



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

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; PWD 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.