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EXPLORING CARE FOR PEOPLE

LIVING WITH HIV AND KEY POPULATIONS IN UKRAINE DURING WAR:
Insights from Healthcare Providers working at Médecins du Monde and the Ukrainian Healthcare System, Policy Makers, and Key Populations

INTRODUCTION

Since 2015, Médecins du Monde (MdM) has been operating in Ukraine to support the primary healthcare system. They provide primary health care, mental health and psychosocial support (MHPSS), and sexual and reproductive health (SRH) care through mobile units (MUs) for individuals unable to access the general health system. The ongoing war raises concerns about jeopardising HIV diagnostics and care services, posing a threat to those affected or at risk of contracting HIV.

MdM Netherlands, MdM Spain, MdM Germany, ICF “AIDS Foundation East-West” (*AFEW-Ukraine*), and the Swiss Solidarity Fund (SSF) are collaborating on this project to enhance SRH services, including HIV care, for key populations amid the war and systemic challenges. This study assesses the healthcare experiences and needs of people living with HIV (PLHIV) and key populations at elevated risk of contracting HIV, including LGBT individuals, sex workers, and people who inject drugs (PWID). It also gathers insights into the experiences and needs of primary healthcare providers who care for these communities.

BACKGROUND

Ukraine, with an estimated HIV prevalence of 0.6% in 2020, has a significant HIV burden, marked by the highest AIDS incidence in Europe and a notable number of AIDS-related deaths (1). Only 69% of Ukrainians living with HIV know their status, and just 57% are receiving antiretroviral therapy (ART) (1). In 2022, approximately 129,000 people were tested for HIV, but this number dropped to 97,000 in 2023, indicating delays in healthcare-seeking

behaviour (2). The ongoing war poses a serious threat to HIV diagnostics and care, further exacerbating the situation for those affected.

METHODOLOGY

Data was collected from February to August 2024 in two survey rounds. The interviewed healthcare providers worked in rural areas of the Vinnytsia, Kharkiv, and Zaporizhia oblasts, while key populations reside in the cities of Vinnytsia, Kharkiv, and Zaporizhzhia. Respondents from MdM included medical doctors (n = 6), a midwife (n = 1), a MHPSS professional (n = 1), MHPSS supervisors/managers (n = 2), programme coordinators (n = 4), and project managers (n = 2). The Ukrainian health system was represented by a medical doctor (n = 1) and the director (n = 1) of a Primary Medical and Sanitary Centre (PMSAC), along with one representative each from the Ministry of Health (MoH) (n = 1) and the WHO health cluster (n = 1). Additionally, 23 focus group discussions (FGDs) and 2 in-depth interviews with key populations included a total of 194 respondents. Respondents from key populations included LGBT/MSM (n = 53), PWID (n = 91), women living with HIV (n = 23), sex workers (n = 17), and vulnerable women (n = 10).

KEY FINDINGS GATHERED FROM HEALTHCARE PROVIDERS AND POLICYMAKERS

Most medical doctors acknowledge the need for training in counselling and communication techniques regarding HIV and identifying key populations. Some express discomfort addressing these topics, influenced by feelings of shame and societal taboos. MHPSS professionals and midwives are generally more at ease addressing these sensitive

issues. Approximately half of the respondents recognize that PLHIV and key populations face social exclusion and stigma within healthcare settings. The choice of words by some respondents subtly revealed prejudices about key populations. However, these respondents did not perceive themselves as stigmatising these groups. This suggests a potential unconscious bias in the use of stigmatising language among the respondents.

Providing HIV rapid tests through the MUs is seen by most healthcare providers and policymakers as a way to reduce testing barriers. Key to this integration is ensuring that staff are trained in pre- and post-test counselling, with clear referral routes to HIV centres. However, concerns regarding patient privacy and increased workloads persist. Some program coordinators therefore recommend supporting existing primary healthcare facilities or NGOs that already provide these services. Policymakers and representatives from the MoH emphasise that, in addition to expanding HIV diagnostic access, it is crucial to enhance health literacy. This includes promoting personal health responsibility through informational sessions and overviews of available services.

KEY FINDINGS FROM FGDS WITH KEY POPULATIONS

Key populations face significant discrimination and stigma within the public healthcare system, which sometimes deters them from seeking care. Rural areas experience severe shortages of healthcare services, including HIV care. While E-health solutions are promoted, they remain largely inaccessible to key populations due to technological and digital barriers.

NGOs and CBOs play a crucial role in bridging gaps left by the general healthcare system, offering psychological support, harm reduction services, and advocacy. Key populations express greater trust in these organisations due to their experiences of stigma and discrimination in public healthcare settings. Key populations have indicated a need for a comprehensive list of humanitarian aid services.

Most respondents from key populations remain unaware of MdM services, with only one out of 194 individuals across both survey rounds having received them. This suggests a significant gap in knowledge about available humanitarian aid, highlighting the need for better outreach and promotion for MdM.

CONCLUSION AND RECOMMENDATIONS

For the general health system:

- 1. Improve access to secondary level and/or specialised care:** By streamlining the appointment system and offering additional services to reduce delays.
- 2. Combat stigma against PLHIV and key populations:** By providing training to improve healthcare providers' ability to support PLHIV and key populations.
- 3. Improve accessibility of MHPSS and healthcare services for key populations:** Key populations, including PLHIV, might have an increased need for MHPSS and other healthcare services. Ensuring availability of services and access to ART and substitution therapy through family doctors is crucial.
- 4. Enhance adolescent support:** By providing training to improve healthcare providers' ability to support adolescents.

For MdM and other NGOs/humanitarian aid services:

- 1. Increase awareness of services:** There is a notable lack of awareness among individuals within key populations regarding available humanitarian aid services, including those provided by the MUs of MdM. It is essential to explore more effective methods for disseminating information about these services to ensure they reach those in need.
- 2. Promote SRHR services:** It is strongly recommended to increase awareness of SRHR services by developing age-appropriate promotional materials for men and women and information provision through health promoters to boost demand.
- 3. Improve access to HIV diagnostics:** By offering rapid HIV tests through MUs or refer individuals to partners already providing these tests. Ensure referral routes, in case of positive HIV results, are clear.
- 4. Improve collaboration between NGOs and CBOs:** By mapping available services and providing an overview for healthcare providers and key populations.

1. Marta Vasylyev, Agata Skrzat-Klapaczyńska, Jose I Bernardino, Oana Săndulescu, Christine Gilles, Agnès Libois, et al., Unified European support framework to sustain the HIV cascade of care for people living with HIV including in displaced populations of war-struck Ukraine, *Lancet*, 2022 May 13; 6 (e): 438–48. Available from: [https://doi.org/10.1016/S2352-3018\(22\)00125-4](https://doi.org/10.1016/S2352-3018(22)00125-4).

2. Yulia Kvasnevskaya, Mariia Faustova, Kseniia Voronova, Yaroslav Basarab and Yaroslava Lopatina., Impact of war-associated factors on spread of sexually transmitted infections: a systemic review, *Front. Public Health*, 2024 April 5; 12 2296–2565. Available from: <https://doi.org/10.3389/fpubh.2024.1366600>.