

As we mark 25 years of the Alliance for Public Health (APH, the Alliance), we proudly reflect on the incredible results we have achieved together — even amidst the challenges of war.

We sincerely thank all our partners and donors, civil society and communities, volunteers, social and healthcare workers, nurses, and doctors who have worked tirelessly on the ground, ensuring that lifesaving services reach those who need them most. We are truly thankful to the Ukrainian army protecting us from russian invaders and allowing us to do lifesaving work.

"Twenty-five years ago, we stood at the very beginning of Ukraine's response to the HIV epidemic. Since then, we have expanded our work to tuberculosis and hepatitis, reaching the most affected communities and building innovative, community-led solutions. Our mobile health fleet — now sixty vans across the country — brings not only HIV, TB and viral hepatitis testing to remote and frontline areas, but also essential primary healthcare where it is needed most.

We provide humanitarian assistance to those most impacted by the war and help developing inclusive services for veterans and civilians living with war-related injuries. 1.6 million Ukrainians have received support from APH since the beginning of the full-scale war. Ukrainian expertise in preparedness, resilience, program solutions and innovations are highly demanded globally: during 25 years of work, we have provided expert technical assistance to over 60 countries!

Our journey over these 25 years is based on our values, drive and professionalism. Our fundamental principle is ultimate dedication to win the fight for the health and lives of our people!

We have many things ahead of us: rebuilding Ukraine, transforming the health system to be more efficient and transparent, recovering and supporting those suffering the most, bringing innovations to life, ending HIV, tuberculosis and viral hepatitis, addressing any emerging challenges on our way!"

Andriy Klepikov,

Executive Director, Alliance for Public Health



ALLIANCE FOR PUBLIC HEALTH:

25 YEARS OF IMPACT IN NUMBERS

5 millions

people have been reached and protected through our programmes over 25 years.



7th

among Ukraine's Top 100 charitable organizations.



4th

among humanitarian **organizations** by Forbes — proof of the trust and impact we have built.



Over 1.6 millions

people have benefited from APH support during the full-scale war.



42%

of newly diagnosed HIV cases, and one in two patients starting ART receives care through APH programs in Ukraine.



Over 60

countries globally benefited from our expertise and support.

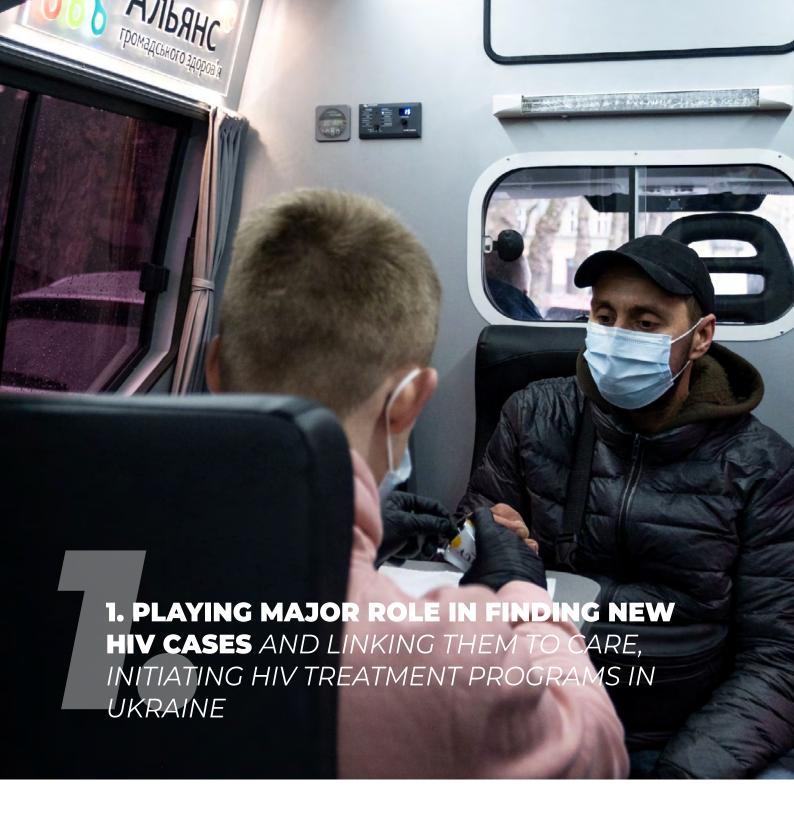


OUR CURRENT STRATEGY



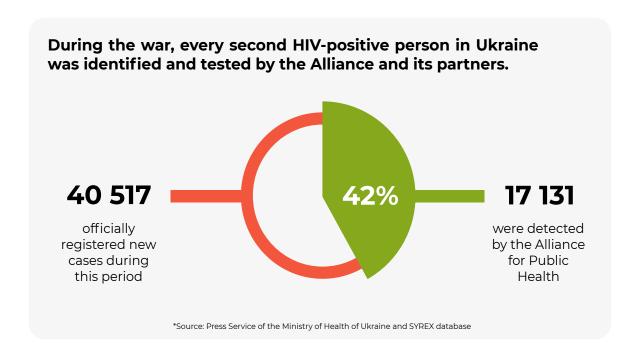






Over the past decade, the Alliance for Public Health's contribution to HIV detection has been growing steadily — from 11–12% of new cases in 2014–2015 to over 50% after 2019 — and today, during the full-scale war, almost half of the newly diagnosed HIV cases come from Alliance programs, and one in two patients

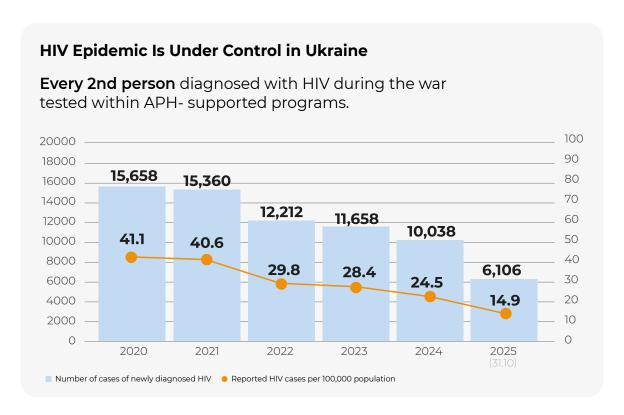
starting ART receives care through them. APH remains a leader in providing HIV testing and treatment for key populations, introducing machine learning tools to optimize detection and ensure early treatment initiation, thus achieving the most effective case finding among highrisk groups.



Back in 2004, APH played a key role in launching and scaling up ART in Ukraine: from 137 patients to 10,000 patients through the Global Fund program, further transferred to the government funding in 2008, and to 115,000 patients as of 2025.

Amidst the full-scale invasion, prevention programs and HIV care

cascade in Ukraine maintain a positive upward trend, with KP coverage models initiated by APH with donor funding, still being practiced through the government channels, in 2024 reached as many as 180,975 PWID, 57,824 MSM, 52,508 SWs, 5,731 TG people, while HIV care cascade in 2024 was at 79%-75%-95%.



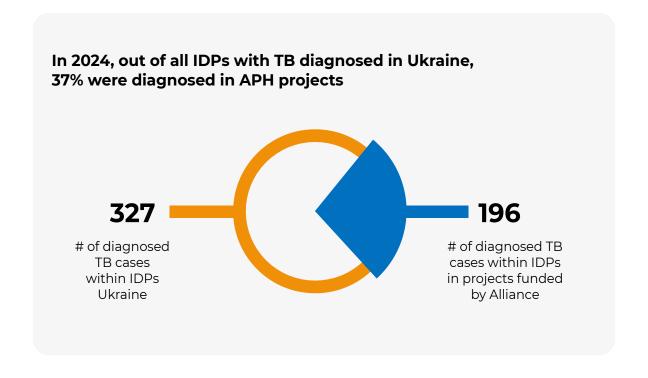


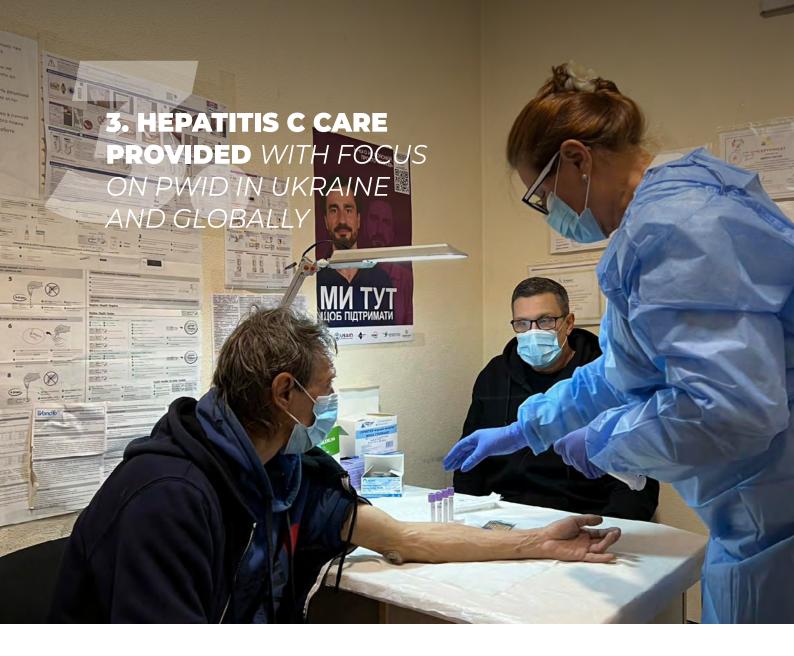
APH has built the largest communitybased TB case-finding system in Ukraine, expanding access to diagnosis to more than 1 million people over the past decade. These efforts have resulted in 9,339 TB cases detected, with 98% of all diagnosed clients initiating treatment — a level of linkage rarely achieved in highburden settings. Case detection among internally displaced people has increased sharply: in the first ten months of 2025 alone, 246 TB cases were detected — a 3.2-fold increase compared to 2023, reflecting the program's reach into populations most affected by the war. Since the beginning of 2023, APH has conducted mobile TB diagnostics among 32,487 military personnel.

In addition, APH has been implementing effective TB treatment-support programs. More than 40,000 people with drug-sensitive and drug-resistant TB have received comprehensive medical and psychosocial support, a

total of over 400,000 services. Treatment outcomes consistently exceed national averages, with ~90% success rate for drug-sensitive TB and 76% for drug-resistant TB. Even during the full-scale war — despite occupation, population displacement, destroyed infrastructure and disrupted care pathways — the program has maintained 82–87% success for treatment of drug-sensitive TB and 70–80% for treatment of drug-resistant TB, supporting over 13,000 patients in wartime alone.

Despite active hostilities in several implementation regions, the project rapidly adapted patient pathways, introduced remote counselling and crisis support, and ensured navigation and referral across facilities. This has enabled maintaining continuity of treatment and demonstrated the resilience of the medical-psychosocial support model as a critical tool in combating tuberculosis under crisis conditions.





Since 2015, Alliance has delivered integrated HCV treatment to 15,337 key-population clients on ART, OAT (Opioid Agonist Treatment), and anti-TB therapy, including 6,615 served during the war. APH introduced direct-acting antivirals in 2016, expanded the treatment to prisoners and TB patients, and implemented rapid diagnostics via rapid HCV test enabling treatment within an hour of diagnosis. We have decentralized care to 57 healthcare facilities (HCFs) across 16 oblasts with support from 14 NGOs and achieved 99% retention and 98% cure rate, complementing this with an NGO-led task-shifting cutting-edge initiative that has provided

on-site HCV care to HIV/HIV coinfected PUD with 100% cure rate.

APH has introduced a simplified hepatitis C diagnostics and treatment algorithm for people who use drugs. The UNITAID-funded program implemented jointly with Frontline AIDS is reaching PWID in community settings in Egypt, Kyrgyzstan and Nigeria, and will treat some 1300 persons, while APH will be providing technical support — becoming the model for PWID interventions on hepatitis C.



In March 2020, when the COVID-19 pandemic began and caused a critical deficit of personal protective equipment, APH was able to organize a delivery of 200,000 masks to support prevention programs during the period of highest demand. With the support of the Global Fund, APH installed oxygen concentrators at healthcare facilities of the Ministry of Defense of Ukraine. Throughout the entire pandemic response, APH continued procurement efforts and purchased a total of 24.5 mln units of personal protective equipment, valued at approximately 4.24 mln USD. In response to the COVID-19 pandemic, APH also ensured the continuity of services for key populations across EECA countries. In 2021-2022, over

200,000 rapid SARS-CoV-2 tests were procured for 10 countries. To minimize contact, contactless solutions were implemented: 13 vending machines for distributing COVID-19 and HIV prevention supplies were installed in Moldova and Montenegro, and a telemedicine mHealth platform online consultations supported in BiH. Crisis services were established for women using drugs and experiencing violence, as well as flexible shelters for LGBTQ+ people in 9 countries. Support combined test deliveries, digital solutions, lowthreshold services, and protective mechanisms for key populations, adapting HIV prevention to the pandemic.





APH was among the pioneers of the harm reduction approach in Ukraine and the region. It supported nationwide scale-up of needle and syringe programmes with annual reach exceeding 200,000 PWUD, introduced innovative outreach solutions. ensured universal availability of Naloxone — a lifesaving medicine that reverts opioid overdose. APH also introduced individualised online ordering and postal delivery of sterile syringes, and other harm reduction and HIV prevention and testing products. APH is tailoring harm reduction services to specific needs of various sub-groups of people who use drugs, developing medically assisted programmes for people who use stimulant drugs and new psychoactive substances, actively engaging younger PWUD, distributing drug checking reagents and collecting real-time operational data for further harm reduction developments.

APH was among the initiators of harm reduction programs development and expansion in East Africa and Asia. Back in 2011, with Dutch government funding and a Frontline AIDS-led project, it supported the initiation of the first needle-syringe program in Kenya, expanding it and supporting the transition to the Global Fund funding, with the program becoming a regional best practice.

The Harm Reduction Academy is a global training platform established by the Alliance for Public Health in 2016, bringing together expertise from Europe, Asia and Africa, and promotina Ukraine's best harm reduction practices worldwide. The Academy has trained over 100 specialists from 25 countries, includina community members. government officials and civil society leaders. In 2020, the Academy launched strategic partnerships with leading universities — Kyiv-Mohyla Academy in Ukraine and University of Malaya in Malaysia to — deliver academic modules and secure international accreditation. Today, the Academy remains a unique global hub for learning, experience exchange and skills development. strengthening harm reduction programs across the world.



APH has contributed to developing the largest EECA region OAT program in Ukraine, which continued to expand even during the challenging years of the war, and today covers more than 25,000 people. APH supported opening of the OAT sites in the penitentiary system — now operating in more than 40 prisons and detention centers — enabling access of hundreds of incarcerated people to this lifesaving treatment. Capacity building for the OAT community, together with large-scale

trainings for law enforcement officers (more than 5,000 trained), has helped to reduce stigma and discrimination toward people who use drugs.

APH was also the first in Ukraine to launch mobile OAT clinics, providing integrated services to more than 2,000 people across six regions. In addition, five 'Mother and Child Rooms' were opened at OAT sites — the first initiative of its kind — offering comprehensive, gender-sensitive support for women. As a result of these efforts, the national OAT program has shown remarkable progress: HIV prevalence among OAT clients decreased from 42% to 27.8%, and ART adherence among HIV-positive OAT patients increased from 58.3% to 98.1%.

APH funded psychosocial support for

OAT patients using Buvidal in Ukraine. APH is providing technical support for the introduction of long-acting depot buprenorphine in Egypt and Kyrgyzstan, aiming to reach 200 patients in 2025-26, and through study to provide data for WHO global recommendations for LMICs.





The war and associated humanitarian crisis have significantly worsened the mental health of Ukrainians with HIV, key populations, and severely affected vulnerable youth. APH utilises professional screening tools to identify and address mental health needs of affected people through psychological counselling, psychotherapeutic and psychiatric assistance. More than 25,000 young people and 7.000 people from Mental Health Challenges Addressed for Key Populations Including at War have accessed such services through APH digital platforms.

In September 2021, Alliance launched the intervention in three regions of Ukraine aimed at addressing depression issues in DR-TB patients. Medical professionals or social workers screen all DR-TB patients, with all patients referred who screen prositive referred to psychologists. In case of confirmed depression, treatment was administered based on severity. According to programmatic data concerning patients who were screened with PHQ2/9, as many as 499 out of 1389 had depression. Antidepressant therapy (Escitalopram or Duloxetine) was administered to 15 patients (3.1%), CBT to 122 patients (25.1%), and combined treatment to 349 patients (71.8%).

Mental health care of people with tuberculosis:



9. SHRH NEEDS ADDRESSED FOR THE MOST UNDERSERVED: KEY POPULATIONS, RESIDENTS OF FRONTLINE TERRITORIES, AND VULNERABLE YOUTH.

APH has launched the first-ever study in Ukraine to assess the acceptability and feasibility of using doxycycline for the prevention of bacterial STIs — syphilis, gonorrhea, and chlamydia — among MSM and transgender women with the aim of understanding how Doxy-PEP could work in the Ukrainian context, and how it might be integrated into national HIV/STI prevention practice and policy. The research was conducted among stakeholders across Kyiv, Lviv, Odesa, and national-level institutions.

Three gynecological mobile clinics were specifically designed to serve vulnerable women, including those involved in sex work, in frontline areas. By incorporating discreet and nonstigmatizing sexual and reproductive health services, such as HIV, HBV, STI testing, gynecological counseling, and treatment initiation (PrEP, ART), APH creates a low-threshold access point for care. The mobile clinics were launched in December 2024 and operate in Donetsk, Kharkiv, and Zaporizhia oblasts.

APH also delivers sexual health counselling and products to Key Populations and vulnerable young people through high-risk venue outreach and the digital platforms

Help24 and Drugstore. 37,474 young people have received sexual health-related counselling and products, and since 2018, more than 1.5 million Ukrainians have accessed SHRH information via APH web platforms and related social media channels.



APH is an official member of UHC2030, reinforcing its commitment to advancing Universal Health Coverage (UHC) and promoting equitable access to health services worldwide. Moreover, APH has been serving at CSEM (Civil Society Engagement Mechanism for UHC2030) nearly since its establishment, conducting advocacy and awareness-raising activities, contributing to policy discussions, and strengthening both national and international dialogue on UHC. In 2025, advocacy in Ukraine continues as part of the global #Health Costs Hurt

initiative, which highlights how excessive healthcare costs create barriers to access and push people into poverty. The Ukrainian campaign is adapted to local realities. including the war, economic instability, and the needs of the military, internally displaced persons, patients with chronic diseases, and those unable to afford treatment. The campaign is ongoing and focuses on collecting real-life video stories from Ukrainians whose access to care has been impeded by healthcare costs.





From its earliest days, APH has supported the voices, formation, and growth of communities affected by HIV and TB in Ukraine - ensuring their meaningful engagement in programming, decision-making, and monitoring of the quality of services. APH supported revolutionary change in the partnership between government, civil society and key communities. APH successfully advocated the inclusion of separate voting seats for the PWUD, SWs and MSM at Ukrainian Cabinet of Ministers' National Council on HIV and TB, which opened a new era of the community-led responses, and collaboration with all community constituencies remains core principle of our work today.

APH also directly supported the creation and institutional development of key communityled organizations which today act as national voices: VOLNa (the All-Ukrainian Association of People Who Use Drugs), VONA (the All-Ukrainian Association of Women Who Use Drugs), and Kohorta (a national organization representing the rights and needs of trans* people). These organizations were founded with

APH's support and now play a central role in policy dialogue, community-led monitoring, and protection of rights.

APH was the first in the country to begin systematic community-strengthening work among women who use drugs and trans*people. APH administered the first rights-focused projects, including the pioneering work of women paralegals supporting women who use drugs, long before these approaches became a national trend. APH also initiated the first paralegal work led by members of the trans* community, laying the foundation for the current national systems of community-led rights protection.

Since 2017, APH has also systematically strengthened regional and country networks of key populations as influential actors in HIV advocacy and response. Organisations such as ENPUD, EHRA, ECOM, EKPC, EWNA, REG and SEE RCN have received sustained support to advance community-led action, amplify regional and national voices, and drive policy change across Eastern Europe and Central Asia.



From the very beginning of its work, APH has regarded the protection of human rights as a fundamental pillar of an effective HIV, TB and hepatitis response. Ensuring dignity, safety, and equitable access to services for all affected communities has remained central throughout the organization's 25-year history.

Since 2019, Alliance for Public Health, in partnership with 125 civil society organizations and 214 REActors, has been implementing the REAct system for documenting and responding to human rights violations in Ukraine. In total, more than 14,000 cases of rights violations of key populations have been documented, and in 96% of cases clients have received essential legal and psychological support, as well as timely linkage to critical health services.

REAct has been implemented in 13 other EECA countries, having documented over 30,000 cases, serving as the largest CLM tool used to track human rights violations among key populations to support efforts to eliminate stigma and discrimination.

13. POLICY INITIATIVES RAISED FROM THE COMMUNITY TO THE HIGHEST POLITICAL

LEVEL IN UKRAINE AND EECA

Over the years, APH has built a strong and sustainable area of human rights-related activities that empowered key communities to defend their rights and influence national policies. APH established the first advocacy schools community activists. launched the national OAT Hotline that provides legal and crisis support, systematically responded and rights-violation to complex cases together with community paralegals. APH contributed to national law- and policy-making processes, helping to introduce progressive changes in HIV, TB, and harm-reduction regulations. The organisation delivered regular training programs for police, healthcare workers, and social services to reduce stigma and ensure a respectful attitude to PWUD, MSM, SWs, and trans* people. APH also ensured the visibility of community voices in public discussions and created practical tools — guidelines, informational materials and training modules — now independently used by the communities. Many of these mechanisms initiated by APH have evolved into community-led structures that continue to protect APH's rights nationwide with ongoing technical support.

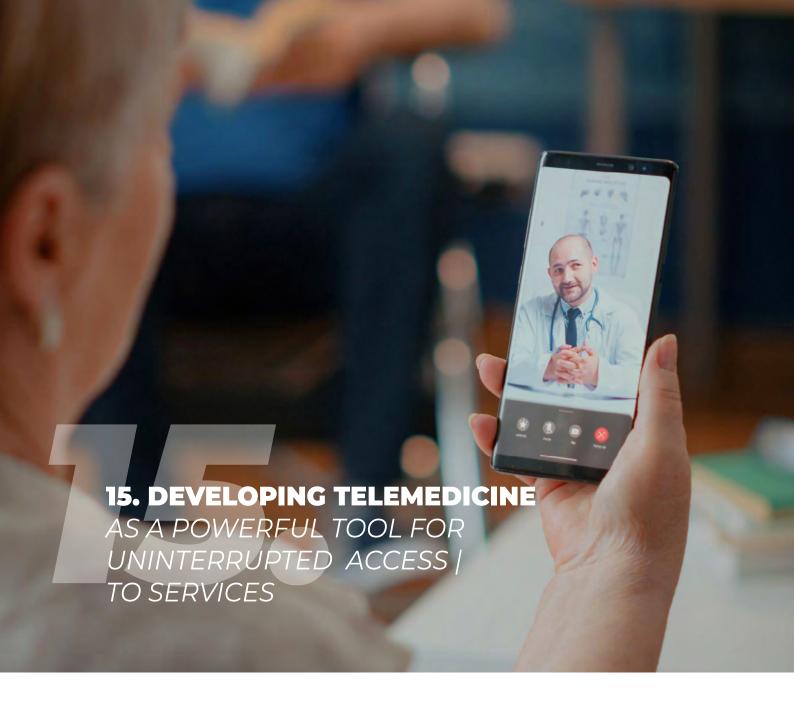
APH has supported the establishment of the Eastern and Central European and Central Asian Commission on Drug Policy



(ECECACD), promoting liberalized drug policies aligned with EU accession goals and supporting reforms in Kyrgyzstan, Kazakhstan. Moldova, Montenegro, and Ukraine. Since its institutionalization in 2021, the Commission has carried out high-level political visits, resulting in abolition of compulsory treatment in Kyrgyzstan, OAT in Kazakhstan, and development of new drug strategies in Ukraine and Moldova. The Commission also strengthens the region's voice on international platforms, including the Commission on Narcotic Drugs, through side events, advocacy, and key policy papers such as Guiding Principles Towards Effective and Humane Drug Policies and What is Harm Reduction? APH collaborates with the European Union Drug Agency, Public Health Centre of the Ministry of Health of Ukraine and other stakeholders on further development of the monitoring and early warning system on drugs and associated harms.

14. KEEPING DISEASE RESPONSES UP-TO-DATE THROUGH DIGITALISATION AND USE OF AI





APH utilises digital platforms to ensure continued access to essential services in the context of mass migration, a damaged healthcare system, and limited availability of qualified service providers.

APH has developed national telemedical standards for HIV care, created three field telemedical units in Kyiv, Dnipro, and Khmelnytsky, launched innovative telehealth platform Help24 (help24.org.ua) aligned with Ukraine's National Telemedicine Strategy to expand

access to HIV, STI, and mental health care for people living with or vulnerable to HIV infection. 39,000 people affected by HIV have registered on the platform and accessed telehealth services and many more accessed telehealth counselling without registration. 127,000 telehealth services have been provided since the beginning of the full-scale war. APH has also developed and field-tested an algorithm for fully remote initiation of PrEP.

16. RESEARCH AND PUBLICATIONS



For over two decades, the Alliance has built one of the strongest evidence-generation systems in the EECA region, consistently transforming data into action. Our research portfolio spans large-scale national studies, rapid crisis assessments, operational and behavioural research, and advanced data-driven tools that reshape programmatic responses in real time.

The Alliance was one of the first in the region to embed research into HIV, harm reduction, and public health programming. Since 2007, we have led multiple national IBBS rounds among PWID, SWs, and MSM, setting Ukraine's standards for data quality and methodology. Over time, our role expanded from implementation to providing methodological and technical leadership for the national IBBS system, which is now delivered by the Public Health Center of the MoH of Ukraine. We also pioneered key population size estimation in Ukraine and were the first in EECA region to successfully implement the Network Scale-Up Method (NSUM), contributing to the advancement of international methodology.

Beyond surveillance and size estimation, APH has designed and implemented over 100 operational and behavioural studies, including program evaluations, access and barrier assessments, costeffectiveness analyses, geographic service-availability mapping, mixed-methods research. Our teams are recognized for their ability to reach highly marginalized and hard-to-access populations through ethical communityengaged methodologies — even in the most challenging environments, from

political instability to a full-scale war. A vivid example of this approach is the first-ever PWID population concentration mapping, conducted in Ukraine in 2020. Implemented in close partnership with the PWID community, the study mobilized 162 peer volunteers across 12 cities, identified 1,001 unique PWID locations, and directly reached more than 23,000 members of the community – setting a new benchmark for community-led research in the country.

Since 2022, the Alliance has led the most comprehensive research response to the war's impact on HIV, harm reduction, and public health services in Ukraine. This includes the country's first national assessment of mental health needs among key populations, groundbreaking research on how the lack of identity documents blocks access to HIV and OAT services, and a cutting-edge GIS-based national analysis of service availability across all regions — now used nationally for planning and crisis response.

Our commitment to scientific excellence is demonstrated by publications in leading international peer-reviewed journals, including The Lancet HIV; The Lancet Regional Health – Europe; Journal of the International AIDS Society (JIAS); Addiction; Harm Reduction Journal; PLOS ONE; AIDS and Behavior; International Journal of Drug Policy; BMC Public Health / BMC Infectious Diseases.

Today, the Alliance is a trusted research partner for governments, donors, and global health organizations.

Read more: https://hivdata.org.ua



At the beginning of HIV treatment programs in Ukraine, the costs of ART medicines in Ukraine were unreasonably high, and the governmental procurement process was inefficient and non-transparent. In 2004, APH procured some ARVs with the Global Fund resources, paying 27 times (!) less than government did for the same medications. APH set a clear example of transparent procurement, which led to a reduction in ARV prices and the introduction of generics, thereby increasing access to lifesaving medications.

Total savings on ARV procurement in EECA countries (Belarus, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Tajikistan, Ukraine, Uzbekistan) during 2019-2021, resulting from APH-supported advocacy and negotiations with pharmaceutical companies, as well as from introduction of generics. exceeded

15 mln USD. The average treatment cost per patient in the region decreased from 264 USD in 2018 to 190 USD in 2021.

APH was a pioneer in introducing hepatitis C treatment with direct-acting antivirals (DAAs). Following the introduction of Sofosbuvir, the first branded DAA, which could cure patients within 3 months, the major barrier to access was the price: 86,000 USD per treatment course. APH managed to procure DAAs at just 1% of the US price — 900 USD per course (300 USD per pack). This enabled the supply of generic drugs to the market, further reducing the price to 75 USD in Ukraine starting in 2019. In 2024, APH secured the price for Sofobuvir/Daclatsvir for patients in Nigeria at 64.44 USD per treatment course. APH established a price benchmark for Ukraine, which was later used by the Ministry of Health for large-scale procurement.

18. GLOBAL ADVOCACY FOR HIV AND TB FUNDING SECURED MILLIONS IN ADDITIONAL FUNDING

Gen

The European Commission's support to the Global Fund to Fight AIDS, Tuberculosis and Malaria

BETTER

FUTURES

We. 251 common y and civil society organizations from all over the world, write to express our deep graftude for the European Commission's decodes/ring leadership in the Eight to end http://wbarcubsis, and molaria. You rolle in co-founding the Global Fund - and in stoping it into life is stong, effective institution it is today - is profoundly oppreciated. We have not forgotten how, firse years ago, as CCVID-19 Repared to revenue hard-won gain, he European how, firse years ago, as CCVID-19 and the stoping the stoping that is to the stoping of the stoping

Since its inception, the Global Fund has soved over 6.5 million lives. Behind this number are or friends, family members, and colleagues. Through its continued investment in the Global Fund, the European Commission invests in thriving, realisert communities. It enables people to Ive without the constant floor of preventible diseases. Children can stay in school, young people can be change-makers, and adults can work, innovate, and continue to stable, prosperous

There are just some of the reasons we advocate for a fully funded Global Fund. Its involves ensured access to critical prevention and treatment interventions including in wall places, the DBC or Utraine. Its stong commitment to gender equality and hunder rathulped ensure that people who might otherwise be excluded from healthcare can accessive gardines.

Drawing on 25 years of experience in Ukraine and the EECA region, the Alliance has actively mobilized efforts to secure and sustain funding for lifesaving HIV and TB programs, even amid global shrinking of civil society space and program budgets. APH has strengthened its role as a trusted regional international advocate, influencing donor priorities, policy decisions, and global

funding allocations, ensuring continued support for critical prevention, treatment, and care initiatives.

DEAR EUROPEAN COMMISSION. PLEASE PLEDGE 715



APH has engaged with over 60 countries globally to support the sharing of best practices on HIV, TB and hepatitis response. Through the GF-funded EECA technical support platform, regional grants, technical support hub, practice center, and the Harm Reduction Academy, we made a difference in many countries. In 2011, with Frontline AIDS and Dutch government funding, we initiated the first needle-syringe programs on Kenya's east coast, where heroin trafficking had fueled drug use,

needle sharing, and rapid HIV spread. This harm reduction work later transitioned to Global Fund financing and scaled nationally, and is now considered a regional best practice. We launched a UNITAID-funded hepatitis C project with Frontline AIDS to procure long-acting depot buprenorphine for Egypt and Kyrgyzstan, and have created a simplified community-based hepatitis C testing and treatment model implemented in Egypt, Nigeria, and Kyrgyzstan.





During the war, APH, together with regional partners, quickly launched a large humanitarian program across all regions of Ukraine. This program included the distribution of humanitarian including multipurpose assistance based on the 'Assess and Assist' approach, psychosocial, medical legal counselling, and navigation and referrals, supporting evacuations and resettlement to safer areas, and improvements in shelters. Through 923 small and medium-sized grants, the Alliance reached people affected by the war, as well as key populations impacted by HIV and TB. About 1,000,000 people

have received lifesaving support — equal to the population of cities like Brussels or Copenhagen, or a country such as Cyprus. These are real lives saved, real families protected, real hope restored.

During the war, the APH team delivered over 2,000 tons of humanitarian and medical supplies to more than 200 healthcare facilities across Ukraine, including deoccupied areas in Kherson, Kharkiv, Kyiv, Sumy, and Chernihiv oblasts. This volume is comparable to that provided by international health and humanitarian organizations.



Watch the video "Dmytro and Yulia Face the Frontlines of War to Deliver Lifesaving Care in Ukraine".



APH operates a fleet of more than 60 mobile clinics across Ukraine. During the war, these mobile services have accounted for detecting approximately 40% of all new HIV cases nationwide.

Since December 2022, twenty specially equipped Mobile Treatment Clinics have delivered primary healthcare, humanitarian support, and mobile dental and gynecological services to over 28,000 people in 434 hard-to-reach frontline locations — villages and small towns across Donetsk, Dnipropetrovsk, Kharkiv, Kherson, Mykolaiv, and Zaporizhzhia oblasts.

The mobile clinics combine medical, diagnostic, and protection services, ensuring that people living in or near active conflict zones receive uninterrupted support.

Core services provided by APH mobile clinics include:

- Primary healthcare and basic diagnostics
- HIV and TB testing with linkage to treatment
- Mental health support
- Sexual and reproductive health services
- Dental care (via specialized mobile units)
- Humanitarian assistance and referrals to protection services

The mobile clinic model ensures continuity of care, especially for people who cannot reach health facilities due to hostilities, destroyed infrastructure, or displacement. It remains one of APH's most effective wartime innovations for safeguarding access to essential healthcare.







Together with the Ministry of Education and Science, the World Health Organization Office in Ukraine, as well as the partners — The Plenipotentiary Advisor to the President of Ukraine on Accessibility; deputies of the Verkhovna Rada of Ukraine; Blind Veterans UK; Educational and Rehabilitation Center "Levenya" (Lviv); Public Union "All-Ukrainian League of Organizations of People with Visual Impairments "Modern View"; and NGO "Trinity Hub" — APH has developed a training and adaptation program and conducted sessions for 27 veterans and a civilian woman with complete sight loss, and

accompanying persons. development of basic services for training people with sight loss and a tool for costing these services formed the basis of the Ministry of Veterans Affairs' pilot project on state funding of services for veterans with sight loss, already being successfully implemented in Ukraine. Given the lack of necessary modern training manuals for training specialists, together with the project experts, two unique methodological were recommendations developed: one on spatial orientation and another — a "Psychological Guide" — for multidisciplinary teams.



The Alliance has ensured HIV prevention and treatment across borders, even amid conflict. Through HelpNOW, an online navigation service for Ukrainians living with HIV and key populations fleeing the war, over 50,000 cases were connected and supported in 50

countries during 18 months in 2022-23. APH also facilitated the establishment of remote diagnostics and treatment for HIV, TB, hepatitis, and hormone therapy for Ukrainian migrants throughout the EECA region.



During the war, children and adolescents in Ukraine have become one of the most vulnerable groups—exposed to violence, displacement, loss, and overwhelming stress. These experiences disrupt their development, affect mental health, and undermine their sense of safety and stability.

Over the past years, and especially during the full-scale invasion, APH has

provided support to 70,323 children and adolescents across Ukraine. Through psychosocial services, protection activities, provision of essential supplies, and safe spaces, we help children regain stability, cope with trauma, and continue their path to recovery.

For 25 years, supporting those most at risk — especially children — has remained a core commitment of APH.







Read the Our Regional Report:



ACKNOWLEDGMENT

OF OUR PARTNERS & SUPPORTERS

Ukraine's resilience has been possible thanks to the unwavering support of government institutions, international organizations, donors, and humanitarian agencies.

Alliance for Public Health expresses admiration and appreciation of the incredible work of all our partners, Network 100% Life, Public Health Center, Ministry of Health of Ukraine, all implementing partners, community and civil society networks, NGO staff and social workers, doctors and nurses! You are amazing! We have achieved these results together!

We express sincere gratitude for the critical support from our donors. Your funding is essential for sustaining the HIV and TB response in EECA countries and in Ukraine, as well as for addressing emerging needs caused by the war. BIG THANKS to The Global Fund, US Government and PEPFAR, SIDA, CDC, USAID, Deloitte Consultancy, IREX, Initiative France, UNITAID, Frontline AIDS, Christian Aid, Disasters Emergency

Committee (DEC), Act Church of Sweden (Svenska kyrkan), Irish Emergency Alliance, International AIDS Society, Stop TB Partnership, UNOPS, UK Government (FCDO), WHO, UNAIDS, FIND, EATG, Aidsfonds. Ukrainian Humanitarian Fund / Office For The Coordination of Humanitarian Affairs (OCHA), International Renaissance Foundation, The Foundation to Promote Open Society, Elton John AIDS Foundation (EJAF), Deutsche Gesellschaft Internationale für Zusammenarbeit GmbH, Gilead, Payoneer, NIDA, (GIZ) Yale University, Boston Medical Center Corporation, Noaks Ark Association, The University of Bristol, Wellcome Trust, University of California, to all other donors and individuals provided private donations! Your support saves lives!

We also express **immense gratitude to the Ukrainian Army**, defending not only Ukraine but also the fundamental principles of **peace**, **freedom**, **sovereignty**, **and dignity**.

THE ROAD AHEAD: REBUILDING UKRAINE

Ukraine's fight is not over yet. The war has inflicted immense damage, but our determination to rebuild is stronger than ever.

Together, we stand strong for Ukraine's resilience and a just peace.





