Regional Expert Group on Migration and Health

ELTON JOHN AIDS FOUNDATION

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Population size estimate and needs assessment for HIV, humanitarian, and psychosocial services for People living with HIV and Key Populations among Ukrainian refugees in six receiving countries: Hungary, Moldova, Poland, Slovakia, Romania, and Germany

FINAL REPORT

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CONTENTS

LIST OF ABBREVIATIONS

ART – antiretroviral treatment
CES – Centre for Economic Strategy
GP – General practitioner
HIV – human immunodeficiency virus
NSP – needle syringe program
TP – Beneficiaries of temporary protection
PLHIV – People living with HIV
MoH – Ministry of Health
KP – Key populations
MSM – Men who have sex with men
OST – Opioid substitution treatment
PEP – Post exposure prophylaxis
PrEP – Pre exposure prophylaxis
PWID – People who inject drugs
PWUD – People who use drugs
SW – Sex workers
TG – Trans* people

EXECUTIVE SUMMARY

The study aims to assess the number of people living with HIV and KP among refugees from Ukraine residing in six European countries (Germany, Hungary, Moldova, Poland, Slovakia and Romania) and to identify their needs and barriers in accessing HIV and related services. For estimating the numbers of People Living with HIV (PLHIV) and Key Populations (KP) in the countries of interest, a desk study relied on modeling. We employed various approaches for calculation. Initially, we assumed that the prevalence of HIV is similar among the main demographic (age-sex) groups of refugees as it is among the general population of Ukraine. Additionally, we assumed that the proportion of key populations among migrants' mirrors that of the Ukrainian population.

As a result, we estimated a number of PLHIV (both who know and do not know their status) based on 3 approaches, and according to the maximal one the figures are the following: 5 397 in Germany, 132 in Hungary, 3 444 in Poland, 695 in Romania, 532 in Slovakia, and 433 in Moldova. As for KP, an estimated number of MSM exceeds 6 000 in Germany, 5 000 in Poland and 1 000 in Romania; PWID is almost 5 000 in Poland and more than 8 000 in Germany. The number of SW is higher than 1 000 in Germany (3 378) and Poland (2 425), and the number of TG is the lowest among all groups, but still exceeds 100 in Poland and Germany. It is worth mentioning that the numbers of PLHIV and KP depend not only on the absolute number of refugees in the country, but on their age and sex structure, especially the share of men (the most at risk category) at the working age (18-64).

Assessment of refugees' needs and barriers in regard to HIV prevention and treatment was based on 30 semi-structured interviews (with local experts and with refugees in respective countries). This data was complemented the desk research of available published and gray sources.

Overall, the study shows that in **Germany** there is a significant and growing number of refugees from Ukraine, exceeding 1.2 million, with experts attributing this to appeal of better social packages. While refugees are evenly spread across the country, estimated numbers of PLHIV suggest a potential range from 1 000 to over 5 300, with key populations also notably high. The maximum refugees with HIV rate per 1 000 000 population is 64. Access to ARV treatment for PLHIV refugees can be delayed due to paperwork, and key populations encounter challenges in accessing healthcare services, particularly due to language barriers and territorial constraints.

In **Hungary**, the number of Ukrainian refugees is the lowest among analyzed countries (about 34 500), with PLHIV numbers estimated at 130 as the maximum (13.7 per 1 000 000 population) and no key population groups exceeding 200 individuals. Refugees are dispersed across the country, with some residing in Budapest and border regions. Language barriers in this setting are high and restrictive policies around LGBT issues and sexual health could contribute to challenges in healthcare access for refugees belonging to key populations. At the same time due to limited data available results should be treated with caution.

Moldova, being not a part of the EU, hosts around 118 000 refugees from Ukraine, mainly concentrated in urban areas and regions bordering Ukraine with an estimated maximum as

more than 400 PLHIV (172.2 per 1 000 000 population). Overall, refugees express confidence in accessing medical services, although temporary protection status is becoming increasingly necessary for some services. HIV treatment is readily available for those in need, harm reduction services for key populations are in place and language barriers are less prevalent in this country due to common use of Russian and Ukrainian languages.

Poland initially experienced a large influx of refugees, with numbers now declining slightly over 950 000, the estimated maximal number of refugees PLHIV is of 3 500 (93.7 per 1 000 000 population). HIV treatment is generally accessible, but challenges exist in navigating the healthcare system, particularly for key populations. While OST is available across the country, PrEP is provided only on a paid basis, and language barriers persist despite some mutual intelligibility between Polish and Ukrainian languages. A possibility to lose TP status due to prolonged visits to Ukraine is a unique barrier for receiving services which has not been mentioned in other countries of interest.

Romania hosts a significant number of male working-age Ukrainian refugees, with estimated PLHIV numbers ranging up to 700 (36.5 per 1 000 000 population) and an overall refugee group of 145 000 people. HIV treatment is generally accessible, but challenges exist in accessing non-urgent health services due to paperwork and language barriers. HIV testing services are available, but there's a lack of targeted campaigns for refugees, and harm reduction services for key populations are limited.

Slovakia, with a low HIV prevalence among country nationals, faces a challenge of potential increase with incoming PLHIV refugees. The estimated number of refugees is 116 000 whereas the estimated maximum of refugees living with HIV is about 500 (98 per 1 000 000 population). HIV treatment and testing are generally accessible. So far there's a dearth of information on services for key populations. There is some data on absence of targeted TG services in the country as well as troubled access to Hepatitis C treatment. Language barriers are mentioned despite some linguistic similarities between Slovakian and Ukrainian.

Overall study results highlight that while access to healthcare services, including ART, is generally available for refugees across countries of the study, there are regional variations and challenges. Outreach activities for increasing HIV testing among refugees are mostly unavailable in the countries of our interest (except for Moldova) which leads to reliance on the initiative of the refugees to look for HIV services. Differences between Ukrainian and the EU health systems pose adjustment challenges for refugees, with EU systems requiring more individual responsibility in regard to treatment navigation. Language barriers persist across all countries except Moldova (where Ukrainian is widely understood), hindering effective service provision, especially in services based on rapport-building and counseling. Self-stigma among refugee PLHIV often delays access to care, exacerbated by systemic issues like inadequate access to services such as OST, PrEP, and HIV testing which are present in several countries.

Additionally, there is a notable lack of systematic analytics on PLHIV and key population refugees which highlights the need for comprehensive assessment and creation of tailored services.

Overview of key outcomes for each country is presented in Table 1.

Table 1. Key outcomes per country. (*symbol "?" means no data is available*)

Country	Germany	Hungary	Moldova	Poland	Romania	Slovakia
Population (01.01.2023), million	84.36	9.6	2.51	36.75	19.05	5.43
N of Ukrainian refugees (TP and asylum-seekers)	1 248 370	34 500	118 250	956 180	148 295	116 800
Refugees rate (per 1000 population)	14.8	3.59	47.06	26.02	8.02	21.55
N of PLHIV among Ukrainian refugees **Middle (maximum; minimum)**	1 996 (937; 5 397)	55 (1; 132)	433	1 529 (950; 3 444)	244 (45; 695)	187 (98; 532)
Refugees PLHIV maximum rate (per 1 000 000 population)	64.0	13.7	172.2	93.7	36.5	98.0
N of PWID	8 359	188	649	4 817	1 192	769
N of MSM	6 368	130	476	5 215	1 020	539
N of SW	3 378	91	283	2 425	359	362
N of TG	389	10	31	253	49	39

Country	Germany	Hungary	Moldova	Poland	Romania	Slovakia
HIV testing	Available for free in case of proper documentation	Available in large cities	Available	Available	Available	Available
Services for PWID	Available. Less developed in Bavaria	Available	Available	Available in larger cities	Available	Available
OST	Available, cost, legal and territorial barriers. Less developed in Bavaria	Available	Available except for Transnistria	Available, territorial barriers/lines	Available	Available
Services for MSM	Available in large cities	?	Available	Available in larger cities	Available in several regions	?
PrEP	Available for those with insurance	Not available	Available	On paid basis only, territorial barriers	Limited availability	?
Services for SW	available on demand, no active outreach	?	Available	Not widely available	Available	?
Services for TG	Available	?	Available	Available	Available	Not available?
Language barrier	high	High	Low	Moderate	High	High

Country	Germany	Hungary	Moldova	Poland	Romania	Slovakia
Other country-specific barriers/ challenges	Refugee camps; unequal territorial distribution of services with the barriers to change the place of residence	Presence of legal restrictions related to LGBT rights	None identified yet	Possibility to lose the TP status upon 1-month long absence in country	Overall, there is lack of contact between KP - Ukrainian refugees and available services	Limited reproductive healthcare options (contraception and abortion). Troubled access to Hepatitis C treatment
Comments		Limited data available		We aim to clarify some information about services for KPs		Limited data so far

CHAPTER 1. INTODUCTION: SETTING THE CONTEXT, KEY CHALLENGES, AIMS OF THE STUDY

The study aims to assess numbers of people living with HIV and KP among refugees from Ukraine residing in European countries (Germany, Hungary, Moldova, Poland, Slovakia and Romania), and to identify their needs and barriers in accessing HIV and related services. The study is intended to provide insights into challenges faced by refugees in accessing HIV services and to offer recommendations for improving their access to such services. Received data and estimations will form the basis for the development of assistance programs for Ukrainian refugees.

The study is based on a rapid assessment methodology and integrates desk research of available statistical and analytical documents with qualitative data based on a range of key informant interviews.

In addition to challenges faced by all refugees, such as obtaining legal status in receiving country, securing housing, employment and/or social benefits, overcoming language barriers, and other issues, key populations (KP) and people living with HIV (PLHIV) could face a unique set of challenges related to accessing HIV prevention and treatment, humanitarian assistance and psychosocial services. Availability of such services in receiving countries varies, and their accessibility for KP and PLHIV refugees may vary even more. KP or PLHIV status may not qualify these refugees for humanitarian or psychosocial support.

So far there is lack of information or estimates of how many Ukrainian refugees who also live with HIV or belong to key populations are living in different EU countries, nor it is described how they do access services, what problems face, and what interventions are needed to overcome those issues.

Key methodological challenges for evaluation of size of PLHIV and KP among Ukrainian refugees.

Problems with correct estimation of numbers occur with the number of Ukrainian refugees and temporary protected persons in European Union countries, and also (and it is a greater problem) in Moldova. An estimation of PLHIV based on population by age groups and available statistics about PLHIV in the EU provoke some debates.

Refugees. As an example, the number of refugees from Ukraine measured as a number of Beneficiaries of temporary protection (the data available from Eurostat and The European Union Agency for Asylum) in Germany is 1.26 million (the recent available information by the end of March 2024), while UNHCR for the same date claims about 1.15 million Ukrainians recorded in the country as refugees, and about 1.07 million of Ukrainians who applied for any scheme of Asylum or Temporary Protection. For Germany these figures do not demonstrate a significant discrepancy, while for example for Poland a gap between (based on UNHCR data) recorded refugees at the territory of the country and those applied for any protection scheme is more than

650 000 (as 956 000 are registered and 1.64 million recorded as the applicants for the support). In Moldova (also based on UNHCR), there are about 118 000 registered persons and 47 000 officially applied for the protection status (temporary protection or asylum) support. All these figures with the explanation of the discrepancies are indicated in Table 1 Annex 5.

On the other hand, there are Ukrainian sources concerning the number of migrants: data from the Centre for Economic Strategy - CES (CES, 2024) reports about overestimated numbers of their citizens in EU, giving the figures based on statistics of borders crossing with about 3,3 million of Ukrainians in EU. The reason for such a gap could be explained by regular commuting of about 1 million persons protected (sometimes short-term without losing the temporary protection status and sometimes long-term with losing the status and further getting a new one) between Ukraine and EU.

The number of Asylum seekers from Ukraine in the EU in the official statistics is much lower - 27 000 applications in 2022 and 13 500 in 2023. As in the majority of cases, an asylum-seeking procedure is replaced by temporary protection (at least in our countries of interest, for France an asylum-seeking procedure still works for Ukrainians as well).
In this case our strategy is to summarize numbers of the TP with the number of asylum-seekers (calculated as the sum of all asylum applicants for 2022-2023).

PLHIV in Ukraine. Information about prevalence of HIV in Ukraine is available from official sources, and it is visible that in the period after February 2022 the number of PLHIV under observation is declining, the same is with persons receiving ART (MoH of Ukraine SI, 2022). Before Russian invasion (as of January 1, 2022), approximately 150 000 individuals were under HIV observation in Ukraine. This marked an increase of approximately 6 000 cases compared to January 1, 2021. Throughout 2022, around 7 000 new cases were recorded, resulting in total of 157 500 people under HIV observation by January 1, 2023. However, by the onset of 2024, the number of new HIV cases remained relatively the same. The number of new cases registered after February 2022 is going down. Of course, the figures could be first of all explained by reduced screening due to lack of personnel, funding, on the other hand it is also an indicator of migration of PLHIV from Ukraine.

PLHIV in the EU. Data is available for the whole EU from country and region official reports, but it covers 2022 only, and looks like a bit underestimating the numbers, in comparison to information coming from country experts (e.g. number of ART recipients in Poland with Ukrainian background - called by Polish National AIDS Centre ‘patients from Ukraine**’)** to the end of March 2024 is more than 3 550 - from the National AIDS Centre, which is more than the whole number of PLHIV from Ukraine indicated in EU for 2022 — about 2 330). Additionally, there has been a significant decrease in the number of people receiving ART in Ukraine. As of February 1, 2024, compared to February 1, 2022, there was a decline of -11% (from 130 700 to 116 300, a decrease of more than 14 000 overall). A part of this decline could be explained by migration of therapy receivers.
What is important is that the number of asylum-seekers and temporary protection holders in 2023 did not increase significantly (and according to Ukraine experts there was no growth in 2023 at all), but PLHIV started to disappear from Ukrainian statistics mainly in 2023. So, there could be a certain lag between crossing the border and getting HIV status in the EU.
In this case we use different approaches to estimate PLHIV (it will be discussed later).

Population of Ukraine. An important factor for calculation of HIV prevalence and making estimations of PLHIV and KP in the EU. Nevertheless, considering figures of PLHIV used in reports from the Public Health Center just before the conflict, the estimated denominator would be about 38 million. The official data for the Ukrainian population in many cases operates with 41 million (without Crimea) and 43.3 million with Crimea. In our research, we use the population of 38 million as the whole population of Ukraine, and for the population structures we use the population of Ukraine without Crimea (although the estimation of the Donbass structure could be incorrect).

CHAPTER 2. STUDY METHODOLOGY

Geography of the study

Countries in our observation: countries bordering Ukraine (Moldova, Hungary, Romania, Slovakia, Poland), and Germany, as a country with the highest absolute number of Ukrainians with the temporary protection status.

Methodology

Estimation of Size of Populations Most at Risk to HIV among international refugees

PLHIV

In order to estimate the number of PLHIV among Ukrainian refugees, we follow several approaches[1]:

1. Approach 1 (maximal). We assume that HIV prevalence among TP and asylum-seekers in the EU is the same as in Ukraine (estimated as 0.65% for male population aged 18-64 and 0.5% for female population at the same age). Moreover, we assume that additionally about 10% of the persons get their status in the EU after testing (HIV/AIDS surveillance in Europe 2023) and additionally 15% of PLHIV do not know about their status and do not test (Sazonova et al 2020; Global AIDS Monitoring, 2018). Also, we calculate the number based on population estimations by Eurostat (1 a) and also by CES (1 b).
2. Approach 2 (minimal). From HIV/AIDS surveillance in Europe Report (HIV/AIDS surveillance 2022, 2023; Reyes-Urueña, 2023) and the papers from Poland (Parczewski et al, 2023) and Germany (Robert Koch-Institute Bulletin, 2023) we know the number of new HIV cases in 2022. Let us assume that these figures are correct and also based on the numbers of new refugees in 2023 and the prevalence of registered HIV in the sample calculate the figures for 2023.
3. Approach 3 (middle). We get access to the available MoH data about patients who received ART, but now deregistered. Based on these figures, we estimate PLHIV and those of them who migrated to the EU. Additionally, there are calculations in Table 3 based on Polish ART data, that are used as general information, but not included into our estimations.

[1] These approaches were used for the countries within the EU. A bit different approach will be used for the *Moldova case*. We can use UNHCR data only for the number of refugees. As the gap between the lower and upper estimates are quite different (as it was mentioned in the Table 1 Annex 5), we stop at the estimation of number of refugees in Ukraine from Moldova equal to 118 250. To observe the sex and gender distribution of refugees in Moldova we use survey data available from UNHCR. Then we will use the prevalence rates for men and women at the age 18-64 and mostly work in the approach 1.

An estimation of the denominator (Population) is based on the number of TP (cumulative numbers are available to 28.02.2024) plus the number of asylum seekers for 2022 and 2023 (please, see Table 2).

Table 2. Population of TP and asylum applicants in the key age groups

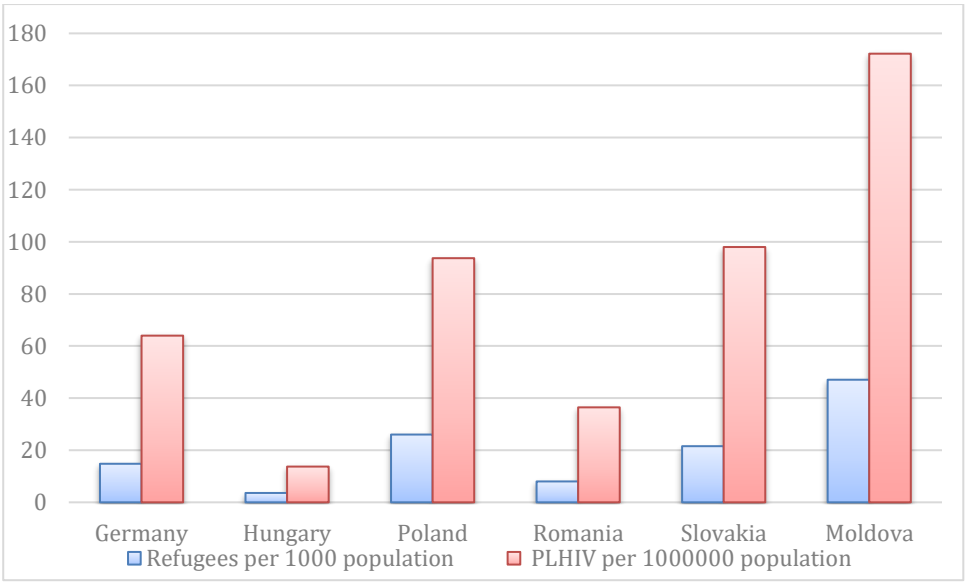
	Both				Male				Female			
	All	18-	18-64	65+	All	18-	18-64	65+	All	18-	18-64	65+
Germany	1248370	384270	763690	100410	472865	196940	247500	28430	773055	186495	514815	71750
Hungary	34500	14325	18786	1388	12590	7221	5039	328	21915	6994	13850	1069
Poland	956180	425225	495970	34985	356155	222765	125595	7800	600025	202455	370375	27195
Romania	152750	48385	95815	8550	67020	24770	39660	2585	85735	23620	56155	5970
Slovakia	116985	34765	76155	6060	40270	17585	20935	1750	76715	17185	55220	4310
Moldova	118250	52030	61513	4730	47466	27198	18494	1774	70808	24833	43019	2956

Table 3. Calculations of PLHIV according to different estimations

	1st approach (maximum)				2nd approach (minimum)	3rd approach (based on ART in Ukraine)	
	Eurostat population		CES population		Based on HIV/AIDS surveillance in Europe	Proportionally to the share of migrants	Adjusted by the share of PLHIV (based in 2 approach)
	Knew before+Tested new diagnosed	+Do not know	Knew before+Tested new diagnosed	+Do not know			
Germany	4588	5397	3638	4280	937	1996	2479
Hungary	112	132	85	100	1	55	1
Poland	2928	3444	2223	2615	950	1529	2451
Romania	590	695	438	515	45	244	122
Slovakia	452	532	344	405	98	187	259
Moldova	368	433					

Results in relative figures are visible in Graph 1

Graph 1. The relative numbers of Ukrainian refugees all and with HIV per population of the countries of destination



KP groups

The same methods as in Approach 1 for PLHIV estimation will be used in estimations of key population groups (in absolute figures) and Ukrainian population estimated for the certain group. We assume that KP prevalence among TP and asylum-seekers in the EU is the same as in Ukraine. We take into consideration that for MSM group should be calculated from male population 18-64, for PWID male and female population at the age 18-64, for SW female population at the age 18-64, for TG the whole population aged 18-64.

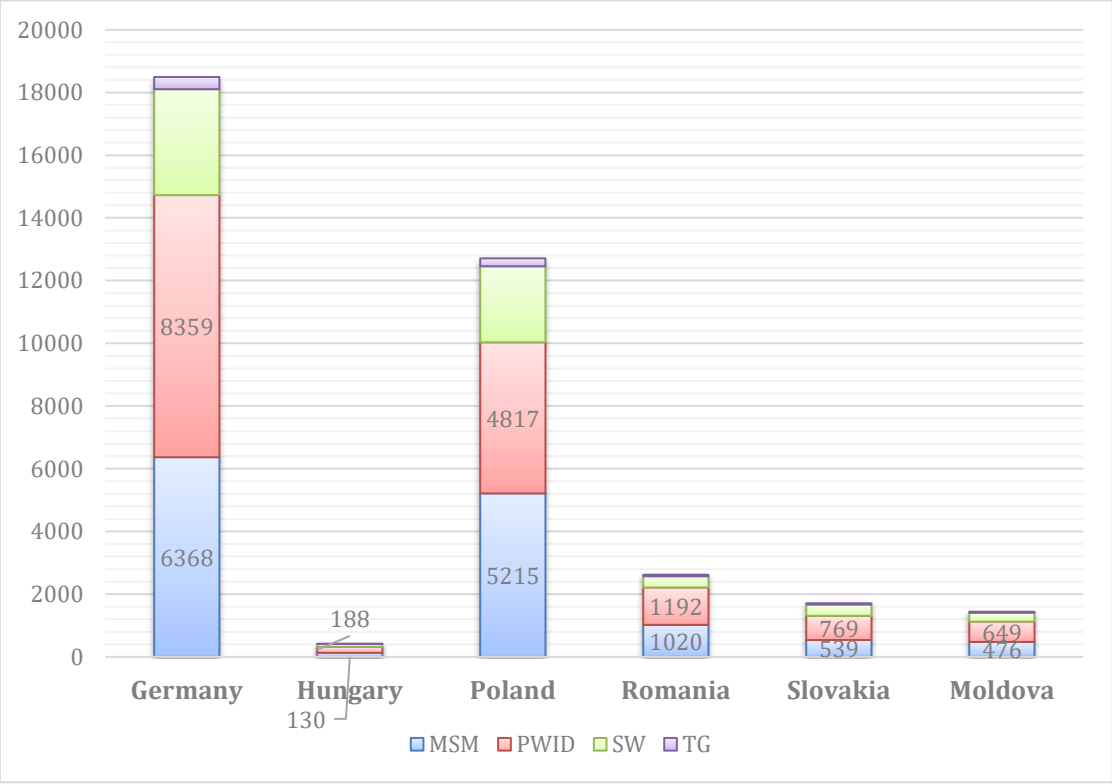
The KP in Ukraine will be used from UNAIDS Key population atlas https://kpatlas.unaids.org/dashboard

For more details, please see Annex 2.

Apart from the sources described above, the research team has also actively searched for additional most up to date relevant sources to cover gaps in the interviews or cross-validate expert opinions. Such data regarding mobility factors for different groups, service availability and coverage and identified gaps. Those efforts were coupled with the efforts of local coordinators, who provided most relevant information regarding their country including gray sources in local languages regarding barriers and adaptation strategies Ukrainian refugees use to access health services.

KP in absolute figures are presented in Graph 2.

Graph 2. KP in absolute figures



Semi-structured interviews

Key informant interviews were intended to be collected with the governmental and non-governmental experts as well as PLHIV and KP refugees from Ukraine in all countries of interest. The purposive sample for both key informant groups was used, however accessibility of the informants of particular group was also taken into account. Overall, a current preliminary report is based on 30 interviews and expert input from 4 regional coordinators who are also experts in this field.

For **expert** interviews/focus groups, we aimed to target experts who work in the different spheres a) HIV care b) HIV prevention (including initiatives focused on key populations — people who inject drugs, men who have sex with men, sex-workers and transgender people, c) migrants and refugee care providers who represent different types of organizations: 1. non-governmental including non-registered initiatives, 2. governmental/public agencies and 3. representatives of other types of actors, like commercial agencies focused on medical care providers as well as researchers. A total number of expert interviews is 19.

For **interviews with the refugees,** the sample composition was intended to increase diversity of informants' experiences and expertise. While each informant should be either PLHIV or a member of KP, the regional coordinators made their best to ensure that in each region the sample would include at least one person living with HIV (who could also be a member of a key population) and at least one person without previously diagnosed HIV, but belonging to at least one of the key populations; if feasible the informants residing in different parts of country were recruited to participate in interview. However, due to a limited timeframe the adherence to such quotas was not achieved in several countries. Totally, 11 interviews have been collected and presented.

The recruitment of sample was made by a dedicated country coordinator through their professional network including experts participating in focus groups.

Due to the time constraints, it was not feasible to seek formal IRB approval in all countries of interest. At the same time data collection and management would be according to the best practices of ethical research with human participants (including Helsinki declaration and CIOMS guidelines for health-related research). Interview guides are presented in Annex 1, detailed sample composition — in Annex 3.

It should be noted that due to limited number of informants and data sources per country, not all claims could be verified as not enough sources for triangulation exist. Therefore, they should be taken with caution till more volume of data including quantitative ones appear. In particular, we face significant challenges in recruiting Slovakian and Hungarian experts to participate in the study as the regional coordinators. Therefore, data regarding those countries in our report is significantly limited, since only one expert and two Ukrainian refugees with HIV residing there have participated in the study in each country.

Data analysis and ethical principles

The descriptive analysis was made to integrate and triangulate all sources available for a particular country: qualitative interviews collected within the country, mentions of the country situation in the interviews collected with Ukrainian experts, open sources and data provided by the experts.

Data collection adhered to the ethical principles: gaining informed consent precede all the interviews, all informants could forbid the recording of their interviews, and even if agreed the recordings are kept only until some uncertainties in data are resolved and then deleted from all the devices. No identifiable information is collected from the informants - refugees, the identifiers were collected from experts but are not disclosed in the report, the exact citations and their authorship are not present for the sake of confidentiality.

Each country-level section of the report was be reviewed by local coordinators to ensure no misinterpretation and misrepresentation of the data.

CHAPTER 3. KEY OUTCOMES

It's worth mentioning that in EU countries HIV treatment regimen differs from the one in Ukraine, since the latter includes drugs which are not licensed for the use in EU countries. Therefore, in many cases PLHIV has to change therapy in host countries and this was reflected in interviews, although there is no sign that this posed any significant distress or challenges for PLHIV among Ukrainian refugees.

Germany

Data availability and quality

During data collection process, most interviews were held with experts and just one interview with a key population representative (MSM). At the same time, since experts were working with target groups extensively and for a long period of time, collected data is considered to be sufficient for study purposes. It also has been coupled with some data provided by Ukrainian experts, since they deal with a large number of clients who currently reside in Germany.

Regarding the quantitative data additionally to data from UNHCR (not so much concentrated in Germany as the country has no common border with Ukraine), we use Eurostat data and the local statistical sources.

The number of Ukrainian refugees

The figures are available in Table 1 and Table 1 Annex 5. Germany is an attractive country for Ukrainian refugees. According to the informants, the main reason for that is the perception of attractive social benefits which may let people live decent lives without looking for a job. Additional factor of attraction is the perception of a more LGBT-friendly environment compared to other neighboring countries (such as Poland for example). Therefore, experts believe that there is a huge number of refugees who relocate to Germany from other EU countries, although the numbers for this matter are not known. By the end of February 2024, the number of TP and asylum-seekers is estimated as almost 1.25 million (1 248 400), 62% females, and 61% at the age 18-64. That is 14.8 per 1 000, so being a major recipient in absolute figures Germany is not among the leaders in relative figures.

One expert noticed that there could be cases when Ukrainian refugees live in Germany but have temporary protection status in other EU countries (for example – Poland, Denmark) and therefore could have illegal status in Germany with lack of access to services – but those cases are considered to be very rare and probably could be neglected in the analysis. It is possible that those cases were identified and described in Germany only due to the higher number of refugees in the country and good connection between experts and the groups – so experts just faced the higher variety of cases. Another new pattern mentioned by medical expert — frequent circular migration between Germany and Ukraine and overall readiness to change the place of residency.

Experts also emphasize that Ukrainian nationals including PLHIV and KP are not something new to Germany — even before February 2022 NGO had Ukrainian clients from this group.

The number of TP in Germany is the highest in the EU in absolute figures and there is still a tendency to grow, which can be explained by migration of refugees to Germany for better social packages from Eastern European countries.

Number of PLHIV among Ukrainian refugees

Information from Robert Koch Institute Bulletins shows a certain growth of PLHIV due to growing number of refugees from Ukraine. For 2022, the number of PLHIV officially was 724 (that is lower than in Poland with the TP slightly higher). Our estimations show the range from 937 to 5 397 (with the medium assessment as 1 996), or 64.0 per 1 000 000.

There is a huge diversity of Ukrainian PLHIV who now reside in Germany. Experts working with PLHIV talk about different waves of PLHIV refugees they faced since February 2022: from the middle-age women with kids, who are aware of their status and adhere to HIV treatment (first wave) to predominantly key populations (PWUD, usually clients of OST services and MSM) — second wave, to the current third wave — older age (50+) females who was diagnosed with HIV just recently, who are afraid and show high level of self-stigma.

Experts also describe cases of discordant couples who started dating after the outbreak of hostilities where one of partners (usually male – German or Russian/Ukrainian speaker) is not aware about the positive HIV-status of their partner even if she is pregnant with the common child. So, there could be opportunities for the further spreading of HIV to different groups.

For German medical doctors it is unusual to face such a number of female PLHIV, since in Germany HIV cases are more widespread among males. Compared to other refugees (mostly African) they believe that overall Ukrainian refugees are more informed about their diseases and do not face particular difficulties in communication and service provision as well as do not face stigma since they look alike other German citizens.

Key populations among Ukrainian refugees

MSM transmission among Ukrainians is spread at the same scale as in the other EU countries. Our model estimations demonstrate: 6 368 - MSM, 8 359 - PWID, 3 378 - SW, 389 - TG.

NGO face all key populations among Ukrainian refugees in Germany. PWID are visible among the refugees. Significant part of them is in poor physical condition, old and is limited in mobility. Due to barriers in access to OST some of them return to injecting drugs. There is a lack of statistics regarding size of this group, but experts suggest that there are around 1 500 of PWID who use opioids among refugees — this subgroup is more visible due to the presence of specific services to them, the volume of users of other drugs is absolutely unknown. Also, in 2022 German statistics already show the growth in the number of Ukrainian citizens among visitors of different centers helping PWID (previously the numbers were much lower and persons with Ukrainian citizenships were not visible in statistics). For example, the number of opioid users is about 128 for 2022, also experts estimate OST users in Germany to be more than 100.

MSM among Ukrainian refugees are present and visible to NGOs — they usually have a good network of contacts and report less barriers to the services.

Ukrainian SW are also present. Experts highlight the three subgroups of those: 1) transgender SW, who started work in Ukraine and continue in Germany usually with high payments, 2) Ukrainian SW who openly or not continue this type of work in Germany and 3) female PWUD (the cocaine was mentioned as the main drug for this group) who use this work occasionally street-base as a quick way to receive money for the drugs. Again, the volume of this group or subgroup is unknown.

Access to HIV services and service coverage

HIV treatment. On the one hand experts agree that for refugees it is very easy to get necessary ART medication in Germany. At the same time there is a 3-step process required to receive insurance (documents → social service system registration → medical insurance). Lately this process could be significantly delayed, so the person could have lack of access to ART treatment and run out of his/her reserve of pills. There were several adjustments made to the system in this regard (guarantee letter from the immigration service, temporary insurances etc.) but not all medical organizations are ready to accept such mechanisms and not all refugees are aware of those. NGO try to use various sources then to independently cover the refugees' need for ART for this period with no medical organizations involved, as well as acceleration of document flow, but often lack financial and organizational resources. Some informal practices — like redistribution of ART pills donated by other refugees with HIV ("aptechka") are also in place and in use and could be of tremendous help for PLHIV although they are overall illegal in Germany. Sometimes in these cases Ukrainian based NGOs help those refugees and send ART to them from Ukraine.

In extraordinary, rare cases, as experts note, refugees could also lose access to services when they break some important rules and don't participate in required meetings with local officials. The other case mentioned as the exception is when PLHIV lost access to ART treatment due to unawareness of insurance rules in Germany — a patient lost his job and was unaware that without registering in a job center his ART pills would no longer be covered by insurance.

In the limited data we have (an interview with one refugee receiving HIV treatment in Berlin) the overall quality of HIV-related medical care was named as very high as well as attitude of staff was also characterized as caring and respectful.

HIV testing. HIV testing is free for those registered in social welfare, for people who are employed testing is possible on commercial basis. There is no situation when such testing is required and usually refugees should initiate it themselves.

Some NGOs provide opportunities to receive HIV test anonymously and for free (or small fee for their target groups (MSM mostly, as well as SW[2], while some could serve all people who are interested). At the same time those places usually have limited number of tests, could have busy lines and require an appointment in advance.

There are no massive campaigns aimed at attracting refugees to testing. An expert representing German medical system believes that it is not needed for practical reasons — since those not living in refugee camps could be hard to find and recruit as well as due to perception that they

[2] Here is an example of such sites in Berlin HIV test & STI test in Berlin: All test centers at a glance (sidekicks.berlin)

are highly informed about the HIV and related services and could get those themselves. In contrast some NGO representatives believe that it would be extremely beneficial to organize such campaigns especially for those who live in refugee camps. But their attempts to organize HIV testing and awareness campaigns there were unsuccessful since the camps' direction limits opportunities for collaboration.

According to German legislation, all positive tests should be reflected in national statistics.

Services for Key populations

There is a high number of actors involved in service provision for KP and coverage differs across the country and overall, a developed network of HIV-related services. For example, the largest umbrella organizations Deutsche Aidshilfe covers 115 organizations in all German regions[3]. Although some coordination activities had been made in the beginning of the invasion,[4] experts point out that most of those organizations didn't focus that much on Ukrainian refugees due to language barriers and staff shortage (social workers in particular).

- **Services for PWID.** While OST is available in Germany, experts report significant barriers for refugees in access to that: needed paperwork, lack of information, costs of getting to OST site (both financial and time costs) and language barrier. It also should be noted that according to local policies a person receiving OST should not use other drugs since this is an exclusion criterion from the program. At the same time, street drugs are easy to access, including directly in refugee camps, so this also could reduce motivation to access OST. Some experts also mentioned cases when PWHUD returned to Ukraine due to lack of access to OST. As for other services for PWID (needle and syringe exchange, safe consumption rooms etc.) they are developed and also placed around the country[5].

- **Services for MSM.** PrEP is available for those insured via prescription from a doctor, while in reality clients face the same barriers, predominantly paperwork and informational ones, which prevent wide access of refugees to these services. Interviewed medical specialists highlighted that there are no initiatives on promotion of wider demand for such services. Overall, services for MSM are disproportionately present in Berlin and although it is believed that refugees MSM have good access to services, no numeric information is available.
- **Services for SW, sexual and reproductive care.** In contrast, Ukrainian refugees SW, according to the expert opinion, are not covered by prevention programs despite existence of those. While in Ukraine SW were actively covered by outreach services, in Germany a lot of SW-focused organizations put most emphasis on advocacy and dealing less with the target groups. SWs interested in some kind of help face several types of barriers - they should usually directly visit organization's offices while visit hours of those are quite limited (could be for example twice a week for two hours) and language barrier is again voiced in most of the places.

[3] https://www.kompass.hiv/en/search?terms=&location=&category=All&target_groups=All&search_radius=5
[4] https://www.aidshilfe.de/ukraina-pomoshch-bezhencam
[5] NSP https://www.spritzenautomaten.de/de, drug consumption rooms https://www.kompass.hiv/en/search?terms=&location=&category=38&target_groups=All&search_radius=5&page=0

- **Services for TG.** Services are available in the country, mostly in large cities. A hormonal therapy is available through the medical system but getting an appointment to a doctor could take a long time. If a person already has a diagnosis and supporting documentation therapy could be renewed right after an appointment. If not — some insurance companies require 6 months of psychotherapy before such treatment could be launched[6].

Factors affecting access to and coverage of the services

Group factor. Some key populations (MSM) could have better access to services due to their wide network and close connections, while PLHIV from general populations could have less access to information and support, while being overloaded with family duties and childcare. And PWID could have limited knowledge of foreign languages and abilities of managing the long process of accessing particular services.

Language barrier. Language barrier is extremely important according to NGO-based experts, and there is no systematic effort to fight it on a country level. On the level of particular organizations some could make efforts to attract official or volunteer translators or involve in communication with refugee staff members who speak the particular language while others do not and it doesn't seem to correlate with the overall budget of the organization. In majority of cases those efforts are put into translating some leaflets, but not to attracting staff who would work with those clients. Again – younger, more educated, cognitively intact, technology literate and more resourceful tend to easier overcome this barrier and again MSM are named as the ones for whom it on average could be easier. In the absence of translators (formal, or from staff members) communion with medics is usually facilitated with online translator applications, such as Google translator. Some of other practices mentioned — translation of medical discussion by patient's children who already mastered German, or use of volunteer translators from the same community (especially if small ones) are also widespread and approved by service providers. At the same time, they could pose additional risks related to confidentiality, willingness to discuss sensitive topics as well as burden to children.

Organization culture. Informants do not perceive that all social and medical organizations in regions are interested in developing their work with migrants and put an effort to improve their work in this regard.

*Stigma and self-stigma***.** Experts provide numerous examples of perceived or self-stigma which prevent refugees with HIV to seek help and disclose their status. At the same time, they also provide examples of discrimination cases which could facilitate such attitudes. Those cases usually appear not in organizations focused on HIV treatment, but within the whole infrastructure for refugees. Among bodies which exhibit stigmatizing or discriminatory behavior are refugee camp staff, medical doctors of other specialization (dentists etc.) including those Russian-speaking and refugee camp neighbors. One case of refusal to provide medical services (not related to HIV minor surgery) attributed to positive HIV status was also mentioned. Several cases of involuntary HIV status disclosure by different staff were mentioned. Homophobic attitudes could also be prevalent among the categories named above.

[6] https://schwulenberatungberlin.de/wp-content/uploads/2022/03/Medizinische-Informationen-fuer-transgender-RUS.pdf

Differences between German and Ukrainian medical systems. Overall, German system could be characterized as significantly less paternalistic and caring with the high expectations that the patient would initiate treatment and adhere to recommendations. That significantly contrasts with the system Ukrainian refugees were used to. It refers to a number of features such as the longer lines, no specific services for those who live far away or unable to travel, reluctance to refer to extra services etc. One example is the case refusal from an office of the infection disease doctor to provide HIV care to a refugee who didn't visit a doctor's office for a long time (a year). The refugees easily get lost in the formal and informal rules of this system and could in turn behave culturally inappropriate mirroring behavior which was effective in a home country.

Living in refugee camps. Informants highlight that those living in refugee camps have less access to services compared to other refugees: from delay of getting insurance to lack of information provided. Respondents mention multiple health and social issues happening in refugee camps – epidemics, violence, availability of illegal drugs, lack of access to medical services and prevention materials etc. while at the same time they are not too open to HIV-related NGOs which are eager to provide HIV-testing and counseling there. Cases of involuntary disclosure of HIV/LGBT status by camp's personnel and lack of measures against stigma and discrimination expressed by other refugees living in the camp were also mentioned by the interviewed refugees.

Lack of navigation services. The navigation is perceived as the valid and effective response to the systemic barriers mentioned above. The use of peer consultants (Ukrainians who are aware of this field) seems to be one of the best ways to implement this service. However, experts note that there are administrative barriers to make such support official, since in Germany consultants should have specialized degrees. Therefore, some NGOs underuse those opportunities despite having a pool of enthusiastic and potentially effective peer consultants.

Emerging issue highlighted by one informant is working with the prisoners from migrant populations. There is an increase in the volume of such cases, usually theft, including ones aimed to earn money for the drugs. Other issues such as finding proper place of residence etc. are of continuing importance for the refugee populations.

Regional variances

A German system prevents migration of refugees within the country as all the services are associated with registered place of residence which is hard to change even if it's objectively needed.

The data as of mid of 2023 shows the following distribution of refugees (please, see Table 4). As we can see distribution is more or less proportional to the local population distribution across the country (maybe the migrants with a bit lower probability live in Bayern and Rheinland-Pfalz, but with a bit higher in the other regions).

Table 4. Distribution of TP across German regions, and general population, %

	Share of Ukrainian TPs by regions of Germany	Share of German population by region
Nordrhein-Westfalen	20.7	21.5
Bayern	13.6	15.8
Baden-Württemberg	12.3	13.4
Niedersachsen	9.7	9.6
Hessen	7.0	7.6
Berlin	4.7	4.5
Sachsen	4.6	4.8
Rheinland-Pfalz	4.0	4.9
Other regions	23.4	17.8

Overall services and community for LGBT and SW, as well as OST provision are much more developed in large cities like Berlin, so LGBT refugees aim to reside there. Bavaria region (and to a lesser extent the overall all Eastern and Southern Germany) — has more strict drug policies, so related services including OST and drug consumption rooms are less accessible there[7].

Experts note that overall, German regions tend to be highly diverse in terms of availability of services and their quality, for example West Germany near Belgium border was named as one of the least developed in terms of services despite having a large number of residing Ukrainian refugees.

[7] That has been also reflected in this source Nikitin BM, Bromberg DJ, Madden LM, Stöver H, Teltzrow R, Altice FL (2023) Leveraging existing provider networks in Europe to eliminate barriers to accessing opioid agonist maintenance therapies for Ukrainian refugees. PLOS Global Public Health 3(7): e0002168.

Hungary

Data availability and quality

To date, we have extremely limited qualitative data about Hungary: two interviews with Ukrainian refugees, both male PLHIV who don't belong to key populations and one interview with an expert in the field of drug addictions. It should be noted that an expert overall highlighted a lack of information regarding Ukrainian refugees in their professional network.

Number of Ukrainian refugees

Ukrainian nationals have rights to receive a temporary protection status — and they have to apply to receive such. At the same time, at the border each Ukrainians receives a 30-day temporary residence certificate which provides much less benefits than the temporary protection status[8]. By the end of February 2024, the number of TP and asylum-seekers is estimated as less than 35 000 (actually there are no asylum applications from people with Ukrainian citizenship), 63.5% females, and 54.5% at the age 18-64. In relative figures in Hungary there are 3.6 refugees per 1000.

Number of PLHIV among Ukrainian refugees

The number of refugees from Ukraine is low in Hungary. Also, Hungary's HIV prevalence rate remains unchanged for 2022 at the level 2.3 per 100 000. As a result, our calculations demonstrate neglectable numbers of Ukrainian refugees living with HIV in Hungary. The middle-estimated number is 55 (1; 132) and maximum 13.7 per 1 000 000.

Key populations among Ukrainian refugees

In the case of Hungary, we use the age and gender distribution of TP from the EU average TP distribution. Also, in Hungary we do not see the growth of HIV prevalence. So, the figures should be used with caution, either official Hungarian statistics is not fully reliable or the risky categories avoid this country.
The distribution is as follows: 130 - MSM, 188 - PWID, 91 - SW,10 - TG.

Access to HIV services and service coverage

HIV treatment. Ukrainian refugees who have temporary protection in Hungary or are an applicant for temporary protection are eligible for medical services. Our informants both have received ART treatment without significant problems. At the same time the whole process could take about 30 days so there have to be enough pills with the person when they enter the country. It should be noted that specialized HIV treatment is available just in four locations across the country: Budapest, Miskolc, Pécs and Debrecen.

As for other types of care, open analytical data shows that some forms of specialized care are based on waiting lists, which could be quite long and significantly delay access to such care[9].

[8] Frequently asked questions - UNHCR Hungary ; Rights of Ukrainian Refugees to Hungarian Health Care | IOM Hungary
[9] Care in Crisis: Failures to guarantee the sexual and reproductive health and rights of refugees from Ukraine in Hungary, Poland, Romania and Slovakia, 2004. https://data.unhcr.org/en/documents/details/108059

HIV testing. Anonymous testing is available in several sites in Budapest as well as some other large cities. No data on coverage of and demand by Ukrainian refugees is available. HIV testing could be mandatory prior to hospitalization or rehabilitation.

Services for Key populations

So far, we don't have enough data about access to services for key populations in Hungary.

- **Services for PWID.** OST and needle and syringe exchange points are available across the country. While NSP is available for all in need on an anonymous basis to access OST, refugees need their resident permit and ID as well as being encouraged to show their relevant medical papers from Ukraine. There is no data on how many refugees actually use these services and which barriers they face. In the independent report on this issue the following challenges relevant to the overall system of OST provision were mentioned: long waiting times and low dosages of OAT prescribed[10]. According to data from Eurasian Harm Reduction Association, according to drug laws both possession and consumption are considered to be criminal offenses[11].
- **Services for MSM.** We still lack data on the access to PrEP in Hungary. According to open sources PrEP is not state-funded in Hungary and there are no prospects for it to become funded in the nearest future[12]. At the same time expert mentioned at least one medical center in the capital city which could provide prescriptions for PrEP, as well as low threshold centers present in the country[13]. Again, coverage of these practices and level of inclusion of Ukrainian refugees so far is unclear. Lately country has implemented the law which could negatively impact the rights of LGBT people as well as prevention services for them[14].
- **Services for SW, sexual and reproductive care.** Open analytical data also provides information about some restrictive policies in regard to sexual and reproductive care: so, Hungary is among few countries in the EU where emergency contraception is not allowed to be sold in pharmacies without a prescription[15].
- **Services for TG.** No data is available. At the same time open sources provide information about the worsening legal environment regarding transgender rights in this country as well as lack of specialized medical care[16].

[10] Nikitin BM, Bromberg DJ, Madden LM, Stöver H, Teltzrow R, Altice FL (2023) Leveraging existing provider networks in Europe to eliminate barriers to accessing opioid agonist maintenance therapies for Ukrainian refugees. PLOS Glob Public Health 3(7): e0002168. 8

[11] https://harmreductioneurasia.org/countries-and-territories/hungary

[12] Care in Crisis: Failures to guarantee the sexual and reproductive health and rights of refugees from Ukraine in Hungary, Poland, Romania and Slovakia, 2004 https://data.unhcr.org/en/documents/details/108059

[13] Here is one of the examples with free condoms available in the office and cheap but paid options in other places Condom Program | Háttér Society (hatter.hu)

[14] Germany, France join EU lawsuit against Hungary's anti-LGBTQI+ law – POLITICO

[15] Care in Crisis: Failures to guarantee the sexual and reproductive health and rights of refugees from Ukraine in Hungary, Poland, Romania and Slovakia, 2004 https://data.unhcr.org/en/documents/details/108059

[16] Hungary Court Closes Door on Transgender Legal Recognition | Human Rights Watch (hrw.org); More than 60 transgender Hungarians have submitted applications to the European Court of Human Rights | Háttér Society (hatter.hu)

Factors affecting access to and coverage of the services

Language barriers are very pronounced in Hungarian context: there is very little intersection between Hungarian and other languages and Ukrainian/Russian are not widespread in the country. Therefore, if both people (a refugee and a service provider) don't know English there are very small chances they could communicate without the external help. Informants stressed the need for the language assistance in the country. Although there is official information that telephone translations services are in place and easily available[17], in our interview informants seem not to be aware of this information.

Coordination. From the limited data we could have preliminary stress on the lack of connection and coordination between organizations/centers working with refugees and HIV and related medical services. For example, experts providing free HIV/HCV testing don't have established working links with refugee centers and contact with refugees rarely and occasionally.

Regional variances

According to UNHCR estimations the share of refugees received protection status is the highest in Budapest – 11.1% (slightly more than 4700), on the 2nd place there is a region at the Ukrainian border Szabolcs Szatmar Bereg - 9.9%, in Pest – 8.1%, in Komarom Esztergom - about 3%, Zala - about 2%. In the other regions we can find about 2/3 of the refugees.

[17] In case a language barrier arises during health care treatment, an interpreter is available on the telephone number **1812**. Interpreters are available from 8:00 AM to 18:00 PM on Monday to Friday". (Frequently asked questions - UNHCR Hungary)

Moldova

Data availability and quality

The full range of required interviews was successfully collected in Moldova. For our quantitative data analysis, we fully relied on the information from UNHCR.

Number of Ukrainian refugees

Ukrainian refugees are granted the temporary protection status that has to be regularly prolonged (about every three months). By some informants this status has been considered as something unnecessary but useful. Since the end of the last year this status starts to be required for a larger variety of services than it was before. While refugees still could receive HIV and harm reduction services without such status, it is required for other types of medical assistance, benefits, food etc. and they are actively encouraged and helped by social workers to receive such status. We estimated the number of Ukrainian refugees, regardless of their status, in Moldova to be 118 250 (the lower boundary is 47 285), that is 47.1 per 1 000 (the highest number among all countries of our analysis).

Number of PLHIV among Ukrainian refugees

Non-anonymous positive HIV-tests received by refugees are reflected in national statistics with a special “refugee” code. Experts mentioned 281 persons with HIV who received treatment at least once. Our models demonstrate a possible number of 368 persons (138 - males and 233 - females) knowing about their status and with those who do not know the figure could be about 433. Also, experts claim treatment of 198 Ukrainian refugees with HIV at the end of 2022. What is also important, HIV/AIDS surveillance in Europe (2023) demonstrates a rise of new diagnoses in Moldova from 25.9 to 28.4 per 100 000 (more than 10%). The level of HIV prevalence in the country is much higher than in the EU. However, if we look at the relative figures the estimated number of the refugees PLHIV is 172.2 per 1 000 000, that is much more than in the other countries of analysis. Moreover, a neighboring region with Moldova and possibly one of the main donors of refugees is Odessa region (the region with the highest relative figures for PLHIV in Ukraine).

Key populations among Ukrainian refugees

No specific information was provided by local experts in regard to the key populations, although PWID were mentioned in several interviews as well as were recruited for the interviews. The MSM and TG people are also visible among the refugees by the specialized NGOs. Regarding presence of Ukrainian SW in the country, there is no clear data and they weren’t mentioned in discussions. Local experts warned that some Ukrainian women who receive harm reduction services as PWID could also be put into prevention program statistical system registered as SW, since this status provides them access to other relevant goods (condoms, hygiene tools etc.) so such statistical data even being available should be treated with caution.

Our estimations demonstrate: 476 - MSM, 649 - PWID, 283 - SW, 31 - TG.

Access to services and service coverage

HIV treatment. All available data suggests that HIV treatment is indeed easily achievable for Ukrainian refugees. At the beginning of the hostilities, people reported receiving ART just showing their passport within 30 minutes from the appeal.

Overall, by the rules, the status of temporary protection is needed in order to access medical services while in reality it could be not required. HIV care and testing, as well as TB treatment are among those services where the temporary protection status is usually not asked for. At the same time, at regional level there could be differences in approaches and some medical organizations could still ask for the status.

HIV testing. Moldova is one of few places covered by this report where HIV testing was also done in mobile sites and in the temporary places of refugee residence. HIV, Hepatitis B and Hepatitis C testing have been included in those initiatives. Testing has been provided on an anonymous basis and specific incentives were implemented in order to increase testing coverage. Regular testing in medical institutions is also available for the Ukrainian citizens free of charge. No situations when refugees were required to take HIV tests were detected in the report.

Services for the key populations

- **Services for PWID.** The availability of harm reduction services for PWID was mentioned as one of the factors of decision to choose the country as the migration destination by Ukrainian refugees who use drugs. The information about those opportunities was spreading among an informal network of people who use drugs. OST and harm reduction services related to drug use are available for the refugees. There was even mention of presence of targeted projects for this group – for example “crisis rooms” for female refugees who use drugs. Classical harm reduction services (needle exchange etc.) are available on an anonymous basis. Harm reduction services are available in 30 locations and cover around 17 000 PWID. There are 10 NGOs involved in provision of such services.
- **Services for MSM.** Services for MSM and transgender people are available in the country in 5 different locations (Chișinău, Rîbnița, Bălți, Bender, Cahul) and cover around 6 000 people. PrEP as well as PEP are easily available in all sites where ART therapy is provided, hence across the whole country.
- **Services for SW, sexual and reproductive care.** Services for the SW are also widespread around the country (16 different locations, 6 NGOs) and cover around 9 000 SWs. Six different NGO are involved in service provision. Condoms could also be received for free in some NGOs.
- **Services for TG.** There is just one organization working with this group, an estimated coverage is 100 people.

Although informants mentioned there are inner statistics of use of services by Ukrainian refugees, no such data is available.

Factors affecting access to and coverage of the services

Language barrier. Due to the fact that Russian language is widespread in Moldova, as well as presence of Ukrainian, a language barrier hasn't been mentioned as something which could significantly influence access to treatment. Even in non-central locations the informants didn't mention any language-related barriers in medical institutions.

*Stigma***.** No information about stigma was present in interviews. The anecdotal evidence suggests that there are predominantly positive relationships between patients and medical service providers.

Informal contacts – presence of other Ukrainian refugees who already understood medical and social system appear as an important factor of an easier integration.

Overall informants (PLHIV, PWID) residing in Moldova are not worried about medical services and confident that they could receive those. In the focus of their attention are the issues with the place of residence (some of them still live in hotels) and opportunities for employment.

Regional variances

There is some evidence that places of residence are mostly chosen based on the opportunities and infrastructure available, so they tend to concentrate in larger cities and regional centers (Chisinau, Balti, Falesti). At the same time informants say that in regard to medical services — most of them available even in small towns.

It should be noted that there is a presence of some Ukrainian refugees in Transnistria. They have access to ART treatment there and basic harm reduction services like NSP, but OST is banned in this region, and since there is anecdotal evidence of presence of refugees-PWID in this location, this is considered as an urgent public health challenge by some of local experts.

A concentration of people receiving treatment (expert estimations at the end of 2022) was mainly in Chisinau (75%) and a bit more than 10% in Bălți and Tiraspol. Also, according to UNHCR data, there is a strong activity of refugee support in municipalities not far from Ukrainian border, like Stefan Voda and with the Romanian border like Ungheni. The data on Transnistria presented in the statistics of Moldova (and this was noted by our country experts) is controversial.

Poland

Data availability and quality

Eight interviews were collected in Poland and some information about refugees' experiences in the country have been provided by Ukrainian experts, therefore the data provided is of sufficient volume and of good quality.

Ukrainian refugees

Unlike other countries of interest, Poland has specific requirements for those who received the status of temporary protection — it could be lost if a person leaves the country for more than 30 days. While travels within the EU are hard to track, this requirement affects mostly those who travel to Ukraine.

Although international organizations advise to change this policy[18], it is still in place. Gaining status and insurance back could be tricky, and informants are aware of the cases when refugees live without this status. At the same time experts highlight that some refugees registered in Poland could indeed extensively travel or live in other EU countries, but there is no numerical data on the volume of this matter.

Current legal acts establishing rules for dealing with refugees are in force until June 30, 2024 but soon to be extended till September 30, 2025.

The number of TP in Poland is slightly decreasing, demonstrating stabilization of the refugee population. The majority of sources give absolute figures slightly lower than 1 million - together with asylum-seekers the total number is a bit more than 956 000 to the end of February 2024 (62.8% women and about 52% at the age of 18-64 - in Poland the share of migrants in the working age is relatively low in comparison with other countries of our interest). A relative number of refugees in Poland is 26 per 1,000.

PLHIV among Ukrainian refugees

Experts note that there is an increasing number of late detected HIV infections among people from Ukraine as well as Poland, so most probably the testing strategy is suboptimal in the countries. This resonates with the data from Germany about late diagnosis among older cohorts of refugees. The late detection could be the reason for the relatively small number of PLHIV in Poland in 2022. The estimated numbers of refugees with HIV in Poland could be 1 529 (950; 3444) with a maximum of 93.7 per 1 000 000 population.

Experts indicate that there are 3 552 individuals receiving Antiretroviral Therapy (ART) from Ukraine in Poland, which serves as an upper boundary. However, the actual number of PLHIV could be even higher, as certain categories may not receive therapy or may not be aware of their status (in Ukraine, approximately 13% of PLHIV do not receive ART). Nevertheless, considering that not all individuals receiving ART necessarily remain in Poland, and recognizing the likelihood of overestimation, the possible numbers could range from 1 000 to 2 500 and be close to 1 500.

[18] Document - Poland: Joint Protection Analysis (October 2023) (unhcr.org)

Key populations among Ukrainian refugees

While there is a dearth of statistical information or estimations regarding the volume of key populations among Ukrainian refugees, our model provides estimations as follows: 5 215 - MSM, which is notably high. Diagnosed cases among MSM, although lower among Ukrainians in Poland than among Polish citizens, are higher than among Ukrainians in Germany and the EU overall. Additionally, 4 817 - People Who Inject Drugs, a lower number compared to potentially risky categories, such as working-age male refugees in the country. Furthermore, 2 425 - Sex Workers, and 253 - Transgender individuals.

Access to services and service coverage

HIV treatment There were no mentions of any significant difficulties for Ukrainian refugees to receive HIV treatment since they receive the full insurance. Two cases when Ukrainian persons couldn't receive treatment were mentioned, although in one case this probably was attributed to a working migrant who arrived in the country before February 2022 (mentioned by Ukrainian expert), another one was attributed to problems with navigation and lately informant left Poland for another country.

Overall, ART in Poland is free for all and could be accessed through a doctor at the outpatient clinic or at the hospital pharmacy. The exchange of medical information between Ukraine and Poland have been effectively established, so local doctors can access the medical history of the patient.

Nevertheless, experts mentioned cases when refugees have discontinued or made a long break in ART treatment while in Poland which probably could be attributed to internal stigmatization and lack of willingness to disclose their status or hope to return to Ukraine soon.

HIV testing. Free and anonymous HIV testing available through 29 dedicated consultation and testing facilities around the country. It could be accessed without showing any personal documents. Some NGOs could also provide self-testing kits. Experts believe that this is not enough since testing points are located mostly in large cities which create territorial inequality and also have very limited working hours. Free testing through the family doctors and GPs is not available. There were state-organized public campaigns aimed at attracting refugees to HIV testing and treatment[19].

Another identified limitation of current testing system is that despite the requirements to provide advanced HIV tests to pregnant women during the first and last trimester in reality this is not always the case and some doctors don't provide those. This practice experts associate with the little knowledge of those professionals about HIV issues.

All confirmatory positive HIV tests are reflected in national statistics, even anonymous ones.

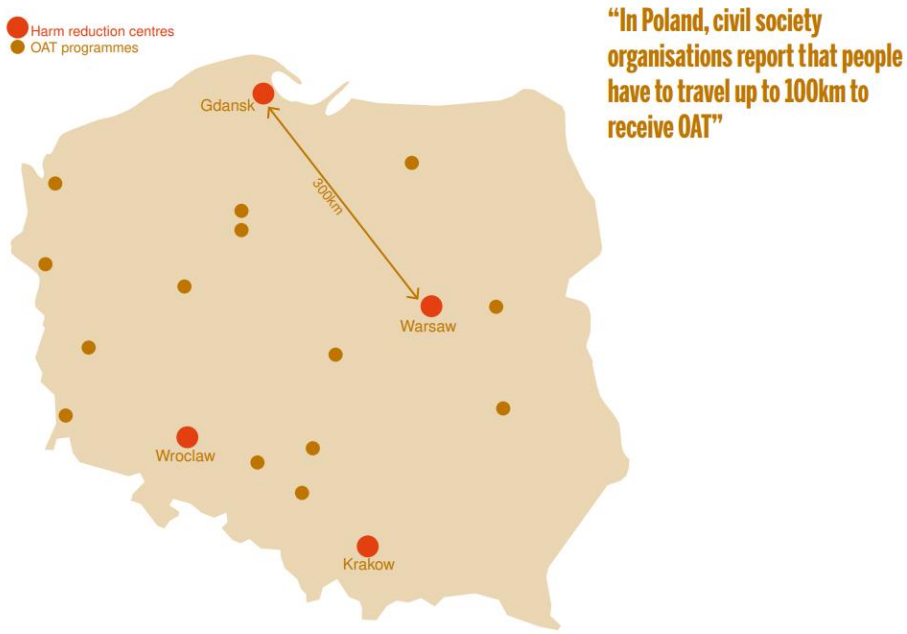
Services for key populations

Overall experts are not fully satisfied with prevention activities among KP in the country.

[19] Informacja o testowaniu i leczeniu ARV dla uchodźców wojennych z Ukrainy / Інформація про тестування на ВІЛ та АРВ-терапію для воєнних біженців з України. – Krajowe Centrum ds. AIDS

- **Services for PWID.** The OST is available from NGOs and OST clinics by insurance and GP's referral is not needed for that. OST provision is limited to the larger cities and sometimes one could be put in a waiting list to access it. One participant said that she has chosen a city to live in based on the availability of OST there. Needle and syringe programs are also available in larger cities and experts point out that territorial barriers are very pronounced[20]. Below is the picture from a global harm reduction report highlighting this issue.

Fig 1. Harm reduction services in Poland on a map (taken from HRI_GSHR-2022_Full-Report_Final.pdf)



- **Services for MSM.** There are numerous of LGBT NGO in the country[21]. PrEP is available for a fee only. LGBTQ people say about presence of conservative approaches in the country, lack of information and opportunities to socialize.
- **Services for SW, sexual and reproductive care.** There is a lack of targeted programs for SW. There is also a lack of access to contraception (paid, provided by prescription), condoms (no free access), emergency contraception and abortion (no access)[22]. Recently, Poland government increased criminalization of sex work due to hostilities in Ukraine[23].
- **Services for TG.** There is a lack of targeted services.

[20] HRI_GSHR-2022_Full-Report_Final.pdf
[21] https://mnw.org.pl/polska-lgbt/
[22] Care in Crisis: Failures to guarantee the sexual and reproductive health and rights of refugees from Ukraine in Hungary, Poland, Romania and Slovakia, 2004. https://data.unhcr.org/en/documents/details/108059
[23] CrimLine of Sex Work in Poland – CrimScapes (hu-berlin.de)

Factors affecting access to and coverage of the services

Language barrier. Language barrier is pronounced in Poland, although to a bit less extend than in other places: Polish and Ukrainians are both Slavic languages and some experts believe that people speaking those could understand each over if speaking slowly, there is also some knowledge of Russian or Ukrainian of some Polish people and due to high number of migrants from Belarus, some of them could work in medical facilities and speak Russian or Belarussian. Some medical professionals speak English and could facilitate communication with some of the refugees.

One expert suggests that refugees are not willing to speak Russian even though they may understand it, but this claim has not been confirmed in other interviews.

Overall, there are sites where many doctors don't speak English or Russian, and without the help of Ukrainian volunteers (some places attract) there could be a lack of effective communication.

Some information was translated for refugees, but no systemic efforts and solutions have been described.

*Stigma***.** No stigma experienced, but self-stigma and anticipated stigma has been widespread among refugees, which coupled with the lack of knowledge about opportunities local health system provides, prevents refugees from disclosing their status and seeking help.

Compared to Ukraine, a Polish health system has *significant differences* and it is hard for refugees to get used to it and navigate it. A lot of them expected much easier access and the larger range of services provided in one place.

One specific system-level factor has been described by several informants which has not been pronounced in other regions. Experts note, while time passed authorities and system providers expressed less enthusiasm for offering additional support. They describe it as "fatigue" and call for systemic solutions to make their work easier and more effective. It attributes to no increase of number of medical staff despite a significant (about 20% increase) number of patients in care. This also leads to less time available for each patient.

Regional variances

LGBT infrastructure is way more developed in large cities (Warsaw, Wroclaw and Krakow) so LGBT refugees might be willing mostly to stay there, although no numerical information is available.

The highest share of refugees was noted in the capital region of Warsaw (11.0%). Ukrainian residents were also numerous in Krakow (5.6%), Wrocław (5.4%), Poznań (3.5%), and Łódź (2.7%). However, majority of the country (267 regions) is characterized by a very low share of Ukrainian citizens, i.e. below 0.3%.

On the other hand, there is available information about the distribution of people receiving ART by cities can be seen in Table 5.

Table 5. Distribution of the ART receivers by cities in Poland

City of HIV clinics	Number of patients from Ukraine introduced to ART therapy in 2022 - 2023	Share of patients from Ukraine introduced to ART therapy in 2022 - 2023, %
Białystok	50	1.4
Bydgoszcz	179	5.0
Chorzów	364	10.2
Prisons	8	0.2
Gdańsk	304	8.6
Gdynia	8	0.2
Kraków	258	7.3
Lublin	30	0.8
Łańcut	26	0.7
Łódź	231	6.5
Opole	93	2.6
Ostróda	34	1.0
Poznań adult	340	9.6
Poznań children	11	0.3
Szczecin	244	6.9
Warszawa	878	24.7
Wrocławskie Centrum Zdrowia	211	5.9
Wrocław	184	5.2
Wrocław children	22	0.6
Zielona Góra	77	2.2
Total	**3552**	**100**

Romania

Data availability and quality

Overall, interviews show that despite having developed HIV prevention services and NGOs around the country, their representatives rarely have contacts with Ukrainian refugees. Therefore, available qualitative data is limited.

Number of Ukrainian refugees

The data is available like in other EU countries, but without specific open sources for the additional information. UNHCR data is generally higher than the number of TP from Eurostat. However the data from Eurostat that takes into consideration TP and asylum-seekers is 152 750 (56% - women, that is the lowest number among observed countries, and almost 63% are at the age 18-64). In estimated figures it is about 8 per 1 000 (quite a low in comparison with leaders).

Number of PLHIV among Ukrainian refugees

Although experts mentioned that there is no public statistics of Ukrainian PLHIV available at the country level, some experts mention number 176 as a number of Ukrainian refugees with open status receiving HIV treatment in Romania.

By our estimations the figures vary from 45 (if we use the figures from European yearbook - annual HIV/AIDS surveillance in Europe 2023, and estimate additional numbers for 2023) to 695 with the medium 244. Actually, HIV/AIDS surveillance does not demonstrate evidence of the changes in the epidemiological situation in Romania. The relative figures are about 36.5 per 1 000 000.

Key populations among Ukrainian refugees

There is also almost no data available about volume of Ukrainian refugees — key populations in the country. Anecdotal data suggest that the MSM are visible at least among PLHIV receiving treatment. The PWID almost weren’t mentioned, while neither experts nor do statistics seem to have any perception on SW and transgender groups. Our model estimations demonstrate: 1 020 - MSM, 1 192 - PWID, 359 - SW, 49 - TG.

Access to services and service coverage

HIV treatment. Majority of non-urgent health services in Romania have to be facilitated by the family doctors. Family doctors in turn could be not keen to register a Ukrainian refugee for some paperwork reasons, language barriers and uncertainty about their stay in Romania. And even for the services where this sequence is not the requirement for Ukrainian refugees, the latter could have some misconceptions and still try to access those through the family doctors

system. The issues mentioned above together with some uncertainty about reimbursement and other procedures could be a significant barrier for the refugees[24].

Those problems seem to be not a case for HIV treatment. There are 10 focal points around the country facilitating HIV treatment[25]. Experts don't mention any documentation or process barriers to HIV treatment among this group. Like in other EU countries due to the differences in availability of ART treatments in Romania and Ukraine, patients face changing drug combination schemes. At the same time this is not considered as an important issue by the health professionals.

HIV testing. Testing points are available across the country and their services are confidential and free of charge for the Ukrainian refugees as well as for Romanian citizens. Overall, testing is available on a voluntary self-selected basis, no outreach activities or campaigns aimed at increasing testing among Ukrainian refugees was mentioned.

Services for key populations

In Romania, there are NGO services available for all key populations, while they do not necessarily provide the whole range of services and usually have very limited contact with Ukrainian refugees. Experts mention several platforms comprising information on available services such as https://consilierehiv.ro/en and UNHCR-developed https://romania.servicesadvisor.net/en. Although it is hard to find there services for key populations apart from HIV testing and treatment.

- **Services for PWID.** Harm reduction services for PWID are in place, although OST is limited in the country — services are located in the capital only and treatment is based on methadone only[26]. There is very limited connection between these services and Ukrainian refugees.
- **Services for MSM.** Services targeted on MSM are available in several regions, again, just single contacts with Ukrainian refugees have been mentioned by experts. PrEP is not widely available in the country — very limited project-level provision was mentioned. It is worth mentioning that while this information wasn't pronounced in the collected interviews, in other available sources[27] the negative attitudes towards LGBT people were mentioned as the pressing issues in the country which potentially could harm access to services.
- **Services for SW, sexual and reproductive care.** Organizations working with SW are present, while, again, no data if there are clients with Ukrainian refugee background is available.

[24] Care in Crisis: Failures to guarantee the sexual and reproductive health and rights of refugees from Ukraine in Hungary, Poland, Romania and Slovakia, 2004 https://data.unhcr.org/en/documents/details/108059
[25] https://consilierehiv.ro/en
[26] Nikitin BM, Bromberg DJ, Madden LM, Stöver H, Teltzrow R, Altice FL (2023) Leveraging existing provider networks in Europe to eliminate barriers to accessing opioid agonist maintenance therapies for Ukrainian refugees. PLOS Glob Public Health 3(7): e0002168.
[27] Care in Crisis: Failures to guarantee the sexual and reproductive health and rights of refugees from Ukraine in Hungary, Poland, Romania and Slovakia, 2004 https://data.unhcr.org/en/documents/details/108059

- **Services for TG.** Organizations working with TG are present, while no data if there are clients with Ukrainian refugee background is available.

There were no signs of any initiatives focused on outreach and increase of coverage of KP – Ukrainian refugees by HIV prevention services.

The PEP is provided around the country at the infectious diseases' hospitals.

Factors affecting access to and coverage of the services

Language barrier to the service access is pronounced in Romania but dealt with mainly via technological support (Google translate and analogous services) limiting communication to the asynchronous (through information on the websites) or written (for example via automatic translation on messengers). Another option is through local medical workers who accidentally also have to know languages spoken by Ukrainian refugees (at least English). Though limited data is available about the country, there was no mention of systemic efforts to organize language assistance for refugees who do not speak local language or hire/attract consultants speaking Ukrainian or Russian. The language barrier highly affects access to psychological services and potentially other ones which mainly aim to change behavior.

*Stigma and self-stigma***.** Not enough data is available about stigma or discrimination in the country. Although as in other countries the anticipated stigma towards people living with HIV could be way more pronounced than the real stigmatizing behavior or attitudes. The perception of high fears of stigma among families with kids, mentioned by one expert, was based on the example of a family where all members (two adults and two kids) had HIV and were hesitating to disclose their status.

Regional variances

There is no numerical data available in regard to regional differences in migration patterns. According to expert opinion, the capital (Bucharest) as well as places closer to Ukrainian border (Constanta, Iasi, Tulcea, Suceava, Maramures/Baia Mare) and one city in the center (Brasov) are the main locations where Ukrainian refugees reside.

If we look at more detailed UNHCR data that shows that 31.8% of refugees is concentrated in Bucharest, and 11.9% in Constanta (the largest cities). On the Ukrainian border about 10% of refugees live in Maramures and 6.8% in Suceava. Also, in Galati (next to Moldova) there are 8.5% of the refugees.

Again, according to perceptions of medical experts, places closer to the border (Constanta, Iasi) are the ones where the most cases of Ukrainian PLHIV receiving help were recorded, while cases were also recorded in Brasov.

Slovakia

Data availability and quality

To date, we have extremely limited qualitative data about Slovakia: two interviews with Ukrainian refugees, both female PLHIV who don't belong to the key populations and older age (more than 60 years old) and one expert interview.

Number of Ukrainian refugees

Temporary protection status could be given to all Ukrainian refugees and it is not expired in case a person visits Ukraine[28]. UNHCR data is generally higher than the number of TP from Eurostat. The number of TP is still growing and the number of refugees in relative figures is high for such a small country. The total number of TP and asylum-seekers by the end of February 2024 is almost 117 000 (60% are women and about 65% are the age of 18-64), that is about 21.55 per 1 000.

Number of PLHIV among Ukrainian refugees

There are no specific country reports, so our estimations are based on the EU ones. In 2022, a strong growth was demonstrated, especially among the female population. Even based on HIV/AIDS surveillance in Europe, we can predict about 100 PLHIV in Slovakia as a cumulative number for 2 years. Although due to an expert estimation of this number being within 100-200 range this estimate is probably too low. If we look at the data based on prevalence rates, we can expect more than 500 persons, so our estimations are 187 (98; 532). Maximal figures are 98 per 1 000 000, that is the highest estimated figure among all EU countries. Overall, experts refer increased number of HIV cases directly to a situation with Ukrainian refugees and note that before February 2022 they rarely faced cases of HIV among females and that changed since refugees came to the country.

Key populations among Ukrainian refugees

Our model estimations demonstrate: 539 - MSM, 769 - PWID, 362 - SW, 39 - TG.

Access to services and service coverage

HIV treatment. Although refugees have access to major medical services in Slovakia, reimbursement rates for caring for people who have just temporary protection status are lower than those who have public health insurance. This approach decreases enthusiasm of medical professionals to provide (quality) care for this group[29]. Experts note that situation has changed and now it is usually not the case and doesn't affect HIV care and insurance companies cover all HIV treatment. And even if there were some delays with getting needed medical paperwork specialists could give some pills in between so there was no interruption in ART medication. Both informants do receive ART for free, notice no significant troubles in this process and at least one of them doesn't have insurance. At the same time one of them noticed the

[28] Temporary Protection - UNHCR Slovakia
[29] Care in Crisis: Failures to guarantee the sexual and reproductive health and rights of refugees from Ukraine in Hungary, Poland, Romania and Slovakia, 2004 https://data.unhcr.org/en/documents/details/108059

importance of having real medical insurance, but it is possible according to her words only to those who are legally employed in Slovakia.

It should be noted that HIV care system in Slovakia is highly centralized with 5 points of care available while 2/3rd of all patients receive care in the hospital in the capital. AN expert pointed out that in a rare (around 10% of cases) ART regimen could differ from those patients had in Ukraine.

HIV testing. HIV testing is integrated into the routine healthcare and is available through general practitioners as well as other free options. Since there is just one point for the confirmatory testing all such information is integrated and reflected in statistics. There is an official obligation for all people in country to disclose their HIV status in all medical services, although this is usually self-reported and there is no data to what extent refugees hide their status. At the same time in case of surgical interventions such tests are mandatory for all patients. A project focused on HIV (as well as Hepatitis B and C) screening among refugees has been recently implemented in Bratislava.

Services for key populations

Regarding services for key populations, so far we clearly lack the proper data.

- **Services for PWID.** OST is present in the country in three clinics[30] and NSP are available in 13 sites[31]. While there is no data on the usage of NSP by refugees, independent researches note that very few Ukrainian refugees actually use OST in Slovakia[32].
- **Services for MSM.** The data available in open reports postulate a lack of good quality care for the LGBTQ people in the country as well as a worrisome presence of homophobic rhetoric in the political domain[33]. No data on services availability and coverage so far.
- **Services for SW, sexual and reproductive care.** No data on the programs for SW available. It is also noted that abortion care and emergency contraception are hard to access in Slovakia, abortion is not included into insurance and medical abortion is not available at all. It should be noted that at least one Slovakian NGO working on the topic of sexual violence has a project targeted on Ukrainian refugees and have good connection with this group.
- **Services for TG.** It also notes the absence of specialized care for trans persons in the country, so social workers advise refugees who are trans persons in need of specific

[30] Nikitin BM, Bromberg DJ, Madden LM, Stöver H, Teltzrow R, Altice FL (2023) Leveraging existing provider networks in Europe to eliminate barriers to accessing opioid agonist maintenance therapies for Ukrainian refugees. PLOS Glob Public Health 3(7): e0002168.
[31] Slovakia | EHRA (harmreductioneurasia.org)
[32] Nikitin BM, Bromberg DJ, Madden LM, Stöver H, Teltzrow R, Altice FL (2023) Leveraging existing provider networks in Europe to eliminate barriers to accessing opioid agonist maintenance therapies for Ukrainian refugees. PLOS Glob Public Health 3(7): e0002168.
[33] Care in Crisis: Failures to guarantee the sexual and reproductive health and rights of refugees from Ukraine in Hungary, Poland, Romania and Slovakia, 2004 https://data.unhcr.org/en/documents/details/108059

care to move to other countries (for example Czech Republic)[34]. An expert we interviewed could not confirm or disconfirm this fact so we propose to treat it with caution.

Factors affecting access to and coverage of the services

Language barrier. Regarding factors limiting access to healthcare, again, language barrier is pronounced, although since Slovakian belongs to the Slavic language group it could make communication a bit easier. Informants said that after a while they were able to somehow understand parts of the slow Slovakian speech. Even though the overall ART access for the informants is now in place, the full connection and rapport on the level of conversation is problematic – so one informant still prefers to regularly consult a Ukrainian doctor about all the prescriptions, since believes s/he knows better her medical history. Both informants managed to get HIV treatment only with the help of volunteers who speak Slovak and are aware of the local health system. One of the informants shared that her first attempt to receive treatment by herself with the help of online translators was unsuccessful and this was a stressful experience for her. On the side of service providers, the use of online translators despite being very useful is also perceived as time consuming so less information could be exchanged in the same amount of time compared with verbal communication.

Stigma. An expert points out the presence of HIV-related stigma in Slovakia. Since our informants were all adult women after their sixties — the *self-stigma and anticipated stigma* were very pronounced, although both haven't faced any stigmatizing or disrespectful behavior due to their status.

Health system organization. As in other EU countries, refugees in Slovakia were unpleasantly surprised by the significantly longer period of waiting for the medical consultation (about a month) compared to what refugees got used to in their home country. And even though ART therapy could be provided for three months or more, sometimes the distance to the medical center is perceived by our informant as a barrier for access, since being mobile for them is troublesome.

It should be noted that while there is lack of formal barriers to ART access, an expert pointed out that availability of Hepatitis C treatment in Slovakia is very low since it is very expensive and is not subsidized as it is in Ukraine.

Regional variances

The indirect data from UNHCR, e.g. the cash distribution among individuals, shows us that about 30% of refugees could be concentrated in the capital city of Bratislava, and a bit more than 10% in Kosice.

[34] Care in Crisis: Failures to guarantee the sexual and reproductive health and rights of refugees from Ukraine in Hungary, Poland, Romania and Slovakia, 2004
https://data.unhcr.org/en/documents/details/108059

CHAPTER 4. RESULTS AND KEY RECOMMENDATIONS

The study let us to highlight key characteristics of each country of interest in regard to HIV-related needs of Ukrainian refugees:

Germany

- There is a higher number of refugees from Ukraine in absolute figures (already more than 1.2 million), and the figure is growing. Experts attribute this to refugees seeking better social packages compared with other EU countries.
- Refugees are equally distributed within the country. The estimated number of PLHIV should be at least about 1 000 (in 2022 official number was 724), but if we estimate the upper boundary, it could be higher than 5 300 (including those who do not know their status). The numbers of KP are also the highest for Germany. The number of women and working age population is close to the EU average population, in this case KP are more or less equally distributed.
- While there is ART available, accessing to it for PLHIV refugees could be significantly delayed due to paperwork.
- Key populations among Ukrainian refugees, such as people who inject drugs (PWID), men who have sex with men (MSM), and sex workers (SW), face distinct challenges accessing services. Language barriers, organizational culture differences, stigma, and self-stigma contribute to difficulties in accessing healthcare. Some services, such as OST and PrEP could be hard to get due to the paperwork as well as due to the territorial barriers. Refugees living in camps encounter additional barriers to accessing services, including delayed insurance processes and limited access to HIV testing and prevention campaigns.
- Regional variances exist in service provision, with larger cities like Berlin offering more developed services for LGBT and SW communities while Bavaria is more restrictive in regard to provision of drug-related services. At the same time German system prevents migration of refugees within the country as all the services are associated with registered place of residence which is hard to change even if it's objectively needed.

- The language barrier is high and efforts to mitigate it are unsystematic.

Hungary

- The number of refugees from Ukraine is the lowest among the countries of current analysis. We do not see the growth of official number of PLHIV in Hungary (that is not the case of the other countries in our report). The highest numbers of PLHIV could be about 130, there are no KP groups with the number of representatives higher than 200. Refugees tend to be distributed across the whole country with 11% residing in

Budapest (and additionally 8% in Pest region) and 10% - in the border region (Szabolcs-Szatmár-Bereg).

- Current qualitative data on Hungary is limited, consisting mainly of two interviews with Ukrainian male PLHIV refugees, neither belonging to key populations, one expert interview and publicly available data. Ukrainian refugees in Hungary, under temporary protection, have access to medical services, including ART treatment, although potential delays of up to 30 days in the process are possible. Anonymous HIV testing is present in large cities, and OST and needle exchange are available across the country. Data gaps exist regarding access to services for key populations such as MSM, SW, and TG individuals. While opioid substitution therapy (OST) is available, possession and consumption are considered criminal offenses under Hungarian drug laws. Restrictive policies on emergency contraception sales without a prescription as well as some legal restrictions affecting LGBT community could contribute to limitations in sexual and reproductive care. Pronounced language barriers, with minimal overlap between Hungarian and Ukrainian/Russian languages, hinder communication between refugees and service providers, emphasizing the need for language assistance services.

Moldova

- The country is not a part of the EU, that is why the number of refugees from Ukraine could be estimated incorrectly (we estimate the age structure based on the survey's data). Moreover, data coming from Transnistria could also be unreliable. Nevertheless, we assume that the figures could be at the level of 118 000. The refugees are mainly living in Chisineu and in the counties close to the Ukrainian border. HIV in Moldova has higher prevalence in comparison with the EU countries. The wave of Ukrainian refugees could bring to Moldova up to 433 persons living with HIV (268 know about their status). More than 1 400 persons belong to different key population groups (almost 650 are PWID).
- In Moldova, Ukrainian refugees are granted temporary protection status, which has become increasingly necessary for accessing a wider range of services since the end of the previous year. While HIV and harm reduction services are accessible without this status, it's required for other medical assistance and benefits, prompting social workers to assist refugees in obtaining it. HIV treatment is readily available, with reports of individuals receiving antiretroviral therapy (ART) within 30 minutes of requesting it at the beginning of hostilities. However, regional differences exist in application of rules regarding the necessity of temporary protection status for accessing medical services.
- HIV testing initiatives have been implemented in mobile sites and temporary refugee residences in Moldova, providing anonymous testing with incentives to increase coverage. Harm reduction services for people who inject drugs (PWID) are available, including opioid substitution therapy (OST) and targeted projects such as "crisis rooms" for female refugees who use drugs. Services for men who have sex with men (MSM), transgender individuals, and sex workers (SW) are also accessible, with pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) readily available where ART therapy is provided. Language barriers are less of an issue in Moldova due to the prevalence of Russian and Ukrainian languages.

- Overall, refugees in Moldova express confidence in accessing medical services, with concerns revolving around housing and employment opportunities rather than healthcare. Refugees tend to concentrate in larger cities and regional centers, where most medical services are available, although some are also present in Transnistria, where access to OST is absent. We strongly recommend supporting Moldovan NGOs to maintain the level of service delivery.

Poland

- Poland is a country that experienced the strongest wave of refugees in the beginning, but now the numbers are going down (slightly more than 950 000). Nevertheless, between Poland and Ukraine there is an active circulation of TP holders. The number of persons below 18 is higher than in the other countries of our analysis, and that is why the number of PLHIV and KP will be relatively lower than it could be expected for such a high number of TP. The number of PLHIV is estimated as 2 928 knowing their status and 3 444 as an upper boundary. However, national data indicates more than 3 500 people receiving ART, which changes all assumptions about refugees with HIV in Poland. As for KP, their total number could be 12 700 (the highest group is not PWID, but MSM). Refugees are concentrated in big cities like: Warsaw, Krakow, Poznan'.
- In Poland, Ukrainian refugees are granted temporary protection status, which has specific requirements, such as not leaving the country for more than 30 days, particularly impacting those traveling to Ukraine. While this policy has been criticized, it remains in place.
- Access to HIV treatment in Poland is generally good with full insurance coverage. HIV testing is available for free and anonymously in consultation and testing facilities across the country, but there are limitations in accessibility, particularly in smaller cities. Services for key populations vary in availability, with overall limited targeted programs for MSM, SW, and TG individuals. While OST is available across the country for free, the PrEP is provided only on a paid basis. Regional variances in service provision exist, with larger cities having more developed infrastructure for LGBT individuals, potentially influencing refugee settlement patterns.
- Language barriers exist, but to a lesser extent than in other countries, with Polish and Ukrainian being mutually intelligible to some extent. However, effective communication can still be hindered, especially in medical facilities lacking English or Russian-speaking staff.
- Stigma and self-stigma are prevalent among refugees, coupled with a lack of knowledge about available healthcare services, hindering disclosure and help-seeking behavior. Navigating Polish healthcare system poses challenges for refugees accustomed to different systems.

Romania

- This is a country with the highest share of male working age refugees (risky categories for PLHIV and also indicator of potentially high MSM and PWID) among the countries of analysis. The upper border for PLHIV is 590 and with those who have the virus, but do not know about the status, close to 700. There are more than 1 000 MSM and

almost 1 200 PWID. Refugees are concentrated in the country mainly in big cities, and near the Ukrainian border.

- While HIV treatment is generally accessible without significant barriers, accessing non-urgent health services may be challenging due to paperwork requirements, language barriers, and uncertainty about refugee status. However, these issues do not extend to HIV treatment, which experts report as readily available without documentation or process barriers.
- HIV testing services are available across Romania, free of charge and confidential for both Ukrainian refugees and Romanian citizens. However, there are no outreach activities in Slovakia, qualitative data availability regarding healthcare access for Ukrainian refugees is limited, with only two interviews conducted, both with older female PLHIV who do not belong to key populations.
- Informants reporting free access to antiretroviral therapy. However, reimbursement rates for refugees with temporary protection status may be lower, potentially impacting the quality of care provided by medical professionals. While informants receive ART without significant issues, importance of having “real medical insurance” is noted, although the eligibility for this insurance campaigns specifically targets Ukrainian refugees to increase testing rates.
- Services for key populations such as people who inject drugs, men who have sex with men, sex workers, and transgender individuals are available through NGOs, but there is limited connection between these services and Ukrainian refugees. Harm reduction services for PWID exist, opioid substitution therapy provision is very limited in Romania.
- Language barriers are pronounced in Romania, but technological support such as Google Translate is utilized to facilitate communication. Stigma and self-stigma towards people living with HIV may exist, although there is limited data available on this aspect.

Slovakia

- The country with lowest-low level of HIV, that is why the newcoming persons with PLHIV could really change the trend towards growth of sick persons, and local healthcare system can be unprepared for it. Total number of refugees is about 116 000, with a very high number of women also in the working age population. About 30% of refugees are concentrated in the capital city of Bratislava, with over 10% in Kosice. The highest potential number of PLHIV with those not knowing about status is 452 (532 all), the lowest is about 100. Among KP we would like to mention the relatively lower number of them in comparison with the other countries (the lower share of working age men) as we talk about MSM and PWID e.g. we can estimate MSM as 539 and PWID as 769.
- Qualitative data availability regarding healthcare access for Ukrainian refugees is limited, with only one expert interview complemented with two interviews with refugees both with older female PLHIV who do not belong to key populations.

- Ukrainian refugees have good access to ART without significant issues. HIV testing is available and could be mandatory in case of surgery.
- Regarding services for key populations, such as PWID, MSM and SW, there is a lack of data on availability and coverage by targeted programs. OST and needle exchange

programs (NSP) are present in Slovakia, but information on access for Ukrainian refugees is lacking. Services for TG are not too developed or absent in the country.

- Language barriers are pronounced in Slovakia, although similarity between Slovakian and Ukrainian languages may facilitate some communication. However, informants still face challenges in understanding Slovakian speech and prefer consulting Ukrainian doctors for medical prescriptions. The presence of volunteers who speak Slovak and are familiar with the local health system has been instrumental in helping refugees navigate healthcare services. Anticipation of stigma and self-stigma among refugees in Slovakia are pronounced, although informants have not faced stigmatizing or disrespectful behavior due to their HIV status.

Key results

Overall based on the study the following **key results** are identified:

- Statistical data regarding refugees from Ukraine could be different even coming from the most reliable sources, the main problem is multiple borders crossing by people with protection status and their further migration within the EU.
- HIV data comes from different sources (at least in this report we could use European Surveillance Report and Bulletin for Germany and paper based on national statistics of Poland). Figures from national and European reports show different pictures and there is possibly a lack of PLHIV registration.
- As the number of refugees is the highest in Germany, we expect the highest absolute numbers of PLHIV and KP in this country. Nevertheless, if we use available statistics from Epidemiological reports and expert assessments, absolute figures in Poland seem to be higher than in Germany.
- The lowest numbers of refugees PLHIV and KP are in Hungary. A situation in Slovakia looks concerning as the number of refugees with HIV for such a small and epidemiologically ‘naiv’ country as well as the number of KP is high in relative figures. For Moldova, refugee burden could be heavy as well, but they receive less social support as the country is poorer than other receiving countries from our study, also HIV level in Moldova is relatively high.
- Access to healthcare services for refugees including ART treatment is organized in all countries of research, but there is some presence of regional specifics: lower benefits to provide care to refugees for local doctors and GPs due to lower reimbursement rates, organizational challenges or extensive paperwork (Slovakia, Romania), risk of losing access to healthcare due to long absence in a country (Poland) etc.
- Delays in access to some healthcare services, including ART due to length of paperwork process or scheduling was described in Germany and Slovakia.
- While we do have some data about barriers in access to ART therapy for refugees, there is a lack of information about their adherence to treatment, rate and factors of loss to follow-up. Although some cases of ART treatment interruption in several countries were highlighted in interviews, no systematic efforts have been described, aimed at evaluating rates to those issues or addressing them.
- With notable exceptions (Moldova) no outreach activities aimed at increasing HIV testing among refugees were detected or such efforts were unsuccessful for

administrative reasons (Germany). Therefore, the majority of testing happens if a person actively seeks it, or involved in prevention programs for particular KP or being tested due to the presence of worrisome symptoms within the regular healthcare.

- Overall, there are significant differences between Ukrainian and EU countries' health systems, not just due to the particularities but in general approach. Ukrainian is much more paternalistic; patients are usually presented with the opportunities to receive different services at one place (polyclinics) and be transferred to other branches if a particular service is not available in the same place. There is also usually presence of formal or informal ways to receive care very soon after the appointment. Health systems in European countries put way more responsibility and initiative on a person in system navigation, scheduling appointments ahead of time, and refugees could have a hard time adjusting to it.
- Language barrier outlined in all countries except for Moldova. It could be a bit milder compared to other countries in Poland and Slovakia due to the level of language similarity with Ukrainian/Russian. At the same time, current efforts are based mostly on translation of written materials and occasional (mostly unpaid) input from Ukrainian volunteers. The systemic efforts are lacking in all of the countries of interest.
- A language barrier is a key for services based on discussions and need to establish rapport (including counseling, motivational interviewing and mental health care), so those services potentially are especially lacking and/or ineffective for this group. The use of electronic translators also makes counseling more time consuming. On a local level practitioners could develop their own ways to deal with language barrier, some of which - when patients' children translate conversation or volunteers from community members could indeed be problematic in terms of rapport and confidentiality.
- For a significant portion of refugee PLHIV a self-stigma and fear of anticipated stigma are present to the extent it prevents them from disclosing their status both to service providers and new sex- and life-partners and access to HIV care, or at least significantly delay those processes and cause significant stress. At least in some cases this fear could be partly justified due to rare presence of stigmatizing behavior of some non-HIV-related staff and lay people and cases of involuntary disclosure of HIV status.
- Multiple harms and vulnerabilities not just related to physical health but also mental health, wealth and social aspects of life. To navigate all those issues in an unknown environment could be challenging to a big number of refugees. Navigation with the help of peers or at least Ukrainian/Russian speakers who are aware of effective use of the system and could accompany a person in challenging situations could be an effective way to deal with those vulnerabilities. It would help to navigate the system, empower those with self-stigma and high anticipated stigma and prevent discrimination/rude etc. attitudes in place. Yet the practice of accompaniment is not anyhow widespread and developed in the countries of interest.
- Significant part of difficulties related to access help are not due to those services being not adjusted to refugees but due to those that are not in place or organized suboptimally even for citizens of this country. Among such issues that identified during the current study are:
    - Lack of access to OST due to its absence in the country (Romania, Pridnestrovian Moldavian Republic) or due to a small number of OST sites and increased time and financial costs to get to them for those who

live far (Germany, Poland) as well as presence of the waiting lists (Poland).
        - Lack of access to PrEP: total (Hungary), troubled access (Germany) or for fee only (Poland).
        - Not developed services for LGBT or sex workers and/or presence of conservative rhetoric in countries which prevent developing of those as well as provision of contraception measures (some information about Slovakia, Poland, Hungary and Romania). Absence of services for transgender people at least in Slovakia with lack of information about quality of services in other countries.
        - Lack of access to HIV testing overall (rural areas of Poland) for some groups (paid access for the employed people in Germany).
- There should be considered the high heterogeneity of the refugees. For those who have more resources (knows English, are capable of effectively using technology and searching for information, have a developed social network, higher education level, better health, are younger and have less family obligations (dependent children etc.)) could overcome the same barriers much easier than those less resourceful. Among those for whom the same barriers could be less passable were named PWUD, those having poorer physical and mental health, older people and single living women with kids. Transgender people and sex-workers are not mentioned due to lack of information.
- Overall, in each country there is a lack of systematic analytics of PLHIV and KP refugees number, needs and coverage by services.

Directions of prevention activities

Based on current analysis the **following directions of prevention activities** appear as needed and promising:

o Active outreach among refugees, with the focus on identifying PLHIV and having behavioral risks or being part of key populations, HIV testing, linkage to care and prevention. Dissemination of information of how to navigate health system for relevant issues should be an important part of this activity;

o Focus on refugees who for any reason don't yet have needed status and are unable to receive the full range of services;

o Facilitation of access to services on a known language, language assistance with real, present translators or peers (not just technological support). The accompaniment seems to be the best yet potentially costly form of its implementation;

o Interventions focused on self-stigma and anticipated stigma among PLHIV and KP population refugees;

o Interventions focused on mental health of refugees since in most countries services in Ukrainian language are not available, while mental health issues could directly negatively influence HIV treatment and adherence and facilitate risk behavior;

o Among unexplored but potentially important topics are 1) maintenance of ART adherence among refugees 2) work with smaller and less visible/targeted KPs such as sex-workers and transgender people;

o There is a strong need for the proper data collection and analysis of PLHIV and KP refugees' number, needs and coverage by services;

o Development of a strategy on how to deal with local absence or underdevelopment of particular services which could be present on the country level;

o Monitoring and evaluation should be incorporated into programs on a regular basis to identify emerging service gaps and respond accordingly.

ANNEXES

Annex 1. Questionnaires for in-depth semi-structured interviews

A GUIDE FOR UKRAINIAN REFUGEES LIVING WITH HIV

Guide for in-depth interviews with Ukrainian refugees with HIV who left Ukraine after February 24, 2022.

Before starting the interview, inform about the confidentiality and anonymity of the data, as well as that the interviewee can stop the interview at any time or ask not to use the data. Respondents should explicitly agree with both participating in the interview and recording of the discussion. Only if the recording was explicitly approved should it proceed. Respondents should be notified that the recordings are made for the sake of the data quality to prevent missing the important information provided. The recordings would be destroyed after the finalization of the research report.

Thank you very much for your time. All information that you will provide me is strictly confidential, I guarantee that it will not be disclosed, will not be transferred to third parties, but will be used impersonally only within our study. During our conversation, you can choose not to answer uncomfortable questions or stop the interview at any time.

1. **Personal data**

• Sex
• Age
• Education
• Citizenship
• Marital status
• Date of departure from Ukraine
HIV status
Belonging to the key populations
Indicate, how the person was identified for the interview

2. **General questions: life before and during migration**

When did you arrive in (this country) and how did you get there? Why did you decide to go to (this country)?

ONLY FOR PLHIV: When choosing a country, did you have information about the way HIV treatment is organized there? Did you know about the attitudes towards PLHIV in this country prior to making a decision where to migrate? Did it influence your choice of country or its particular location?

ONLY FOR PWID: When choosing a country, did you have information about the availability of harm reduction or drug treatment service? Did you know about the attitudes towards PWID in this country prior to making a decision where to migrate?Did it influence your choice of country or its particular location?

ONLY FOR MSM, TG, SW: When choosing a country, did you have information about the availability of services for (msm/tg/sw)? Did you know about the attitudes towards

MSM/TG/SW in this country prior to making a decision where to migrate? Did it influence your choice of country or its particular location?

• Tell us where (region) and in what conditions do you currently live (with a host family/relative, rent a separate room/apartment and social housing, etc.)?

- Overall, what are the regions in the country where Ukrainian refugees tend to reside? Why?

• Are you part of a Ukrainian commune/diaspora abroad?

3. FOR PEOPLE LIVING WITH KNOWN POSITIVE HIV STATUS (FOR OTHERS - GO TO THE SECTION 4)

Questions about HIV services – before leaving Ukraine

• When and where were you diagnosed with HIV?

• Before February 2022, were you prescribed and received HIV (antiretroviral) treatment in Ukraine? What drugs were included in your treatment regimen before you departed Ukraine (if you remember)?

• What HIV services did you use in the last 6-12 months before February 2022 (prompt: distribution of condoms and syringes, HIV treatment and adherence support; HIV monitoring test for CD4 and viral load)?

• Did you have a chance to take a supply of therapy with you from Ukraine? If yes, for how long?

- Now since you're not living in Ukraine - did you inform your AIDS center in Ukraine that you are not in the country and/or that you receive treatment in another country? Do you receive any help or support for your HIV treatment facility from Ukraine? Do you keep in touch with your doctor?

HIV services in migration

• Tell us about how you arranged to get treatment here (start treatment).

PROMPTS: How do you understand where and whom you need to tell about your HIV status (in the country) in order to continue treatment? What were the steps that you needed to take before getting ARVs in (country)? How quickly did you manage to start organizing HIV treatment in the country and receive ART? What challenges did you face? Which documentation you had to fill/show in order to get it?

- Please tell us in more detail how you receive HIV treatment now?

PROMPTS FOR THOSE WHO EVER RECEIVED HIV TREATMENT IN THIS COUNTRY:

How (do/did) you communicate with the service providers (language barrier, stigma etc.). What is the attitude of receiving doctors and specialists towards you?

Was there a delay in taking medications for any reasons? Is this ART regimen different from that one you had in Ukraine? Any other administrative barriers?

- Has anything caused you to stop/postpone your HIV treatment (antiretroviral therapy = ART) in recent months?
- Were you pregnant or having a baby at the time of your departure from Ukraine? if yes, then:
    - Did you receive a special ART during pregnancy (in the country)?
    - Did you receive the necessary treatment before, during and after childbirth?
    - Has your newborn baby received the necessary HIV care? Is it being observed now? Do you use breast-milk substitutes to prevent HIV transmission? Do social services help in their acquisition?

-Overall, how your HIV treatment could be improved?

PROMPTS FOR THOSE WHO <u>NEVER RECEIVED HIV TREATMENT IN THIS COUNTRY</u>: Tell us what prevents you from getting treatment here? Do you have any specific concerns which prevent you from requiring treatment? (concerns about privacy, quality of service etc.). How does the fact that you don't receive treatment affect your life? What should happen so that you would start to get treatment again?

• Where could you get information about HIV services?

• Did you meet other people living with HIV in (country)? Have you contacted community-based organizations/institutions of people living with HIV? If yes, how did you find out about them?

• Thank you for talking about your journey with HIV treatment in (..) country. From what you know, is this journey a typical one for Ukrainian refugees here? What are the other types of receiving HIV care you observe?

• Overall, what are the opportunities there for Ukrainians with HIV to continue or start receiving HIV treatment in this country? Does legal status matter? How? Do you know the legislation/regulations in the host country regarding assistance to HIV-positive foreign citizens? Are there any specific regulations regarding Ukrainian refugees?

4. CONTRACEPTION

What do you think about the availability of condoms here? Are they easy to get and affordable? Do you know if you have an option to get condoms for free? Where?

For women only:

What do you think about the availability of contraceptives here? Are they easy to get and affordable? Do you know if you have an option to get contraceptives for free? Where?

• Have you (in the country) ever needed to visit a gynecologist (including for pregnancy and termination of pregnancy)? Was such an option available?

5. FOR SEX-WORKERS, MSM, TG, PWID ONLY (FOR OTHERS - GO TO THE NEXT SECTION)

Do you know about any services for MSM/SW/TG/PWID available in the country? (could be medical, legal, social, psychological etc.) Have you ever used them? **Yes**: tell us more about that: how did you get there and which help you received. What could you tell us about this experience? **No:** Why so?

Prompts: • Have you ever received any kind of prevention information (incl. risk behaviors, options to take HIV test, where to take free HIV tests, free condoms)

Do you know how to get pre-exposure prophylaxis here? Are you in need of those? Have you had experience accessing it here?

Overall are any representatives of any organizations here (medical, social etc) who know that you are MSM/SW/TG/PWID? Why?

Have you encountered a negative attitude? Please, tell us, from whom? Have you experienced difficulty accessing services due to being MSM/SW/TG/PWID?

For TG: Do you know how to access hormone substitution treatment in this country? What is your experience accessing hormone substitution treatment here?

What would help you as MSM/SW/TG/PWID to live a better life in this country?

What do you know about how other Ukrainian refugees MSM/SW/TG/PWID live here? Prompts: are there any regions they prefer to reside in? Are there any social services they receive help from?

6. FOR PEOPLE WHO INJECT DRUGS ONLY (FOR OTHERS - GO TO THE NEXT SECTION)

Were you a participant of the OST program in Ukraine? For how long?
Were you able to continue or start receiving OST in this country? Tell me about this experience.
Overall, how has your drug use changed since you moved here? Why? What drugs do you use now? What syringes do you use and how do you get them?

7. HIV TESTING

Have you ever had a situation where you were asked about your HIV status? Have you ever had a situation where you were required to get an HIV test? Tell me about that? How did you react and why?
Have there been any difficulties or unpleasant moments in connection with this? (if it's difficult to answer, give an example: "denial of service"? Have you encountered any violation of your rights? Have you experienced fear and apprehension?
FOR PEOPLE WITHOUT HIV: Where you could go to get tested for HIV? What would you need to do for that? Is it challenging for you? What about STIs?

8. LEGAL STATUS AND FUTURE PLANS

• Tell me about your legal status in the country and how it changed.
- From what you know - is this story of legal status acquisition and change a typical one for Ukrainians fleeing from hostilities? What are the other widespread paths you observe?
• Do you know the cases when Ukrainians live here without receiving legal temporary protected status? Tell me about this - how and why it usually happens? How widespread is that?
• Do you know the cases when Ukrainians have legal temporary protected status in this country? Tell me about this - how it usually happens? How widespread is that?
• Based on the current situation, how long do you intend to stay in (country)? Do you plan to move to Ukraine or another country or receive any different status here in this country? Why?

9. FINAL REMARKS

Overall, what needs do you have in regard to prevention or treatment of HIV in this country that are not fully met?
Imagine that you're hired as an expert to improve HIV prevention and care for Ukrainian refugees here with an unlimited budget. What would you recommend and why?

Is there any information that you have shared which is not intended for public posting?

Do you have any additional questions or comments you would like to share before we finish the interview?

Thanks a lot!

A GUIDE FOR HIV EXPERTS AND ASSISTANT PROFESSIONALS

Guide for in-depth interviews with experts - employees of care organizations, specialized specialists and doctors in countries that receive Ukrainian refugees.

Before starting the interview, inform about the confidentiality and anonymity of the interview data, as well as that the interviewee can stop the interview at any time or ask not to use the data.

Respondents should explicitly agree with both participating in the interview and recording of the discussion. Only if the recording was explicitly approved should it proceed. Respondents should be notified that the recordings are made for the sake of the data quality to prevent missing the important information provided. The recordings would be destroyed after the finalization of the research report.
Thank you very much for your time. All information that you will tell me is strictly confidential, we guarantee that it will not be disclosed, will not be transferred to third parties, but will be used impersonally only for the preparation of our study. You can choose not to answer uncomfortable questions or end the interview at any time.

Block 1. General information about the Expert Advisor.

Name of the organization, profile of the specialist, length of service in the profession, age, education.

Block 2. The specifics of the organization.

Please tell us about your organization: profile, how long has the organization existed, who is the main target audience.

Block 3. Help for HIV-positive refugees

Could you tell me about the services available in the country for the HIV positive refugees that your organization and others provide.

- When did your organization start helping Ukrainian refugees with HIV? What is the specificity of this group? Can you describe your typical clients? What kind of assistance do you provide (prevention, testing, consultations, medical and legal support)? Do you have psychological support for clients, how is it organized?
- Who else do you know providing help to Ukrainian refugees in terms of HIV?
- Who has the ability to provide temporary ARVT to Ukrainian refugees? Do you cooperate with organizations in Ukraine? How do you get medicines?

What steps do Ukrainian refugees need to take in order to access the HIV treatment services? What are the main challenges faced by Ukrainian refugees with HIV? Please tell us about the legislation regarding the treatment and stay in the country of refugees with HIV. Please, tell me if availability of any HIV services depends on the refugee status? Are there any services the refugees have to pay for? (prompt: viral load tests)

To what extent do you think civil society organizations and government organizations cover all the necessary needs of refugees in providing HIV services?

Which estimates of the number of PLHIV-Ukrainian refugees we currently have for the country or its regions? What is it based on? How certain are those estimates? Why? Do you think it is more an overestimation or underestimation? Why?

Which PLHIV refugees are included into the national statistics, and which are not? Which proportion of HIV cases among Ukrainian refugees do you think is reflected in the national statistics?

Do you see a tendency towards concealment/reluctance to disclose their HIV-positive status among refugees with HIV to employees of government services and helping organizations due to fear of stigma, possible deportation, etc. What exactly stops people from revealing their status? (or refuse to receive HIV services altogether)?

Block 4. HIV-testing for refugees

Please tell us about the legislation regarding the HIV prevention and testing and stay in the country of among refugees/

Could you tell how the HIV testing is organized for the Ukrainian refugees? How could they get it for free? Are there any cases when they are required to get HIV test?

In which case the positive HIV test would be reflected in the national statistics?

Block 5. Services for key populations

Is information on HIV and STI prevention available to refugees, and how is it disseminated? Does it reach the consumer (is it efficient)? (Consultations, free HIV tests, Pre-exposure prophylaxis, free condoms etc.)

Tell us about services for **PWID** which Ukrainian refugees could access. How they are organized? Who could receive those and which exact services. Who has more chances to be covered by those services? Are there any estimates of the number of PWID - Ukrainian refugees on the country or regional level? Do you know how many of them do use those services? Why? How could those services be improved?

Do you have any information about the presence of Ukrainian refugees among **SW** in the country? What could be the volume of this matter? In which regions do they mostly reside? How are they covered by prevention programs? Who has more chances to be covered by those services? How could those services be improved?

Do you have any information about the Ukrainian refugees - **MSM** in the country? What could be the volume of this matter? In which regions Ukrainian MSM mostly reside? How are they covered by prevention programs? Who has more chances to be covered by those services? How could those services be improved?

Do you have any information about the Ukrainian refugees - **transgender** in the country? What could be the volume of this matter? In which regions Ukrainian transgender people mostly reside? How are they covered by prevention programs? Who has more chances to be covered by those services? How could those services be improved?

Which estimates of the size of each KP among Ukrainian refugees we currently have for the country or its regions? What is it based on? How certain are those estimates? Why? Do you think it is more an overestimation or underestimation? Why?

Block 6. Have you faced the language barrier problem? If yes, how is this problem solved?

Do you have the ability to track the fate of your clients after your assistance ends?

Pregnancy and childbirth: Does your organization provide assistance to women during pregnancy and after childbirth? What is this support? Do you know how your clients feel about the need to replace breastfeeding with specialized milk formulas?

Block 7. Geographical tendencies

Speaking about the whole country - are there the regions where the services for the Ukrainian refugees including PLHIV and KP are more and less developed. Are there the discrepancies between the regions?

Do you see that Ukrainian refugees migrate within the country? Why does it happen? Which data we have on this matter and how often it is collected?

Do you see that Ukrainian refugees are leaving the country? Why does it happen? Are Ukrainian PLHIV and KP more or less willing to leave this country? Why? Which data we have on this matter and how often it is collected?

Do you see that Ukrainian refugees are coming to the country from other European countries as well as from Ukraine? Why does it happen? Are Ukrainian PLHIV and KP more or less willing to come to this country? Why? Which data we have on this matter and how often it is collected?

Block 8 Legal status of people from Ukraine

Talking about Ukrainian refugees in the country - what could you say about their legal status? What's your perception of how many of them are reflected in the official statistics? Have the temporary protection status?

if not all - Could you describe those people who are not reflected in the official statistics/have legal protection status? (Prompt: why this happens, what is the possible volume of such cases). How does it affect the provision of services for them?

Are you aware of the cases of opposite situation - when refugees have legal status in …. (country) but in reality, don't live there?
if yes - Could you please describe those cases? (Prompt: why this happens, what is the possible volume of such cases). How does it affect the provision of services for them?

Overall, what data source do you believe is best capturing the number of Ukrainian refugees in the country? Why would you choose this source, what is special about it? How could it be improved? Overall, do you think this source tends to overestimate or underestimate the number of Ukrainian refugees?

Block 9 Available resources

Is there any funding for HIV/KP services for Ukrainian refugees from coordination groups? e.g. UNHCR/UNFPA, any other platform

Is there any coordination group for HIV related activities?

Imagine that you as an expert are hired to improve HIV prevention and care for Ukrainian refugees here with an unlimited budget. What would you recommend and why?

Is there any information that you have told that is not intended for the public?

Do you have any additional questions or comments you would like to share before we finish the interview?

Thanks a lot!

Annex 2. Raw data and calculation matrix for the size estimation for each country

Population

In case of population structures, it is important to mention that for Hungary (the only country in the EU without this data) age-sex structure for TP is not available. In this case we use the average structure of TP and Asylum-seeker in all the other EU countries and assume that in Hungary the structure is the same. For Moldova we use the age structure of one of the surveys (not the general sample) available from UNHCR.

PLHIV

1. The easiest way to estimate the number of the PLHIV among refugees is to use the prevalence level of HIV among the certain population age-group in the country of origin and assume that the prevalence is the same among migrants and stayers.

Then we multiply the prevalence rates to the number of migrants at the certain age group and get the number of PLHIV among migrants in this group.

Unfortunately, there is no information (easily available from the open sources) about the detailed age-groups of refugees and the prevalence of HIV among Ukrainians by age (although there are some estimations, we do not go so deep in our analysis as the expected errors could be larger than the outcome). In this case we have to make several assumptions:

1) We deal with the prevalence of HIV for the active working age population (at the age 18-64). The absolute figures for Ukraine at the beginning of 2022 is 150 005 PLHIV. We know that the share of males among them is 54.7% and women - 45.3%. Also, the number of PLHIV in Ukraine at the age younger than 18 is 2 689. Infections are mostly widespread in the group of 25-49 ages (more than ¾). We do not know the exact number of PLHIV at the age 65+, but it is neglectable small. In this case we assume that 97% of PLHIV belong to the 18-64 age group (145 505 altogether).
2) The population used by the experts from the Public Health Center of the Ministry of Health of Ukraine to calculate the prevalence and incidence rates in the country before the full-scale invasion is about 38 million (the number of persons living in the “controlled” territories, excluding the Crimea and parts of Donbass occupied by Russia). The problem is that the population living in the “controlled” territories is not distributed by age and gender. In this case we used the share of people at the age 15-64 (the reliable data by 1-age group does not exist) by gender based on the Ukrainian population excluding the Crimea, but including the estimated Donbass population (the quality of estimation is debatable). The share of males at the age 15-64 will be 32.4% of the whole population (12.3 million in absolute figures), and females - 34.7% (13.2 million)

In this case we have slightly different lower boundaries of our intervals for numerator and denominator (18 for PLHIV and 15 for the whole population). The prevalence rate will be 0.65% for men and 0.5% for women.

(a) We assume that the Eurostat figures for TP are correct. The next step is to multiply the rate to the number of TP at the age 18-64 (available for all the EU countries of interest on 31.01.2024). As the prevalence rate is different for men and women, we multiply male at the age 18-64 to the 0.65%, and women at the same age to the 0.5%. We assume that there is no migration of PLHIV at the age younger than 18 and older than 65 (actually among PLHIV in Ukraine only 3% of the persons live are older or younger than working age. For Hungary we have no distribution of population by age-groups, so in this case we use the same distribution as in Slovakia.
(b) We take the estimations of CES (3.3 million in EU). Unfortunately, the experts do not specify the age groups of the refugees, so we assume the same age and gender distribution of the refugees from Ukraine as among the TP beneficiaries in the EU. Concerning the country distribution, we follow the CES experts' specification that the share of Ukrainians in Germany is about 30% and in Poland - 22% of the whole stock. For the countries like Hungary, Slovakia and Romania we use the same share as in the TP holders country distribution.

We assume that additionally 10% of the population did not know their diagnosis but tested in the EU and received positive status. Also, we assume that there should be 15% more (Global AIDS Monitoring 2018; Sazonova et al 2020) of the population who do not diagnose and do not test.

2. From HIV/AIDS surveillance in Europe (HIV/AIDS surveillance 2022, 2023; Reyes-Urueña, 2023) Report and the papers from Poland (Parczewski et al, 2023) and Germany (Robert Koch-Institute Bulletin, 2023) we know the number of new HIV cases in 2022. In Poland and Germany, we definitely know the number of PLHIV from Ukraine. In Hungary, Slovakia and Romania we can assume that the difference between the number of newly diagnosed cases in 2022 and in 2021 was a contribution as the result of the arrival of Ukrainian refugees. The next step is to estimate the number of cases in 2023. We calculate the prevalence based on 2022 (number of diagnosed cases - newly or previously divided to the number of TP beneficiaries to the end of 2022). Afterwards we multiply the prevalence rate for 2022 to the number of new TP in 2023. The cumulative figure includes the data from 2022 and 2023.

Mobility factor – if HIV status affects the chance to leave Ukraine. The interview data suggest that there are most probably equal or slightly higher chances for female PLHIV to leave the country compared with women with negative status: some of the experts suggest that PLHIV could be more eager to leave Ukraine since they were afraid that due to hostilities they could lose access to the drugs. Regarding the male PLHIV - in the beginning of hostilities they might have had a higher chance to leave the country than men without HIV, since the former were not considered for military service and were free to leave Ukraine. Last two years according to experts there should be no differences in chances to migrate by HIV status.

In this case we suggest some alternative estimations.

3. (A) We make our estimations based on the figures about the number of ART in Ukraine. The experts from the Centre of Public health reports that by the end of March 2024 7 943 – Ukrainians are known as not receiving ART in Ukraine, and among them 4 182 – receive it abroad and the doctors know that they plan to come back, while 3 761 are deregistered. Actually, these are huge figures, as by data from HIV/AIDS Surveillance in Europe (2023) in 2022 only 736 (31.5% of all new cases of PLHIV in the EU) Ukrainians in the EU received ART. On the other hand, the number of ART receivers in Ukraine reduced within 2 years of hostilities by 14 000 (by different reasons, not only due to migration only).

So, our estimation strategy will be following. In Ukraine, for 2022 (based on MoH statistics) we had 87% of PLHIV receiving ART: 130 700 (people receiving ART) / 150 000(PLHIV and knowing about their status). According to this proportion, 7 900 ART users abroad is equal to 9 065 PLHIV. And if there are 15% more persons who do not know about their status, there are 10 425 PLHIV, according to data from UNHCR and CES ⅔ of Ukrainian refugees are in the EU (so the figure is about 6 900).

a) We distribute them to the countries of interest proportionally to the share of TP in the countries.
b) We adjust the shares of migrants to the weights equal to the ratio of the prevalence rate in the country to the prevalence rate in the EU (see Approach 2).

Additionally (B) we received the information from Poland, based on the National AIDS Centre. The results are as follows: 3 552 is the number of patients from Ukraine introduced to ART in 2022 - 2023. Maybe these figures include double counting, or those patients have a high probability to migrate further to other EU countries. Nevertheless, we use this figure as the higher boundary for the PLHIV in Poland estimation. For the other countries we re-estimate the distribution of 6 900 persons, assuming that 3 552 are now in Poland.

Key population

We see the numbers and follow the assumption, that a number of persons from KP in the absolute figures was the same in Ukraine as in Atlas just before February 2022:
MSM - 180 000, PWID - 350 000, SW - 86 600, TG - 13 000.
However, it could be incorrect to just assume that the share of KP is the same for the migrants as it is in the population of the country. The following mobility factors could influence our estimations. Experts have no clear perceptions in this regard, although they noticed that compared with other KP, some MSM could have higher chances to leave the country due to the extensive network abroad and established opportunities to work there.

Migration pattern – if HIV or belonging to the key population affect the choice of the country of destination

Although very limited data is available, the informant's experience suggests that refugees rarely focused on the availability of the services in the country as the important factor of where to flee from Ukraine. The presence of friends or relatives who already live in the country, especially if they could provide shelter, other previous connections with the country or situational factors were way more pronounced. However, if those friends themselves belong to key populations or at least know about a person's status, their experiences in the country could be a factor of decision-making. Therefore, in the analysis we don’t assume that the

distribution of PLHIV and key populations among Ukrainian refugees in different countries would be unequal. To deal with these inequalities we use not only the shares of KP in population, but also for MSM and PWID the channels of transmission.

To sum up,

1) For MSM we assume that this KP group should be calculated from male population 18-65. In Ukraine the prevalence of MSM is 1.46%. We also assume that persons belonging to this category could be more mobile, so that we use additional weights (calculated as the ratio of the percentage of the persons who got the infection by sex with men in the country of destination to the percentage in Ukraine). Generally, this channel of transmission is more widespread in the EU among Ukrainians. For Germany and Poland, we got data from the national sources, for other countries — from the EU average

2) For PWID we do not use the weight, but available data based on the research about Ukrainian PWID (Dumchev et al 2024; Maznaya et al 2023; Sazonova et al 2020) we assume that 80% of the users are men and 20% are women. In this case we have a prevalence about (for the age 18-64) 2.2% for male and 0.53% for female population. So, men are much more risky groups and in the countries with relatively higher numbers of male at the working age among refugees this KP will be higher.

3) For SW as well as for TG we do not use the special weights. However, the data of the choices of other key populations and if they were more or less attracted to the particular countries of interest are also too limited – no such suggestions were made. Although some of the experts mentioned the MSM could have more freedom over their choice due to developed social networks and presence of the well-off people among this group. We calculate the distribution of SW based on their percentage in the Ukrainian population (0.65% for women at the age 18-64), and assume that in the migration population at the age 18-64 the distribution is the same, there are no SW at the age younger and older.

4) For TG we use the whole population at the age 18-64 as a denominator and also assume equal distribution among migrants and stayers. (the prevalence is 0.05% for the both sex population at the age 18-64)
Nevertheless, for the reasons of differences in mobility, we accept that the numbers of TG and SW could be higher (we estimate the lower boundaries).

For *Moldova,* we use the same age proportions as in the UNHCR survey and from the number of refugees - 118 250, we calculate the risk groups in absolute figures.

Annex 3. List of collected interviews by country and type of informant

#	Country	Type (expert/refugee)	Expertise
1	Germany	Expert	NGO focused on PLHIV and KP (PWID)
2	Germany	Expert	NGO focused on PLHIV

3	Germany	Expert	NGO focused on Ukrainians with HIV in Germany
4	Germany	Expert	Medical doctor, county expert/decision maker on HIV care
5	Germany (with experience of living in Poland)	Ukrainian refugee	Male; PLHIV, Uses drugs
6	Hungary	Ukrainian refugee	Male; PLHIV
7	Hungary	Ukrainian refugee	Male; PLHIV
8	Hungary	Expert	Drug/HIV treatment government organization (answered on the questions via mail)
9	Moldova	Expert	Decision-making and coordination HIV care
10	Moldova	Expert	NGO focused on PLHIV and KP
11	Moldova	Expert	HIV care
12	Moldova	Expert	International Foundation (development and funding of social programs)
13	Moldova	Expert	UN agency in a country focused on the drug use
14	Moldova	Expert	NGO, focused on Ukrainian refugees
15	Moldova	Ukrainian refugee	Male; PLHIV, PWID
16	Moldova	Ukrainian refugee	Male; PLHIV, PWID
17	Moldova	Ukrainian refugee	Female; PLHIV – status identified in Moldova, occasional use of drugs
18	Poland	Ukrainian refugee	Female; PLHIV, PWID
19	Poland	Ukrainian refugee	Female; PLHIV, LGBTQ, activist
20	Poland	Ukrainian refugee	Female; PLHIV,
21	Poland	Expert	NGO focused on HIV care and vulnerable populations
22	Poland	Expert	NGO focused on HIV care and vulnerable populations
23	Poland	Expert	UN organization, project focused on refugee help

24	Poland	Expert	NGO focused on refugees and key populations
25	Poland	Expert	NGO focused on refugees and key populations
26	Romania	Expert	NGO focused on PLHIV and KP
27	Romania	Expert	Governmental medical center focused on HIV issues
28	Slovakia	Ukrainian refugee	Female; PLHIV
29	Slovakia	Ukrainian refugee	Female; PLHIV
30	Slovakia	Expert	Governmental medical center/ NGO, expertise

Annex 4. List of data sources

Our main information sources are the following:
1. European Centre for Disease Prevention and Control data is used for the information about HIV prevalence in the European region (not only in the EU), also the information about potential spread of HIV among Ukrainians is available

The dynamics in the certain countries is visible from the annual sources:

- HIV/AIDS surveillance in Europe 2022 (2021 data)
- HIV/AIDS surveillance in Europe 2023 (2022 data)

Data for 2023 will be opened only at the end of 2024 (November - December)

The already processed data could be received from academic papers like Parczewski et al (2023), or Reyes-Urueña (2023).

2. Eurostat and The European Union Agency for Asylum for the refugees and the persons with the temporary protection status. Data about the age-sex structure of the Ukrainian refugees and beneficiaries of the temporary protection status, by countries. This structure could be used for the crude estimations of the potential number of the stocks and flows of the refugees with the HIV status

3. Country data from UNHCR. We can see the age and sex structure of the refugees and the regions of their origin and the spread of the refugees in the regions of the countries of destination.

4. *National data and papers*. For example, National AIDS Centre in Poland; Epidemiological Bulletin of Robert Koch Institute

Annex 5. Final calculations of Ukrainian refugees and the numbers of PLHIV and KP

Table 1. The number of Ukrainian refugees by different sources

	Eurostat							UNHCR		CES
	TP			Cumulative (stocks)	Decisions granting TP (flows)	Number of asylum applications		Refugees*	Refugees**	
	31.12.22	31.12.23	31.01.24	2023	all in 2023	2022	2023	To the nearest available data		
EU	3754735	4209090	4249835	454355	969355	27030	13580			3300000
Germany	936375	1211785	1230350	275410	261385	1140	755	1152640	1072035	990000
Hungary	28690	33570	33925	4880	6770	0	0	58995	42505	26319
Poland	956760	951435	947030	-5325	233335	1760	1770	956635	1640510	726000
Romania	99930	144455	146115	44525	48910	4395	60	77900	161370	113255
Slovakia	94975	113590	115365	18615	30130	155	30	118960	142840	89057
Moldova								118250	47285	

Sources: UNHCR https://data.unhcr.org/en/situations/ukraine ; Eurostat https://ec.europa.eu/eurostat/databrowser/explore/all/popul?lang=en&subtheme=migr.migr_asy&display=list&sort=category ; CES https://ces.org.ua/en/ukrainian-refugees-third-wave-research/

https://data.unhcr.org/en/working-group/437?secret=unhcrrestricted&geo=0&sv=65

* *Refugees from Ukraine recorded across Europe/in country as of date*

The total number of Refugees from Ukraine recorded across Europe /in the country as of date reflects the estimated number of individual refugees who have fled Ukraine since 24 February and are currently present in European countries. Figures, including disaggregation by country, include refugees from Ukraine who were granted refugee status, temporary asylum status, temporary protection, or statuses through similar national protection schemes, as well as those recorded in the country under other forms of stay (from 24 February 2022), as relevant/applicable.

** Refugees from Ukraine who applied for Asylum, Temporary Protection or similar national protection schemes to date

The total number of Refugees from Ukraine who applied for Asylum, Temporary Protection or similar national protection schemes to date reflects the cumulative estimated number of refugees who have fled Ukraine since 24 February 2022 and have applied for Asylum, Temporary Protection or other similar national protection schemes in European countries. Figures may include multiple registrations of the same individual in one or more European countries; or registrations of refugees who have moved onward, including beyond Europe.

Annex 6. References

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About the Regional Expert Group on Migration and Health

Regional Expert Group (REG) on Migration and Health in Eastern Europe and Central Asia (EECA) was established by civil society activists and researchers to develop an expert position that would help to improve the quality of life of international migrants in the countries of the region.

The aim the group is to provide expertise to ensure continuous access of mobile populations to health services along the entire route from countries of origin to countries of destination in the EECA region.

The Regional Expert Group on Migration and Health has the following goals:

- conduct research to assess the health situation of migrants and access to healthcare services,
- present research results to the public and discussing evidence-based arguments with decision-makers, representatives of civil society, the academic community, and international organizations,
- initiate and support expert dialogue to foster cross-border cooperation between sending and receiving countries of migration, as well as creation of bilateral and multilateral agreements in the area of mobile populations health,
- create a common information space for cross-border cooperation in the area of migrant health.