

3878 (Re)producing HIV Care for Ukrainian refugees in Germany and Poland trans-local community-based support in action

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Summary

Following the 2022 Russian invasion of Ukraine and the resulting refugee crisis, this study investigates innovative and flexible forms of trans-local care among communities of Ukrainian refugees living with HIV in host countries, particularly Germany and Poland. The study adopts a participatory research approach, involving community representatives throughout all stages of the research process. It is based on document analysis and semi-structured interviews with refugee activists, community members, healthcare professionals, social workers, and subject-matter experts. The research identifies emerging configurations of community networks that facilitate access to healthcare, including community-based, mixed-type, and bridge-type organizations. Activists play a central role in navigating unfamiliar healthcare systems, advocating for migrant-sensitive services, and developing grassroots solutions to both individual and structural barriers to HIV care in contexts of forced displacement. Migrant organizations are instrumental in facilitating community-based linkage to HIV care for refugees. In the case of Ukrainian transnational communities, these organizations draw on previously acquired experiences, knowledge, and skills to support their peers. The involvement of community-led initiatives is essential to reducing disparities in healthcare access and promoting the well-being of forced migrants.

Methodology

This study employs a participatory action research approach to explore barriers and community strategies in accessing HIV and TB care among Ukrainian refugees in Germany and Poland. Guided by a critical paradigm, the research prioritizes the involvement of community representatives at every stage—from study design to dissemination. Data were collected through 52 semi-structured interviews conducted between July 2023 and November 2024, including 35 refugees (many with lived experience of HIV or TB) and 17 experts such as healthcare professionals, social workers, and activists. Interviews were held in participants’ preferred languages (Ukrainian, Russian, German, or English) and transcribed verbatim. A reflexive thematic analysis following Braun and Clarke’s six-phase framework was used, supported by Atlas.ti software. Analysis focused on key themes such as peer support, aid trajectories, and system navigation. The study centers on Germany and Poland as focal contexts due to the high number of Ukrainian refugees and the presence of emerging grassroots health organizations.



Fig. 1 Refugees from Ukraine across Europe (as of 29 June 2024) , UNHCR data



Pic. 1: UNICEF support desk at the Warsaw bus station, June 2024, taken by D. Kashnitsky

Results

Barriers to HIV Care

Refugees encounter long waiting times, trauma, and PTSD, exacerbating health vulnerabilities. Ukrainian activists provide crucial support—organizing helplines, translation services, and peer groups—but face burnout due to emotional labor. Their work highlights flaws in host-country systems, advocating for more inclusive HIV care.

Gendered Challenges

Women, often sole caregivers, bear disproportionate burdens, delaying their own healthcare. They face social pressures, sexual harassment, and racialized stereotypes, yet their unpaid care work is often overlooked. Grassroots initiatives like Fundacja HelpNowHUB in Poland exemplify women-led mutual aid, offering flexible support to displaced communities.

Prolonged Uncertainty

Refugee demographics shift over time, with marginalized groups (e.g., former prisoners, rural women) arriving later, facing greater exclusion. Activists assist with insurance gaps, antiretroviral therapy (ART) access, and language barriers, but systemic racism in reception centers (e.g., Berlin’s Tegel facility) denies refugees’ rightful support.

Advocacy and Stigma

Ukrainian activists challenge host-country HIV services, which primarily serve local key populations, often neglecting the needs of displaced women and children. They organize campaigns (e.g., Poland’s ŻYJĘ Z HIV) to combat stigma while navigating legal precarity, undocumented status, and serial displacement.

Circular Migration

Proximity to Ukraine enables refugees to return for medical care, ART, or family support. Transnational networks facilitate medicine transfers and peer assistance, ensuring continuity of care despite systemic gaps.

Discussion & Conclusions

Three organizational types support displaced people:

- Community-led organizations (e.g., PlusUkrDe e.V.) – Refugee-led, peer-driven care.
- Mixed-type organizations (e.g., BerLUN) – Aid overlapping vulnerabilities (HIV, opioid dependence, undocumented status).
- Host-country structures – Bridge gaps but often exclude marginalized groups.

Structural barriers persist, particularly for LGBTQIA+ individuals and women. Feminist, intersectional approaches are vital for equitable care. Transnational networks sustain healthcare continuity, emphasizing the need for policies that integrate refugee-led solutions.

Key Takeaway:

Refugee activists are essential in HIV care, yet systemic support is lacking. Policymakers must collaborate with displaced communities to ensure inclusive, sustainable health systems.

Recommendations

Institutionalize refugee leadership in health service design and delivery through formal partnerships between public health authorities and refugee-led organizations.

Develop flexible care models that accommodate circular migration patterns, including cross-border medication access and telemedicine options.

Invest in gender-responsive services that address the specific needs of displaced women, including childcare support integrated with HIV care.

Reform harmful policies that exclude marginalized groups, particularly regarding insurance access for undocumented migrants and ART availability for non-citizens.

The Ukrainian displacement crisis offers broader lessons for global health governance. In an era of increasing forced migration, health systems must move beyond static, location-bound models to embrace mobile, community-driven approaches. The refugee-led initiatives documented in this study represent more than temporary solutions - they exemplify how marginalized communities develop sustainable care infrastructures in the face of systemic neglect.

Ultimately, the success of HIV care for displaced populations depends on recognizing refugees not as passive recipients but as experts and innovators. The resilience demonstrated by Ukrainian activists’ points toward a new paradigm in migrant health - one that centers community knowledge, embraces mobility, and transforms barriers into opportunities for more equitable systems. As displacement durations extend and migration routes complexify, these lessons will only grow more vital for ensuring health justice in an increasingly mobile world.



Pic. 2: Social campaign – Living with HIV in Poland, available here: <https://youtu.be/v1QE95bqA7E>