribute to preparing recommendations and defining the best

1 <https://data.unhcr.org/en/situations/ukraine>

2 UNAIDS press release: UNAIDS warns that the war in Ukraine risks a humanitarian catastrophe for people living with and affected by HIV https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2022/april/20220413_ukraine

3 Tuberculosis profile: Ukraine. WHO, 2021 https://worldhealthorg.shinyapps.io/tb_profiles/?inputs.&entity_type=%22country%22&ln=%22EN%22&iso2=%22UA%22

practices in rolling out programs to provide treatment of socially significant diseases to refugees in the host countries.

It should be noted that the situation with service delivery as well as the scope and options of support available to refugees in different countries are constantly changing. The data presented herein are rather not monitoring, but cross-sectional data reflecting the situation as of February 2023. At the same time, the proposed analysis allows us to assess the most significant and important trends in the provision of HIV and TB treatment services to Ukrainian refugees.



STUDY METHODOLOGY



The goal of this study

is to define the barriers in access to HIV and TB services faced by the Ukrainian refugees who came to European countries from Ukraine after 24 February 2022.



Study objectives:

- Conduct a brief analysis of the legislative regulation of the Ukrainian refugees' status and their access to HIV and TB services in the host countries;
- Identify and analyze the barriers faced by Ukrainian refugees in access to HIV and TB services in the host European countries;
- Identify and analyze formal and informal ways to receive the required HIV and TB services used by Ukrainian refugees in the host countries;
- Assess the impact of stigma faced by the Ukrainian refugees living with HIV and affected by TB in the host countries on their ability to access services;
- Analyze the role of formal (governmental and non-governmental) and informal actors facilitating access to HIV and TB services;
- Analyze gender as a factor contributing to additional vulnerabilities and barriers in access of Ukrainian refugees to health services;
- Based on the analysis results, draft recommendations to improve the access of refugees to HIV and TB services.

A combination of the following methods has been used to achieve the set goals and objectives:

- 1. Desk review.** The desk review included an analysis of the existing legislation regulating the conditions of stay for the citizens of Ukraine in the host countries and their access to HIV and TB services.

- 2. Expert interviews.** In-depth interviews with the experts engaged in arranging access of Ukrainian refugees to HIV and TB services in the host countries: civil society representatives, community organizations, health workers, and other service providers.
- 3.** In-depth **interviews with the Ukrainian refugees** living with HIV and affected with TB who were in the European countries receiving citizens of Ukraine when the study was conducted.



Study tools

The research group developed three questionnaires to conduct in-depth semi-structured interviews — for those who receive services in the host countries, experts in the host countries, and experts in Ukraine. The questionnaires contained open questions covering the following thematic areas: problems and needs of Ukrainian refugees, their experience in accessing services, ways to receive information and channels of communication, barriers in access to services, stigma and discrimination.

To find study participants, the research team used the “snowball” approach, when respondents recommended other participants to enroll in the study. This approach has certain limitations — respondents and experts usually recommend the participants who already use the services successfully, while other participants, who do not have access to such services, are not covered.



Ethical questions

Before the interviews, all the respondents provided their informed consent to take part in the study. All the participants were informed about the goals of the study and were told that their participation is voluntary and confidential. The research team asked the participants to give their consent to record interviews before starting them. All study data is stored in a protected storage and the respondents were informed about it. Interviews with refugees were held in Russian or Ukrainian depending on what language they preferred. Interviews with experts were held in Russian, Ukrainian, English or other national languages on a case-by-case basis. To process the responses of participants, the research team used an anonymous coding system, with no personal data being used.



Geographic coverage

Six countries receiving different number of refugees from Ukraine were selected for the comparative analysis of the refugees’ access to health services: Germany, Poland, France, Lithuania, Moldova, and Georgia. The countries were selected based on the following criteria: Firstly, EU countries with the HIV prevalence rates among the local population being significantly lower than such rates in Ukraine were selected (Germany, Poland, France, Lithuania). The research team also decided to include Georgia and Moldova as these countries are part of the EECA region along with Ukraine and have higher HIV and TB rates than the EU countries. Besides, there are certain differences among those countries in how their health systems operate. France and Germany have a universal access to health care, which does not depend on the extent to which a person’s status is documented. To access health insurance in Poland or Lithuania, people need to have a documented status for their temporary stay in the country. Georgia and Moldova have approved some additional regulations to simplify the access to health services for Ukrainian refugees.

Within the study, 58 interviews were held in the European countries: 12 in Germany, 11 in Poland, 10 in France, 7 in Lithuania, 9 in Georgia and 9 in Moldova. Additionally, 10 interviews were held in Ukraine with the national experts, representing governmental health institutions as well as national and international non-governmental organizations providing HIV and TB services in Ukraine and to Ukrainian refugees abroad. In total, 68 interviews have been conducted and analyzed⁴.



Value and novelty of the study

Analyzing the implementation of HIV and TB policies as well as health services for migrants and refugees in some countries of European Union and Eastern Europe will help to develop recommendations in order to improve the access of refugees to HIV and TB services in the host countries in case of emergencies. Study materials may be used to build more inclusive health systems and scale up the access to health care⁵ both for Ukrainian refugees and for various groups of documented and undocumented migrants in the context of socially significant diseases and well-being of key populations⁶.

This study is based on the participatory approach with community engagement⁷. It was important for the research team to ensure contribution of communities — people living with HIV and affected by TB — so that their experience would be taken into account. Researchers, community members, and representatives of helping organizations were engaged at all stages of this study. Together, they verified hypotheses, raised questions, defined urgent issues in access to treatment, and discussed the ways to address stigma and discrimination. Experts were involved in discussing the study results and developing recommendations.



Report outline

The first part of this report presents the desk review findings on the specific algorithms to provide HIV and TB services to the refugees facing numerous vulnerabilities. It is followed by a review of the regulatory framework on providing health care to refugees in six focus host countries. A separate analysis was conducted to assess the efforts of Ukrainian health care providers and representatives of non-governmental organizations arranging the delivery of treatment in cases of emergency. The second part of the report contains the qualitative analysis results: expert opinions on the operation of health care systems in different countries, definition of the systematic barriers faced by refugees, best practices in overcoming the challenges and barriers related to the access of refugees to HIV and TB services.

4 See Annex 1 for details

5 WHO, 2019. *Stronger Collaboration, Better Health Global Action Plan for Healthy Lives and Well-being for All. Strengthening collaboration among multilateral organizations to accelerate country progress on the health-related Sustainable Development Goals.* World Health Organization; 2019

6 Barbour RS. 2010. *Using qualitative methods in comparative research.* *Salute e Società*, 9(2) pp. 65–79

7 Israel, B.A. et al. 1998. *Review of community-based research: Assessing partnership approaches to improve public health.* *Annual Review of Public Health*, 19, 173-202

PART 1.

Support for Ukrainian refugees living with HIV and affected by TB: regulatory framework and situation analysis



CHAPTER 1.1.

REFUGEES LIVING WITH HIV AND AFFECTED BY TB: PROBLEM STATEMENT

Migration of Ukrainians fleeing the war with Russia became the largest population displacement since the end of World War II in Europe, creating huge humanitarian challenges, while at the same time demonstrating unprecedented support and solidarity of the host countries, in particular in the provision of temporary protection to the citizens of Ukraine⁸.

As estimated by the UN, there were 8 million 104 thousand Ukrainian refugees registered in the EU countries as of 28 February 2023⁹. Considering that men aged 18-60 years old liable for military service are prohibited to leave Ukraine, over 90% of refugees are women and children. According to the Ministry of Education of Ukraine, over 500 thousand Ukrainian children are currently abroad. As estimated by the European Commission, almost 750 thousand students from Ukraine are integrated to the EU schools¹⁰. Over 4.8 million Ukrainian refugees received temporary protection, similar to national social support programs in the EU countries¹¹, which grants them access to health services, including HIV and TB diagnosis and treatment, in all EU member states.

Members of key and vulnerable populations who became refugees — people living with HIV and affected by TB, opioid substitution treatment (OST) clients, sex workers, trans people and pregnant women — need

access to vital services. Over a short period of time, humanitarian aid system as well as social protection and health care systems of the host countries were adapted to provide the required services to refugees¹².

OVER 90% of refugees
are women and children

⁸ Temporary protection. https://home-affairs.ec.europa.eu/policies/migration-and-asylum/common-european-asylum-system/temporary-protection_en

⁹ UNHCR, Ukraine refugee situation, 28 February 2023 <https://data.unhcr.org/en/situations/ukraine>

¹⁰ European Commission. Migration management: Welcoming refugees from Ukraine https://home-affairs.ec.europa.eu/policies/migration-and-asylum/migration-management/migration-management-welcoming-refugees-ukraine_en

¹¹ Fleeing Ukraine: healthcare https://eu-solidarity-ukraine.ec.europa.eu/information-people-fleeing-war-ukraine/fleeing-ukraine-healthcare_en

¹² In this publication, not all of the above-mentioned populations are described in detail: such key populations as sex workers, MSM and trans people are harder to reach and require separate studies

According to the European Commission, temporary protection for Ukrainian refugees stipulates provision of temporary residence permits and access to health care services in the host countries. However, in some countries¹³, temporary protection means that refugees get not full, but only partial health insurance. Ukrainian refugees are entitled to receive European Health Insurance Cards, which entitle them to access medical assistance in case of a temporary stay in other EU member states.



Providing support to the refugees living with HIV

According to the WHO¹⁴, the estimated number of people living with HIV in Ukraine in 2021 was 240,000 (half of them — women, 2,700 — children)¹⁵. About 75% of them knew about their status and 62% received ART. Depending on the calculation method used, the European Center for Disease Prevention and Control (ECDC)¹⁶ estimates the number of Ukrainian refugees living with HIV staying in the EU countries in the range from nine to 33 thousand people. However, this number may be higher – up to 55 thousand people.

Despite the WHO recommendations on the exchange of medical data between the Ministry of Health of Ukraine and the relevant ministries of the EU countries¹⁷, and the approved information exchange algorithm, there is still no accurate statistics on the number of Ukrainian refugees living with HIV in European countries. The Public Health Center (PHC) of the Ministry of Health of Ukraine confirms that there are 4,998 people receiving ART abroad¹⁸. Meanwhile, there were almost 156,000 PLWH registered in health facilities in Ukraine in October 2022. In their interviews, experts were reporting that patients living with HIV were partly lost to follow-up. They also noted that it was not possible to collect accurate data because of the war and the intensive migration processes caused by it.

The estimated number
of people living with HIV
in Ukraine in 2021 was
240,000

Estimating the number of Ukrainian refugees living with HIV, ECDC experts point out the need to focus and prepare national health systems to provide accessible free-of-charge HIV treatment services to refugees from Ukraine¹⁹. The EU countries should be ready to respond to the changing situation with refugees, depending on the state of affairs in Ukraine, in a flexible and effective manner.

13 Fleeing Ukraine: healthcare. https://eu-solidarity-ukraine.ec.europa.eu/information-people-fleeing-war-ukraine/fleeing-ukraine-healthcare_en

14 WHO, HIV country profile 2022 <https://cfs.hivci.org/>

15 According to the official statistics, there are 245,000 people living with HIV in Ukraine. Public Health Center of Ukraine. HIV/AIDS statistics, October 2022 (available in Ukrainian). <https://www.phc.org.ua/kontrol-zakhvoryuvan/vilsnid/statistika-z-vilsnidu>

16 Operational considerations for the provision of the HIV continuum of care for refugees from Ukraine in the EU/EEA, published 5 July 2022. <https://www.ecdc.europa.eu/en/publications-data/operational-considerations-provision-hiv-continuum-care-refugees-ukraine-eueea>

17 Ensuring high-quality HIV care for displaced people from Ukraine, published 16 April 2022. <https://www.ecdc.europa.eu/en/news-events/ecdceacswho-statement-ensuring-high-quality-hiv-care-displaced-people-ukraine>

18 The procedure and results of operation of the mechanism of interstate exchange of HIV-related medical information on the provision of treatment to patients who moved abroad due to the war of the Russian Federation against Ukraine, Public Health Center, December 2022 (report provided by an expert from the Ukrainian Public Health Center).

19 Operational considerations for the provision of the HIV continuum of care for refugees from Ukraine in the EU/EEA, published 5 July 2022. <https://www.ecdc.europa.eu/en/publications-data/operational-considerations-provision-hiv-continuum-care-refugees-ukraine-eueea>



Providing support to the refugees with TB

Ukraine has one of the highest TB incidence rates in Europe. According to the Ukrainian Public Health Center, in 2022 the number of newly registered TB cases, including relapses, was 18,500 (45 per 100,000 population), which is 2.5% higher than in 2021 (18,241 cases or 44 per 100,000 population)²⁰. Ukraine has joined the Global Strategies on HIV, TB and Viral Hepatitis until 2030 and has a National Strategy on these diseases²¹. The WHO experts indicate that in recent years there has been a decline in the TB incidence growth rate in Ukraine. However, current incidence rates are on average still 10 times higher than those in the countries of Central and Western Europe. Besides, the WHO experts observe a high share of multidrug-resistant tuberculosis (MDR-TB) in Ukraine.

As estimated by the Ukrainian Public Health Center, 272 patients with TB fled the country after 24 February 2022, including 120 people with drug-resistant tuberculosis²². The Public Health Center has specific data on 50 patients who received treatment abroad

Current incidence rates are on average still **10 TIMES HIGHER** than those in the countries of Central and Western Europe

while maintaining contact with their physicians in Ukraine. Such data, as well as the statistics on refugees with HIV, may be incomplete as long as the hostilities are going on in the country.

Experts are concerned with the fact that the war may aggravate the situation with TB, leading to an increase in the TB incidence in Ukraine as well as a growing number of new TB cases in other countries of the European region.

This is particularly worrying as due to

the lower TB prevalence in Europe, European countries have a much lower number of civil society initiatives, communities and NGOs to support people with TB.

²⁰ Public Health Center. TB statistics in Ukraine in 2022 (available in Ukrainian). <https://www.phc.org.ua/kontrol-zakhvoryuvan/tuberkuloz/statistika-z-tb>

²¹ Public Health Center. National Strategy on HIV/AIDS, TB and Viral Hepatitis Response for the Period until 2030 (available in Ukrainian). <https://phc.org.ua/news/derzhavna-strategiya-protidii-vil-infekciisnidu-tuberkulozu-ta-virusnim-gepatitam-do-2030-0>

²² Information on the number of people with TB who left Ukraine after 24 February 2022 has been provided during the interview with an expert of the Public Health Center (January 2023)



CHAPTER 1.2. REVIEW OF THE HOST COUNTRIES' LEGISLATION TO REGULATE THE STAY OF UKRAINIAN REFUGEES AND THE PROVISION OF HEALTH SERVICES

This chapter describes the legislation regulating the stay of Ukrainian refugees in six focus countries of the study. Refugees' access to HIV and TB treatment as well as the algorithms for them to access such services were also analyzed. Information on each country is presented as follows: the estimated number of refugees, regulation of their access to health services, information support for Ukrainian citizens, and algorithms to receive health care and access ART, OST, and TB treatment.



Poland

As estimated by the UN, the largest number of Ukrainian refugees — about 1.5 million — is registered in Poland²³. According to Treatment for Ukraine information platform, the Ukrainian citizens who arrived from the territories affected by hostilities have a right to stay in Poland for 18 months from the start of the war in Ukraine, while being able to freely cross the border and go back to Ukraine on a temporary basis²⁴. If people who have received a legal status in Poland go back to Ukraine for over one month during one trip, they lose their right to stay in Poland. Ukrainian refugees are entitled to temporary protection, including the right to temporary residence and employment. All other citizens of Ukraine have a right to stay in Poland for no more than 90 days during six months according to the Schengen regulations.

There is information about 20 organizations offering various services and assistance to Ukrainian refugees in Poland. Government resources on obtaining information²⁵ and health care²⁶ are presented separately. To access health care, refugees must register with the municipal authorities and obtain a special PESEL identification number for Ukrainian citizens. Then they can choose a doctor by contacting a national hotline, where they can get information in Ukrainian. There is also a hotline on medical assistance available to undocumented refugees.

In Poland, antiretroviral therapy (ART) is available free of charge. TB treatment is provided by family doctors or specialist physicians with a referral from a family doctor. TB medicines are provided free of charge if the diagnosis is confirmed, and treatment is prescribed by a Polish doctor. In Poland, it is also possible to buy TB medicines with a prescription from a Ukrainian doctor. As for the OST, information on access to such services is contradictory: it is reported that with all the required medical records Ukrainian refugees can access free treatment without visiting a local specialist, but it is still likely that they may need a consultation with a Polish psychiatrist.

23 UNHCR, Ukraine refugee situation, February, 28 2022 <https://data.unhcr.org/en/situations/ukraine>

24 Treatment for Ukraine information platform. Legal status and visa requirements for those who were forced to leave Ukraine <https://www.treatment4ukraine.com/en/countries/poland/>

25 Polish government website for citizens of Ukraine (available in Ukrainian) <https://www.gov.pl/web/ua>. Information on legal, social, and medical assistance for refugees from Ukraine <https://pomagamukrainie.gov.pl/>

26 Information on health care for Ukrainian refugees in Poland <https://www.gov.pl/web/ua/Yak-mozhna-skorystatysya-derzhavnoyi-medytynoyu-v-Polshchi>, <https://www.gov.pl/web/ua/derzhavna-medychna-dopomoha>



Germany

As of the beginning of 2023, about one million Ukrainian refugees were registered in Germany²⁷. Obtaining a refugee status is not required to access health insurance and free medical care²⁸. However, Ukrainian refugees need to confirm their stay every three months at the reception and registration centers for foreigners. Following such registration, Ukrainian citizens receive certificates, which must be submitted to the authorities providing social services and benefits.

German information portals describe detailed registration procedures and contain contacts of interpreters to support the citizens of Ukraine. There are also links to a variety of resources on regulatory issues related to the stay of Ukrainian refugees in Germany. There is a map showing the organizations offering health care services and a hotline number to receive information or make an appointment with a doctor. However, some information is only available in German.

In Germany, ART is provided free of charge. Ukrainian patients can also bring their own medicines and prescriptions, which are accepted by local doctors. TB testing upon arrival in Germany is voluntary. Patients registered in the country are eligible to receive OST by making an appointment with a specialist at a local counseling center for people who use drugs. However, there is information about a limited number of spots in the OST programs and limited opportunities to access OST drugs free of charge. OST clients are informed that they need to come every day to pick up their medicines. To access OST, clients are advised to provide a prescription from their doctor and/or an international certificate.



France

As estimated by the UN, about 118,000 Ukrainian refugees are registered in France²⁹. According to the regulations adopted by the European Commission³⁰, the temporary protection status is valid for as long as it is dangerous for Ukrainian citizens to return to their home country. If people from Ukraine stay in France for more than 90 days, they have to submit the required documents to extend the period of their stay in the country through an official website of the local authorities. There are some contradictions in the information available about health care in France. On the one hand, specialized websites report that there is a separate list of facilities offering free health services to refugees, since in France there are no legal grounds to provide free health care to foreigners. Health centers which are not included in this list can also provide health services to refugees, but afterwards they issue invoices, which are hard to cancel, so it is important to consult with a social worker in advance. On the other hand, there is information that all people who live in France are entitled to health insurance, which can fully or partially cover the costs of treatment.

HIV testing and treatment is provided free of charge; treatment of viral hepatitis is also available. TB screening is voluntary. Contact details of the sites offering OST services are publicly available.

27 UNHCR, Ukraine refugee situation, published 28 February, 2023 <https://data.unhcr.org/en/situations/ukraine>

28 Federal Ministry of Health www.bundesgesundheitsministerium.de

29 UNHCR, Ukraine refugee situation, 28 February 2023 <https://data.unhcr.org/en/situations/ukraine#>

30 Treatment for Ukraine information platform <https://www.treatment4ukraine.com/en/countries/france/>



Lithuania

As reported by the UN, about 69,000 Ukrainian refugees were registered in Lithuania as of the beginning of 2023³¹. There are two options for obtaining a documented status in the country: (1) a work/residence permit and temporary protection or (2) a national visa D on humanitarian grounds (issued for one year)³². Health insurance is required to receive medical care. With no insurance, only emergency medical care is available to Ukrainian refugees. A temporary residence permit or a national visa allows Ukrainian refugees to get health insurance, but only after they receive a registration card issued by the Migration Department. Health insurance can also be paid by the employer if a citizen of Ukraine works under an employment contract. Ukrainian citizens can check their status and get information about health insurance at the refugee registration centers.

According to the information sites, ART is not included in the list of emergency medical services in Lithuania. Health insurance is required to access ART, while Ukrainian refugees are also allowed to bring their ARVs to the country. TB testing is mandatory, and TB care is provided in inpatient settings, while the need for health insurance is not indicated. OST services are also available, and there is no clear information on the need for health insurance to access such services. At the same time, Ukrainian citizens are allowed to bring a supply of OST drugs for one month with them.



Moldova

As reported by the UN, more than 95,000 Ukrainian refugees are registered in Moldova³³. Moldova grants refugee status to the citizens of Ukraine whose stay in the country of origin poses a threat to their lives³⁴. Such status can be requested at a border crossing point, a police station, a migrant shelter, or at the Migration Bureau. Information sites for refugees provide contacts of organizations offering consultations and legal advice on how to obtain such status. They also contain a wide list of health institutions and volunteer organizations offering Ukrainian refugees assistance in various areas, including psychological support. It is reported that medical services are available in Ukrainian, English or Russian. To access health care, Ukrainian refugees have to register with the municipal authorities and receive their temporary protection. Health insurance in Moldova is not mandatory, nor is it necessary for refugees to register in the national health care system. It is sufficient for them to present a document confirming their Ukrainian citizenship and/or a document confirming their entry to Moldova.

Ukrainian refugees are allowed to bring their ARVs to the country as well as receive ART and be tested for HIV in Moldova. Patients are informed that, if necessary, doctors in Moldova can contact their Ukrainian colleagues to clarify any treatment-related issues. More than a dozen of non-governmental and community-based organizations provide consultations on HIV. In Moldova, TB testing is mandatory for Ukrainian refugees. Information sites contain contacts of organizations and institutions offering TB care. It is reported that both outpatient and inpatient care is available, which is apparently

31 UNHCR, Ukraine refugee situation, 28 February 2023 <https://data.unhcr.org/en/situations/ukraine#>

32 Treatment for Ukraine information platform <https://www.treatment4ukraine.com/en/countries/lithuania/>

33 UNHCR, Ukraine refugee situation, 28 February 2023 <https://data.unhcr.org/en/situations/ukraine#>

34 Treatment for Ukraine information platform https://www.treatment4ukraine.com/en/countries/en_moldova/

provided free of charge. A prescription issued by a Ukrainian doctor has to be confirmed by a physician in Moldova. Opioid substitution therapy is available for refugees. They are also allowed to bring a one-month supply of OST drugs to Moldova.



Georgia

As reported by the UN, there are about 25,000 Ukrainian refugees in Georgia³⁵. Ukrainian citizens can obtain a refugee status or a humanitarian status if they apply for it when they enter the country or at a later stage. Refugee status and asylum are granted by the Migration Department. Information sites contain contact details of the Migration Department as well as the organizations providing legal advice on the status and the rights of Ukrainian refugees in Georgia. An extensive list of online resources on how to access health care in Georgia and Ukraine is presented on the *Dopomoga* website³⁶. It contains the contacts of state³⁷ and private clinics offering free medical services to Ukrainian refugees or discounts on medical services.



CHAPTER 1.3. PROVIDING SUPPORT FROM UKRAINE

Ukrainian health authorities, together with international and Ukrainian organizations working in the area of HIV prevention and response, have made a lot of efforts to facilitate the access of refugees to HIV and TB services. Ukrainian professionals are actively using the possibilities of telemedicine. Along with access to treatment, the focus is also on informing refugees about the specifics of local legislation and the possibilities to receive legal, humanitarian, medical, psychological, and social support in the host countries.

Firstly, the *HelpNow*³⁸ - online service and international hub to facilitate access to ART, TB care, OST, hormonal therapy, psychological support, REAct legal support (the separate chat-bot is functioning), targeted humanitarian assistance and other health services in Ukraine and abroad was initiated by the Alliance for Public Health with the support and in cooperation with more than 50 organizations from all over the world. In Poland, Germany, Baltic and other EU countries, there are support hubs engaging volunteers, representatives of Ukrainian organizations and local NGOs. In Ukraine, there is a remote polydisciplinary team, which includes physicians (over 100 people) from different regions of the country, providing consultations on HIV and TB. During one year of the work, the total coverage by HelpNow exceeded 15 mln contacts, the general number of services delivered exceeded 25,000 for people who applied from 50 countries of the world, including about 5,300 medical consultations. Over 3,200 informational consultations were organized for refugees in Germany, and over 5,800 — in Poland.

35 UNHCR, Ukraine refugee situation, 28 February 2023 <https://data.unhcr.org/en/situations/ukraine#>

36 Medical online platform for Ukrainians <https://www.gpnow.net/ua>; free health consultations by Georgian doctors for Ukrainian refugees in Telegram <https://dopomoga.ge/Home/PostInternalPage/393>; free Ukrainian health chat bot <https://dopomoga.ge/Home/PostInternalPage/583>; health institutions offering ART <https://freehivtest-ge.org/en/ukrainian-refugees-en/>

37 Dopomoga Ukraini. Information platform for Ukrainian citizens in Georgia <https://dopomoga.ge/Home/PostInternalPage/582>

38 Responding to the War Emergency to Support Internally Displaced Persons within Ukraine and Ukrainian Refugees Abroad – Representatives of Key Populations (Help Now Hub) <https://helpnow.aph.org.ua/en/> data as of 24 February 2023

Secondly, the Ukrainian Public Health Center, together with the Community Action for HIV Control project, created a platform, a hotline and a chat bot to share information on access to ART in Ukraine and abroad³⁹. As reported by the Ukrainian Public Health Center, the platform received the coverage over four million contacts, 27 thousand views, and 2.5 thousand requests to the chatbot. 42% of requests were received from users located abroad; more than half of the users were able to find the information they needed and access ART and 20% reported they were going to seek help.

Thirdly, with support of the European Commission, the Ministry of Health of Ukraine in cooperation with the Public Health Center developed an informational website *Treatment for Ukraine*⁴⁰, which presents detailed information on access to health services in each of the European countries. There is a special focus on the needs of people living with HIV, people with TB and viral hepatitis, and OST clients. Besides, brief information about the services and rights of Ukrainian refugees in different countries can be found on the *VisitUkraine*⁴¹ platform as well as on the *Dopomoga* website created by Georgian and international civil society organizations to help Ukrainian refugees in Georgia⁴².



PART 1: SUMMARY CONCLUSIONS

Ukrainian health authorities, civil society and international organizations implemented an urgent response to the emerging migration crisis. Ukraine started actively developing online medicine, with a number of large projects and platforms created to share information on legislation as well as legal, humanitarian, psychological, medical, and social support available to refugees.

The Temporary Protection Directive adopted by the European Commission in March 2022 became the framework document in providing assistance and support to Ukrainian refugees. The document guarantees all Ukrainian refugees the right to access housing, health care, education, and employment. However, the approaches to the provision of health services to refugees differ depending on the country. Thus, in France and Germany there is a system to provide free health services to all refugees, regardless of their status, while in Poland and Lithuania, free health services are offered only to those who have received a temporary protection status and/or have a health insurance paid by the employer. Moldova and Georgia decided to provide free health services to all citizens of Ukraine who arrived after 24 February 2022, but in Georgia such services are provided only in case of permanent residence in the country.

39 Public Health Center. Platform and chat bot to find treatment for PLWH (available in Ukrainian): <https://phc.org.ua/news/cgz-zapustiv-platfomu-i-chat-bot-dlya-poshuku-likuvannya-dlya-lyudey-scho-zhivut-z-vil> and <https://findart.phc.org.ua/>

40 Treatment for Ukraine information platform. Project "Support to Ukraine for Developing a Modern Public Health System" <https://www.treatment4ukraine.com/>

41 Ukrainians in Georgia: how to get humanitarian status, financial aid and medical services <https://visitukraine.today/blog/1185/ukraincy-v-gruzii-kak-polucit-gumanitarnyi-status-finansovuyu-pomoshh-i-medicinskie-uslugi>

42 Dopomoga Ukraini. Information platform for Ukrainian citizens in Georgia <https://dopomoga.ge/Categories/Medical-Services/1>



PART 2.

HIV and TB care provision practices: qualitative research findings

The second part of this report is dedicated to the analysis of empirical data. As part of the research project, in-depth semi-structured interviews were conducted with the refugees who were forced to leave Ukraine and seek protection in other countries as well as with the experts involved in ensuring access to HIV and TB services for refugees. Findings of the expert interviews helped to assess the effectiveness of formal health care systems in the host countries, while in-depth interviews with people who became refugees allowed identifying the barriers in access to HIV and TB treatment and care. The final part of this analytical report describes the practices of eliminating such barriers through informal tools and initiatives developed by NGOs to help refugees.

Overall, the research team conducted and analyzed 68 interviews with Ukrainian refugees living with HIV and affected by TB, with people of helping professions, representatives of non-governmental organizations and health professionals in Ukraine and in the six host countries covered by the study. In Ukraine, interviews were conducted with experts of the Public Health Center of the Ministry of Health of Ukraine, TB People Ukraine, the HelpNow HUB program, ICF “Alliance for Public Health”, Alliance Consultancy, 100% Life NGO, as well as the Global Network of People Living with HIV (GNP+) and others. In the host countries, 25 interviews were conducted with representatives of the Dermatology and Communicable Diseases Hospital, Union for Justice and Health, Iniciativa Pozitiva NGO, National Association of TB Patients “SMIT” (Moldova), AIDES (France), Demetra Association (Lithuania), BerLUN, Association of Positive Ukrainians in Germany, Plus Ukr De, HelpNow De, HelpNow Poland, Alliance Consultancy (Germany), Real People, Real Vision, National AIDS Center, Equality Movement, UnMode, Liga Life – Ukraine (Georgia) and others as well as with physicians from state-run hospitals.



CHAPTER 2.1. EXPERT ASSESSMENTS OF THE EFFECTIVENESS OF FORMAL HIV AND TB CARE SYSTEMS IN THE HOST COUNTRIES

This chapter presents the review of expert assessments of the effectiveness of formal health care systems in the host countries.

In France, experts positively assess the government system, which provides Ukrainian refugees with the insurance covering their medical needs. In general, the system of services for refugees is well developed. There is a network of government-funded social workers who offer social support, but bureaucratic failures may still occur.

“There is still a lot of red tape, some nuances. One patient that I know was issued some documents and there was a mistake, so he received a EUR 200 bill, which was not covered by the insurance, there were some discrepancies in the organizational issues”

(NGO worker, France).

According to experts, the German system to support refugees is more cumbersome and less adaptive. This is due to the peculiarities of the local bureaucracy, creating administrative barriers in access to TB and HIV services and requiring the involvement of interpreters, social workers and other helping professionals.

“...We provide consultations not only on how to make an appointment with a doctor, but also on the algorithms of making such an appointment and getting an insurance. We are telling them everything – where to take this form, where to register. The health insurance fund, the medical benefits. So, we not only make an appointment with the doctor, but also provide support in the paperwork journey. With the residence permit, housing, Job Center and so on”

(Ukrainian NGO staff member, Germany).

In Germany, the situation with access to services is also complicated by the fact that people live in refugee camps, where conflicts are more common. In such camps, there are cases of involuntary disclosure of people’s status and discrimination against those who need HIV or TB services. As a result, refugees experience stigma and social exclusion and interrupt their therapy.

“...Our refugees are afraid to talk about it. Unfortunately, they are afraid, and they are hiding it. If in the camp they talked openly with the doctor, who is there, if they asked for help back then, they would have received it <the therapy – ed. note> earlier than when they settled in different villages and some of them found themselves in very remote areas. It made their route to infectious disease doctors much longer. When they lived in the camp, many of them were hiding it. Those who were not hiding, some of them received it on time. Because the doctors’ response was fine. You know? They were okay with HIV...”

(Ukrainian NGO staff member, Germany).

In Poland, experts commend the way the national health system and the state as a whole coped with the challenge of a huge wave of migrants from Ukraine. The support system is flexible and adaptive in responding to the emerging challenges, and the attitude to Ukrainian refugees in Poland is very friendly. However, there are some restrictions with the health insurance provided by employers, which does not take into account the refugees employed informally.

“All people need to have a legal status, though at the border they say that HIV and TB can and must be treated irrespective of the social status. However, to continue treatment through a family doctor and so on, they demand that a person should have a PESEL. That’s an individual tax number with a “Ukr” [Ukrainian] status. If there is no “Ukr” status and the person came to Poland before, even if he has a tax number, but does not make social payments, unfortunately, there will be significant restrictions in access to free health care”

(NGO worker, Poland).

In Moldova, according to experts, local NGOs closely interacting with the government sector and the health system play a big role. NGOs are often the ones who take on the burden of supporting refugees. ICF “Alliance for Public Health” during the first weeks of the war has delivered the resources to the NGO “Positive Initiative” to secure uninterrupted services on support and treatment of patients with HIV/TB and those requiring OST. Further on, the NGO “Positive Initiative” managed to get additional funding from other sources (international and governmental) to continue these activities. Besides, Moldova offers the easiest access to services compared to other countries, since it is enough to present only one identity verification document for Ukrainian refugees to receive treatment.

Lithuania has a relatively low number of officially registered Ukrainian refugees living with HIV — according to the official data, there are 57 Ukrainians living with HIV in the country⁴³. Maybe such low number of people registered to get ART can be explained with the fact that in most cases refugees are receiving their ARVs from Ukraine and do not have to disclose their HIV status in the host country. However, in the future the situation may change as both Ukraine and Lithuania have introduced additional regulations making it more difficult to receive ARVs from abroad. There is a possibility that Ukrainian refugees living with HIV will be forced to disclose their status to access treatment and the number of documented Ukrainian refugees living with HIV in Lithuania will increase. Generally, HIV treatment is provided free of charge, though in some cases it may be necessary to pay for a family doctor’s consultation to be referred to an infectious disease doctor.

“To get treatment in Lithuania, you need to have either a refugee status or a residence permit. You need to have a confirmed diagnosis and a social insurance. You need to be registered... You need to declare your place of residence...”

(NGO worker, Lithuania).

According to experts, in most cases Georgia is seen as a transit country for Ukrainian refugees, so the total number of migrants from Ukraine in this country is not known. There is also no accurate data on the number of people who need HIV and TB services.

43 HIV/AIDS surveillance in Europe 2022. 2021 data, WHO. https://www.ecdc.europa.eu/sites/default/files/documents/2022-Annual_HIV_Report_final.pdf

Ukrainian refugees have a right to receive free HIV and TB treatment, but in order to receive such services, they must have a refugee status and refrain from leaving the country. It takes an average of ten days to obtain a refugee status. It should be noted that patients requiring emergency medical services while they are waiting for their refugee status have to pay for such services from their own pocket. For those with a refugee status, some medical services, including testing, may still not be free as not all doctors are fully aware of the free package of services available to refugees. If refugees seek medical services not accompanied by social workers, they may have to pay for testing or counseling. Relevant regulations as well as the terms of provision and the scope of free services available in Georgia are changing.



CHAPTER 2.2. BARRIERS IN ACCESS TO HIV AND TB SERVICES IN THE HOST COUNTRIES

This chapter describes the problem areas limiting refugees' access to treatment and common to all the host countries. If such barriers are taken into account, it can further help to design support programs that are sensitive to the comprehensive needs of refugees and ensure their uninterrupted access to treatment in the host countries.



2.2.1. Systemic barriers

Such barriers include bureaucratic challenges, requiring long-term involvement to arrange all paperwork and familiarity with the specifics of the operation of government institutions in each particular country. For instance, Ukrainians were used to digital services facilitating their access to health care, so the lack of digital infrastructure, along with long waiting times, becomes a significant obstacle for them.

“In Ukraine, health care is more accessible: if you feel bad today, you can see a doctor today, tomorrow you do tests and you know what to do next. There <in the host countries – ed. note> you need to make an appointment in advance, at least a week before, and also find a place to make an appointment – there is a big difference”

(PHC expert, Ukraine).

“In Ukraine, there is an advanced digital system, it's a very progressive and digitalized country. Almost all the services can be accessed online. No other country of the region offers such possibilities”

(expert from TB People Ukraine).

In the host countries, refugees may have to wait for a doctor's appointment for weeks or even months. Such health care arrangements are familiar to local residents, but they may not always be responsive to the needs of people who may require visiting a health provider urgently not to interrupt their therapy.

In turn, increase in the number of new patients, with the same amount of health workers, creates a significant burden on the national health systems. Lack of human resources and health workers' fatigue may lead to cases of failure or refusal to provide consultations. Sometimes, it may be necessary for refugees to find doctors on their own or with the help of social workers (such cases were recorded in Germany and less often in Poland). There is also an issue with delays in the costs of private clinics providing services to refugees being covered from the state budgets, which leads to their reluctance to work with Ukrainian citizens.

“Clinics need to fill in these forms and apply for state funding. The state will cover it of course, but the second question is: when is it going to cover it? Many clinics accepted Ukrainians, but then they said: guys, it has been six months and we have not seen the money yet, sorry”

(expert from an international organization).

The issue of budget allocations is closely linked to the lack of comprehensive data on the number of refugees who need HIV and TB care. Currently, there is no fully functioning system to ensure data exchange among countries due to the differences in the national approaches to working with refugees.



2.2.2. Regulatory barriers

Such barriers are related to a number of regulatory restrictions that Ukrainian refugees encounter in the host countries. In particular, they include incomplete insurance schemes, which do not cover HIV or TB treatment. In Lithuania and Poland, refugees who are hired without an official contract with their employer are not able to get insurance. In Georgia, free access to health services may be suspended if a person leaves the country. There may be additional challenges faced by the Ukrainian citizens who came to the host countries before 24 February 2022. They may not be able to access the benefits and special conditions that were introduced for those who crossed the border after the full-scale war started. Those refugees who used to live in Ukraine but were not citizens of Ukraine also face extra challenges.



2.2.3. Barriers related to the specifics of national health systems

This group of barriers includes a range of challenges related to the differences in treatment regimens. According to experts, the consequences of treatment regimens being changed have not been studied in detail, so health professionals should have wider discussions on the potential complications. Thus, changes in the ART or TB treatment regimens may cause a deterioration in the patients' condition and well-being. Difficulties in patient-doctor communication and changes in the treatment regimens can lead to patients losing their trust to the medical decisions related to their health.

“...The challenge is that there are different treatment regimens. You have to go the extra mile to prepare the required set of medications they used to receive in Ukraine. Get them the same treatment regimen”

(NGO worker, Moldova).

“It is difficult for a doctor to explain to the patient that changing treatment regimens is safe in a foreign language. In this case, Ukrainian doctors can help, they tell the patients that their treatment will still be effective”

(HelpNow expert).

According to experts, there is an apparent lack of health care and support services for patients with TB due to the lower prevalence of TB in the European countries. In the host countries, patients are not always able to access the medicines available in Ukraine and familiar to them. Our respondents reported a shortage of Pretomanid, Delamanid and a number of other innovative drugs and medicines to treat drug-resistant TB. Issues with access to TB treatment experienced by Ukrainian refugees can, in turn, lead to the development of multidrug-resistant TB.

Civil society organizations pay much less attention to the treatment of TB compared to HIV. This, in turn, leads to a lack of support services and a shortage of social workers able to help refugees who need TB treatment.

“A lot of efforts are aimed at tuberculosis response, but if we talk about the financial investments in TB issues and in the organizations working in this area, the investments are critically low. I can make a comparison with projects in other areas – little attention is paid to TB and funding in this area is insufficient”

(expert from TB People Ukraine).

Another challenge is the lack of ambulatory TB care in some host countries, where TB treatment is only available in hospitals.

Experts also point out the shortage of HIV prevention programs: for instance, Poland, Germany, France, and Lithuania do not have any medical protocols for mandatory HIV testing among pregnant women. In European countries, the coverage of harm reduction programs is much lower and there are no large-scale voluntary HIV and TB testing interventions.

It should be noted that in the EU countries, harm reduction programs and support services in general are not implemented at such scale as in the EECA region. Often such programs are funded from municipal budgets, which are not able to cover the needs of the increased number of people in need of such support.

“In Europe, civil society sector in health care is de-prioritized. We have been reiterating it all the time, conducting targeted advocacy in countries, saying that access to OST is bad, that there are no harm reduction programs as in Ukraine, that services are limited. In the EU, NGOs are supported with municipal funds, they survive if they effectively cooperate with municipalities and if local authorities understand the importance of harm reduction programs as services necessary for people who use drugs. Every year, those programs are under threat in many countries”

(expert from an international organization).

A big challenge for health care systems is the lack or insufficient scope of mental health support services that would take into account the needs of people massively suffering from PTSD.

“...Post-traumatic syndrome manifests itself much later than the need to eat or put some clothes on. Now we have an inflow of people, who have been here for six months, four months, and it is just hitting them. They have panic attacks, they have issues with food, eating problems, they are losing their hair because of stress. It is rooted in those psychosomatic problems. Mental health issues influence the quality of life of these people, their ability to make decisions, adapt. Sooner or later these people will find themselves seeking psychosocial support services... We are lacking professionals who work with trauma and many people experience a burnout, we were not ready for this kind of situation”

(NGO worker, Moldova).



2.2.4. Language and information barriers

Almost in all the focus countries, except Moldova, Ukrainian refugees are facing a language barrier, which may lead to difficulties in diagnostics and counseling and generally affect the level of patients' trust to doctors. Online machine translations are not always accurate, while volunteers and translators who engage with the patients are not always able to correctly use medical terminology.

The language barrier goes along with the information barrier, which manifests itself in the lack of understanding of the specifics of health system operation in each of the host countries and challenges in finding information on the support available to refugees. While having the right to free treatment services, refugees still sometimes find themselves in the situations when they are asked to pay for the services or receive bills for the medical services for which they are charged by mistake or deliberately. Moreover, as people are not aware that their health condition may not be the reason to violate their right to the freedom of movement, they have a fear of deportation, which is closely related to self-stigma.

Another information barrier is related to hard-to-reach populations. Not all people who need treatment are part of the patient communities. When people do not have contact with relevant NGOs, it leads to longer adaptation, treatment interruptions, and lack of ability to access the required health services. Experts recognize that some refugees with HIV and TB may not know about their status and some of them may not accept their status and refuse treatment.



2.2.5. Barriers related to stigma and discrimination

Experts in Ukraine consider that self-stigma may be one of the key barriers affecting the access of Ukrainian refugees to HIV and TB services. It may lead to people being afraid to disclose their status to social workers or to talk about their status in their host country, with their relatives or new partners.

“There is a huge stigma that we brought with us. People are afraid to approach the health system. They are afraid that their employers or people who host them in their homes will be informed that they have HIV. That infectious disease doctors or AIDS centers will be sending out some notifications, like in red capital letters or something... Just recently, some good people started a wave of articles in the web saying that Ukrainians brought tuberculosis here”

(Ukrainian NGO staff member, Poland).

“...Internal stigma. We talk about it a lot and do a lot of counseling, that is something we see very often. Here in Lithuania the stigma index is also very high. But among the citizens of Ukraine, it is just exorbitant. They are afraid to disclose their diagnosis to their families, to their employers, those who are in small towns, where there is one... one clinic. This stigma, that’s something we are facing. ...people have this fear, and they are reluctant to seek services”

(NGO worker, Lithuania).

According to experts, self-stigma may be the reason not to seek services or interrupt treatment as people living with HIV or affected by TB may be afraid to disclose their status to their interpreter or to another person who supports them.

A range of stigma-related problems may occur in collective accommodation sites for refugees. For instance, such examples were shared with us by the experts who help Ukrainian refugees in Germany. Ukrainian experts pointed out that stigma and discrimination are mainly experienced by people who use drugs, OST clients and people with TB. Besides, Ukrainian refugees living with HIV shared some cases of discrimination from the side of health workers.

“...Our refugees are afraid to talk about it. Unfortunately, they are afraid, and they are hiding it. If in the camp they talked openly with the doctor, who is there, if they asked for help back then, they would have received it <the therapy – ed. note> earlier than when they were settled in different villages and some of them found themselves in very remote areas. It made their route to infectious disease doctors much longer. When they lived in the camp, many of them were hiding it”

(Ukrainian NGO staff member, Germany).



2.2.6. Gender sensitivity in working with refugees

In the guidelines of the EU countries, there is no focus on programs for women, in particular there is no mandatory HIV testing for pregnant women. Study participants from Poland pointed out that host countries need to scale up specialized comprehensive services aimed at women’s health⁴⁴ and the challenges that female refugees may experience – gynecological and obstetric care, access to contraception, in particular emergency contraception, and prenatal care. Thus, in Poland abortion is prohibited, so our interviewees reported that there were cases when women living with HIV found out they were pregnant, decided to terminate their pregnancy and had to travel to Germany for this purpose.

According to experts, there were cases when there were no special pediatric forms of ART for female refugees with children living with HIV.

“In many countries, elimination has already been achieved, there are few children with HIV, so finding medicines was an issue. Not because they didn’t want to provide treatment”

(PHC expert, Ukraine).

Besides, not being able to leave children unattended makes it more difficult for women to seek care: children may not be left home alone, and in Poland, for instance, when you go to a health facility, you are not allowed to take children with you.

“...It is very difficult for women with children to use services, especially OST. The problem is that you need to come at a certain time every day to pick up your drugs. Meanwhile, the woman has to take her children to nursery or to school. And then she has to go to another village nearby, for example. That is a huge problem for women, I know it for sure”

(Ukrainian NGO staff member, Germany).

44 Parczewski, M., Jabłonowska, E., Wójcik-Cichy, K., Zhyvytsia, D., Witak-Jędra, M., Leszczyszyn-Pynka, M., ... & Serwin, K. (2023). Clinical Perspective on Human Immunodeficiency Virus (HIV) Care of Ukrainian War Refugees in Poland. *Clinical Infectious Diseases*. <https://doi.org/10.1093/cid/ciad116>

“Women are very often focused on their children. First, they need to find a school for their children, find a place to live. Arranging ART for the mother is the last thing they care about. In some cases, they miss taking ARVs for over two months as the focus is on their children. This happens very often”

(expert from an international organization).



2.2.7. Specifics of providing health care to key populations

The study also covered the issue of providing services to refugees from the key populations. This issue requires a separate detailed analysis, and the format of this study does not allow us to have a full understanding of this problem.

When doctors are talking about their work, they say that they provide services to all Ukrainian refugees equally, not focusing on any key populations. At the same time, NGOs in Georgia, for instance, report that they have to expand their target audience and provide their services to a wider range of clients so that people can receive the support they need.

ECOM developed a chat bot to provide assistance to MSM; communities, groups, and consultants work with their target audiences in different European countries. In Germany, there is a wide range of community groups working with MSM. Representatives of Ukrainian organizations refer their clients to such communities.

As for sex workers, experts assume that they also become migrants, but identifying and supporting them may be difficult as they usually do not share information about themselves because of stigma.

The main challenge in working with people who inject drugs is to organize timely provision of OST for them. Not all refugees have a stock of OST drugs with them, most often they don't. To access OST services in the host country, people need to attend a relevant specialist for consultation, which takes time. Besides, refugees may not have the required medical records, in which case the health system views them as new clients, who have to come to OST sites on a daily basis to receive their medications. OST sites may be located quite far from the places where refugees live, which makes it difficult to access OST on a regular basis. In Germany, experts are talking about lack of medications and free spots in OST programs.

Mass media and human rights defenders report that another group requiring comprehensive support is prisoners who have been displaced to the territory of Russia. When working with the citizens of Ukraine, Georgian NGOs sometimes see people who have been released from prisons after their displacement to Russia. After release, these people find themselves in extreme circumstances with no documents, and those who need therapy are not able to access any treatment services. Then they can go to Georgia as it is the only country bordering with Russia, which can accept them with the papers they have to confirm their identity. Human rights defenders report that there might be over one hundred people in such situations, with no documents or support, and they need help to access identification documents, medical check-ups and treatment. Such refugees may experience multiple stigma due to their criminal record and diagnoses.



CHAPTER 2.3. WAYS TO OVERCOME BARRIERS: NGO STRATEGIES AND INFORMAL APPROACHES

This chapter presents an analysis of the initiatives aimed at addressing the key challenges and barriers in access to HIV and TB services in the host countries as well as the role of civil society in this process.



2.3.1. Initiatives to overcome barriers in access to HIV and TB treatment

Communication channels are being established between health professionals in Ukraine and in the host countries, allowing to obtain more detailed information to provide consultations to patients. There are successful cases of patient routing using such practices in Poland, Moldova, Georgia, and Lithuania. Thus, effective communication channels have already been built between physicians in Moldova and the Ukrainian Public Health Center. The development of telemedicine and remote patient counseling, in particular using the HelpNow platform, makes it possible to address the requests of those who need health advice, but are not able receive it where they are in a short period of time. Experts have also mentioned the One Impact platform offering useful information to people with TB.

To overcome the language and information barriers, Ukrainian- and Russian-speaking volunteers, students, and health workers are engaged to assist refugees from Ukraine with translation. In the host countries, NGOs are preparing medical phrase books and providing online interpretation in places where it is difficult to find someone to help with the local language.

“We have an opportunity to get in touch with our Ukrainian infectious disease doctors... I had clients who needed such consultations. Some of them had concerns about the therapy. Another important aspect is interpretation of test results. There is a language barrier, and German doctors are not always able to explain all the details”

(Ukrainian NGO staff member, Germany).

Another way to eliminate the existing barriers is to share important information in Ukrainian and Russian and scale up the coverage of relevant information resources. For instance, in Poland and Moldova refugees can access brochures with the key information distributed through NGOs and health institutions. Besides, there are Telegram channels, chat bots, and pages on social media with detailed guidelines on how to get help. Experts say that people find information on the Internet on their own and can find contacts of local NGOs (Poland, Moldova, Lithuania) using search engines. Information in Ukrainian and Russian is also available in Georgia. In Germany and France, there are more issues with access to information in Ukrainian or Russian. However, in Germany and Poland, the lack of information resources is compensated by the consultations available within the HelpNow project. The consultants of this project are looking for doctors and facilities that are able to provide the required services and help with patient referrals.

“...Our support is a key thing... we explain, we help people to calm down, support them, tell doctors why the person does not have a PESEL and explain that services are needed right now. That it is vital... There are many such nuances — human and social... People reach out to us as their personal consultants”

(Ukrainian NGO staff member, Poland).

Self-organization of people living with HIV is an important mutual support practice helping to overcome the existing barriers. In places with a lot of refugees, support groups are launched allowing people to share information, handle their everyday issues, arrange psychological support, and make efforts to eliminate stigma. For instance, respondents in Poland and Germany mentioned that support was provided by such NGOs as TB People, 100% Life, Network of PLWH, and Volna NGO. Respondents in Moldova also acknowledged the work of the TB People. In France, there are online groups and meetings of the Positive Women. Online chats are also available to refugees. Besides, respondents from different countries mentioned Telegram channels which offer support to women living with HIV in Europe.

Experts say that it is a very good practice when NGOs create a stock of ARVs, which can be given to a person living with HIV in an emergency situation, when such person is not able to access ART, which happens quite a lot with Ukrainian refugees.

International organizations, such as the Red Cross Society and Médecins sans frontières (MSF) are actively working to support refugees. In Germany, Deutsche AIDS Hilfe is implementing activities to support Ukrainian refugees and help Ukrainian colleagues. In France, there are such organizations as Coalition+ and Aid, and in Lithuania – Demetra NGO. In Moldova, relevant issues are covered by such NGOs as Speranza Terii, PULS, AFI, and Initiativa Pozitiva. In Georgia, activities are implemented by such local NGOs as Real People, Real Vision, Equality Movement, Foundation for Support of the HIV Positive People, Liga life, and Community Movement for Access to Justice.

Experts in Ukraine noted that international organizations — such as the Eurasian Harm Reduction Association, the Eurasian Network of People Who Use Drugs, and the International Network of People Who Use Drugs — are providing significant informational, financial, and logistical support to Ukrainian refugees who use drugs. These organizations contributed greatly to informing decision makers about the problems of people who use drugs, coordinating assistance and fundraising as well as advocating for the emergency response to the needs of this target group.

“The main task, apart from coordination, was to inform all Europeans about what has to be changed in the health care system, as it started cracking. Ukrainian refugees became a litmus test to show problem areas”

(expert from an international organization).



2.3.2. Informal approaches in ensuring access to HIV and TB services

Informal approaches to overcome the existing barriers are used as the ways to address the challenges that refugees may face when accessing treatment.

According to experts, delivery of ARVs (and probably also TB medicines) from Ukraine is a widespread practice in all the host countries. It is due to the fact that some people living with HIV are afraid to disclose their status in the host country, in which case delivery of therapy from Ukraine is the only possibility for them to continue their treatment. Some Ukrainian refugees are reluctant to interact with health systems in the host countries as they have concerns about possible bureaucratic challenges, language barrier, changing treatment regimens, disclosure of their status or deportation.

Sometimes people from Ukraine may not trust the prescriptions of doctors in the host countries as they worry about the consequences of changing their treatment regimens. Thus, there is a high demand for consultations with Ukrainian health professionals among refugees. Patients keep in touch with their Ukrainian doctors, checking the prescriptions issued in the host countries with them, asking them for consultations and help in interpreting their test results. Such informal approaches are most adaptable and responsive to the urgent needs of migrants, who are not able to predict their further trajectories or plans.





CONCLUSIONS

European countries continue providing unprecedented support to the migrants from Ukraine. When migrating, people living with HIV and affected by TB are able to continue their vital treatment. Our study shows that refugees have access to HIV and TB treatment as well as testing and counseling in all the focus countries. EU states implement a temporary protection policy which has been adopted by the European Commission. Moldova and Georgia approved separate regulations providing free access to ART, TB treatment, counseling, and testing for Ukrainian refugees.

At the same time, the study allowed identifying a number of barriers associated with the lack of information and the language barrier as well as bureaucratic norms and regulatory restrictions. Regulatory barriers are related to the limited access to services among refugees as well as the fact that in some countries, refugees are only able to access the health services covered by the medical insurance provided by their employer. Citizens of Ukraine who left their home country before 24 February 2022 face additional challenges in access to treatment. According to the rules of the host countries, they are not always covered by the services available to those refugees who left Ukraine after the start of the full-scale war.

As reported by Ukrainian refugees and helping professionals, systemic barriers point at the bureaucratic challenges in the support trajectories, which go along with the need for refugees to adapt to unfamiliar institutional arrangements. Active interventions of social workers and volunteers are needed to cope with such barriers.

Research findings demonstrate that NGO clients who used to interact with service providers in Ukraine much easier overcome all the existing barriers, are able to access information and know where to seek help more often. Without proper support, there is a high chance for reluctance to engage with the local health care system, interruption and/or lack of treatment. Generally, adaptation challenges have a negative effect on the adherence to treatment as the key priority for refugees is covering their basic needs.

Health care systems in the countries which received the biggest number of Ukrainian refugees (Poland and Germany) are overloaded, which leads to extra challenges and increases the time people have to spend to access the required services. The host countries do not always have clear systems to collect statistical data on refugees with HIV, TB and those who receive OST, which leads to understatement and underestimation of the scope of required assistance to be planned. Due to the lower prevalence of TB in the EU countries, there were issues with the lack of TB medications, especially for MDR TB, as well as OST drugs used in Ukraine. A big challenge is PTSD among Ukrainian refugees and lack of resources in the local health care systems and NGOs to provide mental health support.

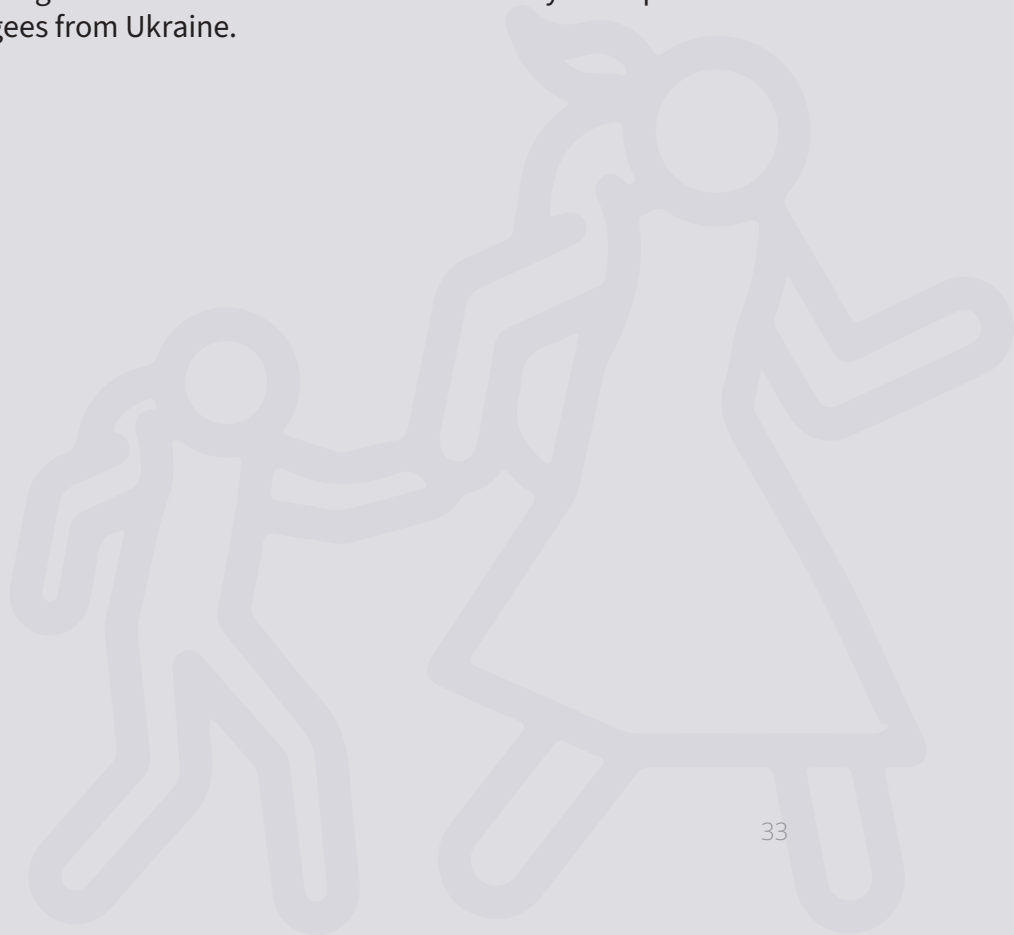
Medical barriers are linked with the fact that treatment regimens and medications in the host countries may differ from those prescribed by doctors in Ukraine. Thus, patients may have concerns, lack of trust to doctors' prescriptions, and fear of side effects or complications. Ukrainian refugees often seek help when they are already running out of medications, while getting a new prescription in the host country may require more time (to prepare documents, wait for a doctor's appointment, etc.).

The study revealed the need to carry out prevention activities in collective centers for refugees using the format implemented, for instance, in Germany.

Stigma, in particular self-stigma among refugees with socially significant diseases, is another big challenge. Self-stigma manifests itself in people's fear to disclose their status, lack of awareness and fear of learning about their rights and opportunities as well as unreasonable concerns about being deported due to their status. All of the above may affect refugees' access to treatment: for instance, some refugees prefer to get therapy from Ukraine (from NGOs and doctors) not to disclose their status in the host country, while others interrupt their treatment.

Ukrainian refugees are mostly women, children, and elderly people. In these circumstances, it is vital for helping organizations to have gender-sensitive guidelines. Women bear the burden of caring for their families, especially children, which creates additional vulnerabilities for them. Thus, women do not pay enough attention to addressing their health issues when they are not able to leave their children unattended. It should also be noted that EU countries have different antenatal care guidelines, which, for instance, do not include mandatory HIV testing. Pediatric forms of ARVs may be missing or lacking as most European countries have already eliminated mother-to-child transmission of HIV.

Apart from the challenges and issues described, there are many examples of effective coordination between national health and social support systems as well as NGOs in each of the countries. Effective channels of communication and information sharing have already been established. The report presents "success stories" in improving access to services and treatment involving formal and informal agents, government institutions and civil society organizations that demonstrate solidarity and openness of the host countries to refugees from Ukraine.





RECOMMENDATIONS

These recommendations have been developed as a result of expert discussions involving community representatives and international organizations, public health experts and health professionals.

Initiatives that require collaboration between the Ukrainian health system (state authorities and NGOs) and actors in the host countries

- It is necessary to scale up the capacity to use translation and interpretation services and engage representatives of the Ukrainian NGOs who understand the country specifics and know English and other languages in providing such services. Such initiatives could include creation of specialized translation and interpretation platforms and services as well as translators and interpreters' databases and phrase books.
- It is recommended to improve the quality of information work with refugees. It should include sharing accessible information about the possibilities to receive the required services upon arrival to the country, in particular from the Ukrainian health system. Besides, people could have pre-departure consultations with Ukrainian physicians and get a stock of medications and receive the necessary information when they enter the transit/host country as well as in refugee registration centers. The information provided should be comprehensive and cover not only the services available, but also focus on the lack of discrimination against people living with HIV and affected by TB and include recommendations on the routes of patients with different diagnoses.
- Our research study shows the need to address the issue of discrimination against Ukrainian refugees. It can be addressed by documenting and investigating the cases of human rights violations as well as conducting independent assessments and public discussions on inequality.
- It is important to develop networking between professional medical community in Ukraine and in the host countries. Discussion platforms and conferences can be organized to facilitate more structural and systematic exchange within the professional networks. Patient data exchange systems among different countries will allow making the treatment procedures and patient routes more effective. Also, it is necessary to openly discuss the possibilities for doctors in Ukraine to support patients living with HIV abroad, demand legalization of the procedure to deliver therapy to other countries and come up with functional mechanisms to ensure such deliveries, e.g., by engaging local NGOs in the host countries.

Initiatives that require collaboration between donors, NGOs in Ukraine and NGOs in the host countries

- Consideration needs to be given to the opportunities for a closer cooperation among NGOs, creating a system of referrals and exchange of resources among organizations. It is vital to see NGOs as full-fledged actors, who are able to present the needs of target populations promptly and effectively and provide recommendations on the decisions that need to be taken.
- Patient routes and support practices should be improved with possible engagement of Ukrainian NGOs, volunteers, and professionals.
- Model approaches that may be considered include the best practices of such projects as HelpNow, which created a comprehensive ecosystem, so its experience can be shared and scaled up.
- It is important to address the issue of self-stigma among refugees, which may be resolved through self-help groups, mental health support, and focused information sharing.
- One of the recommendations may be to form a stock of ARVs in NGOs to share them with people in need in cases of emergency. It is also necessary to come up with the options to deliver OST services taking into account the specifics of accommodation, logistic challenges and other conditions faced by the OST clients who become refugees.

Initiatives that require international cooperation and engagement of international organizations

- It is important to offer opportunities to share experience, use EU policies and achievements in working with migrants in other countries, in order to develop a comprehensive approach to working with migrants. For instance, it could include improving gender sensitivity of the programs, expanding the guidelines on providing assistance to include women's health issues, pregnancy and childcare support programs, etc.
- It is important to improve the visibility of good practices in providing services to Ukrainian refugees, extrapolating them to migrants from other countries. It can also be suggested to consider scaling up refugees' access to health services, such as ART, OST and TB care.
- It is necessary to build systems to exchange data among countries with the WHO coordination, continue developing and implementing unified guidelines that would ensure access to the treatment of HIV, TB and other socially significant diseases for refugees and migrants, in particular those who are undocumented.



ANNEXES

Annex 1 Number of interviews, by countries

	HIV patients	TB patients	HIV experts	TB experts	Total by country
Poland	4	3	2	2	11
Germany	7	2	2	1	12
Lithuania	5		2		7
France	6		4		10
Moldova	5		3	1	9
Georgia	1		8		9
Total interviews	28	5	21	4	58

Interviews with experts in Ukraine and representatives of international organizations (10 interviews in total):

Public Health Center of the Ministry of Health of Ukraine,
 TB People Ukraine,
 Global Network of People Living with HIV,
 Ukrainian Network of People who Use Drugs (PUD.UA/VOLNA),
 ICF “Alliance for Public Health”,
 Eurasian Harm Reduction Association,
 Positive Women NGO.

