

SITUATIONAL REPORT as of 10.06.2022

Responding to challenges caused
by the Russian invasion of Ukraine



VIRAL HEPATITIS C



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SUMMARY

Alliance' community based program of Hepatitis C treatment, originally initiated in 2015, was seriously influenced by war realities. The vital efforts were made by APH to promptly adjust the program reflecting realities of movement of the patients within Ukraine and abroad.

- ✓ Over 230 internally displaced patients continue receiving their hepatitis C treatment either at new treatment sites or through individual shipments of medicines and continue being remotely supervised by their doctors and social workers.
- ✓ Within 100 days of the war, 300 new patients — PWID with HIV/HCV and TB/HCV co-infections — have been granted access to Hepatitis C comprehensive package of services.

THE WAR'S IMPACT - HEPATITIS C DIAGNOSTIC AND TREATMENT AMONG PEOPLE, LIVING WITH HIV AND PEOPLE WITH TB IS AT RISK IN MOST REGIONS

- ⚠ Since the beginning of the war, as May 1st, enrollment of patients decreased **2.2** times (only 190 persons recruited) compared to the same period of 2021, when treatment had started 410 patients.
- ⚠ Enrollment of patients has been stopped in program health care facilities (HCFs) of Donetsk (Mariupol and Sloviansk), Mykolaiv, Kherson and Chernihiv oblasts. There are no direct-acting antivirals (DAAs) left in program HCFs of five oblasts and at Hromashevskiy Institute for Epidemiology and Infectious Diseases.
- ⚠ Program HCFs in six oblasts have only limited access to treatment courses.
- ⚠ More than 60% of patients from the waiting lists have migrated to safer areas or abroad.



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ACTIVITIES, AIMED ON SAVING THE ACCESS TO HCV-INFECTION TREATMENT

- ✓ In early March procured by APH DAAs and reagents for HCV laboratory diagnosis were urgently distributed to the regions of the most refugees displacement, which helped to resolve the problem of treatment interruptions and suspended recruitment.
 - IDP patients on HCV treatment, who moved to Lviv and Khmelnytskyi regions were able to continue treatment, new IDP patients has already started HCV diagnosis there.
 - In Kriviy Rih city of Dnipropetrovsk region enrollment increased 3.2 times: from 10 (before the war) to 32.
 - In other part of Dnipropetrovsk region number of patients increased 1.6 times: from 28 (before the war) to 44.
 - In Zhytomyr region HCV diagnosing started, enrollment of new patients is starting in May 2022.
- ✓ Contacts with patients are re-establishing. Despite the fact that we initially lost contact with 60% of those who were waiting for HCV diagnosing and treatment, we are reconnecting with growing number of patients.
 - Out of 27 patients from Mariupol, who started the treatment up in January and February 2022 and were lost to follow-up, 2 patients completed treatment course and are waiting for the date of treatment evaluation diagnosing in Lviv.
 - Over 230 patients who moved from their permanent locations as IDPs to safer areas, continue receiving their treatment either in new treatment sites, or through individual shipment of the DAA medicines through Nova Poshta mail service, and continue being distantly supervised by their doctors and social workers.
- ✓ Alliance urgently purchases rapid HCV screening tests and DAAs for the regions with the highest patient migration.
- ✓ Ukrainian largest children hospital OHMATDYT received from APH diagnostic reagents for Gene-Xpert and for the first time ever started HCV diagnosing in its own laboratory.
- ✓ Assistance to Hepatitis C patients who flee abroad as war refugees is provided by Alliance through its new service, **#HELPhnow**, which helps people to continue treatment in Poland, Check Republic, Lithuania, Moldova and Germany.

The **work continues** – no less than 200 new patients with HIV/HCV and TB/HCV co-infection have been put on treatment since the start of hostilities. 150 patients who began therapy in January 2022 have successfully completed a full course of treatment during the war and are waiting for the treatment control date.

ACTIVITIES BEFORE THE WAR

"Hepatitis C virus microelimination among HIV/HCV and HIV/TB co-infected patients from key populations (comprehensive package of services)"

project implemented since 2021 under the current program of the Global Fund aims to ensure sustainability of the program enabling access to community based HepC treatment for patients from KPs. As of late 2021, since the beginning of program in 2016, treatment was received by 8,382 patients. Since 2021, the program has been implemented in partnership with the government of Ukraine: DAAs have been procured at the expense of the state budget and distributed by the Public Health Center of the Ministry of Health; reagents for HCV laboratory diagnosing were procured by the Alliance for Public Health and supplied directly to health care facilities.

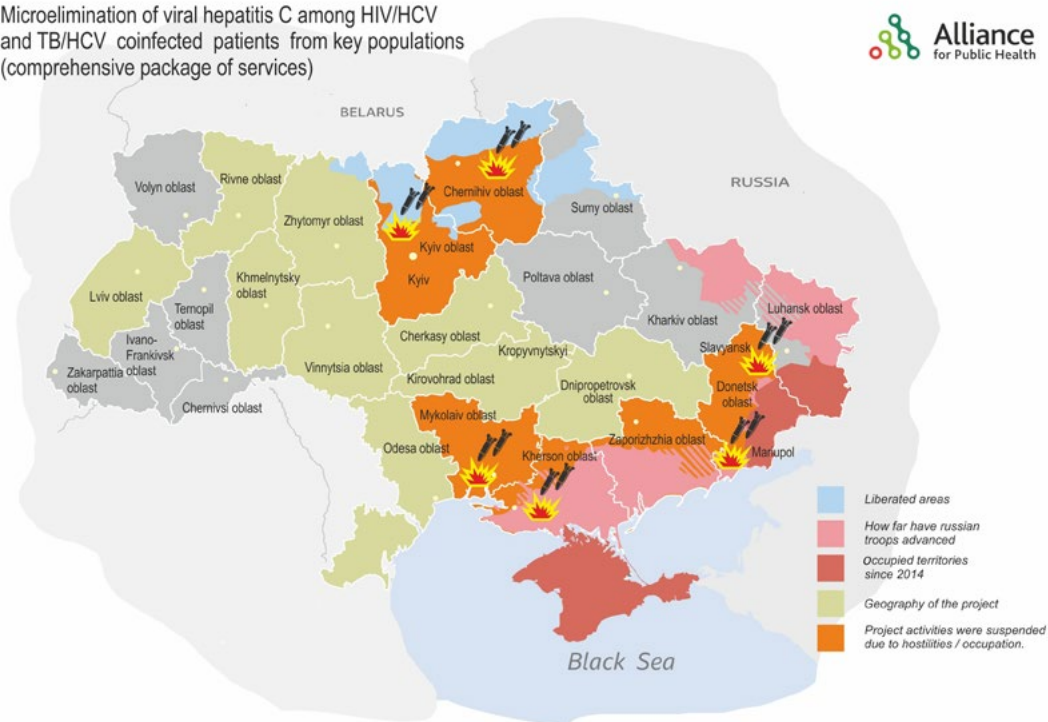
The project is implemented in 16 regions of Ukraine (Vinnytsia, Dnipropetrovsk, Donetsk, Zhytomyr, Zaporizhzhia, Kirovohrad, Kyiv, Lviv, Mykolaiv, Odesa, Rivne, Kherson, Khmelnytskyi, Cherkasy, Chernihiv oblasts and the city of Kyiv). Referring, diagnosing and case management (social support of patients) in the regions was provided by 14 non-governmental organizations and four case managers directly contracted by the Alliance for Public Health. HepC treatment was performed by 27 healthcare facilities. One of the most important components of social support of patients was educational work to raise awareness of hepatitis C virus and its transmission routes, and basics of safe behavior.

PROJECT IMPLEMENTATION CHALLENGES

The main challenge is irregularity and interruptions in supply of DAAs, which have often been received with very limited shelf life and in incomplete schemes; there has also been a shortage of rapid tests for HCV screening. In 2022, **530** patients are continuing treatment started in 2021 and continue receiving social support. **281** patients appeared for final diagnosis in January–March 2022. **Most NGOs did not enroll new patients because of the shortage of DAAs at healthcare facilities.**

ACTIVITIES AFTER THE START OF THE WAR

Microelimination of viral hepatitis C among HIV/HCV and TB/HCV coinfecting patients from key populations (comprehensive package of services)



Region	Patients enrolled in pre-war period (01.01.22–23.02.22)	Patients enrolled during wartime (24.02.22–30.04.22)	Total
Vinnytsia oblast	8	6	14
Dnipropetrovsk oblast	28	44	72
Zhytomyr oblast	3	0	3
Zaporizhzhia oblast	21	9	30
Hromashevskiy Institute for Epidemiology and Infectious Diseases	20	9	29
Kyiv oblast	21	0	21
Kirovohrad oblast	3	2	5
Sloviansk, Donetsk oblast	0	0	0
Kyiv city, Clinical Hospital no. 5	22	0	22
Kryvyi Rih, Dnipropetrovsk oblast	10	32	42
Mariupol, Donetsk oblast	27	0	27
Mykolaiv oblast	8	7	15
Odesa oblast	51	35	86
Rivne oblast	7	14	21
Cherkasy oblast	17	32	49
Chernihiv oblast	1	0	1
Total	247	190	437



HCV MICROELIMINATION AMONG HIV AND TB COINFECTED PATIENTS FROM KPS IS AT RISK IN MOST REGIONS

As of the end of April:



There are no DAAs in Cherhiiv, Zhytomyr, Lviv, Khmelnytskyi, Kyiv, Kherson, Donetsk oblast and at Hromashivskyi Institute. Cooperation between the Alliance and Public Health Center of the Ministry of Health of Ukraine on redistribution of medicines between health care facilities of different regions established in 2021 was temporarily suspended; it was re-activated only on April 22.



There is **limited access** to treatment courses in Dnipropetrovsk, Kirovohrad, Mykolaiv, Rivne, Vinnytsia oblasts.



NGOs in Cherkasy, Zaporizhzhia, Odesa, Rivne, Kyiv, Zhytomyr, and Lviv oblasts are **operating as usual**.



There is **no access to screening**, diagnosing or treatment HepC in Donetsk, (Mariupol, Sloviansk), Kherson and Chernihiv oblasts.



Work is gradually resuming in Kyiv and Mykolaiv oblasts; in Chernihiv oblast, social workers try to keep in touch with health care facilities.

SUCCESS STORY:

Odesa

Oleksandr* was referred to an infectious disease doctor for prescription of HepC treatment. During the conversation, it turned out that the client is serving with the military. A laboratory test confirmed HCV-infection, and treatment started on 21.02.2022, but on 24.02.2022 the war started.

Three weeks later Oleksandr called to say he could not come in person to get the next package of medicines as he was with his unit in an area of active fighting. The situation was complicated by the fact that post offices were not working there. Oleksandr also moved from place to place together with his unit. The client was counseled by phone, and a second session HCV re-infection prevention re-infection was conducted.

After the phone call, project personnel started considering how to deliver the medicines to the client. Beside their sense of professional duty, social workers were motivated by their civic duty, as Oleksandr was defending their country, and everyone in the organization was determined to help him. Since sending by post was not an option, project staff decided to find volunteers delivering cargoes to military units. A few days later they found such people who were planning a trip to the place where Oleksandr was stationed. The necessary medicines were delivered, and treatment interruption was avoided. Currently the client is in good health, and project employees keep in touch with him.

**patient's name has been changed*

Kherson oblast

In 2016, Kherson oblast was among the first to start HCV treatment among key populations. Since the beginning of 2022, the oblast had no DAAs and worked only with those patients who were continuing their treatment from 2021.

Since the very beginning of the war, Kherson was cut off from external logistics, as the city and oblast were blocked, controlled and shelled by the occupants. Thanks to the truly heroic efforts of social workers, ten people who inject drugs and five tuberculosis patients in Kherson oblast have successfully completed HepC treatment. At present, Kherson has no access to diagnostic means and medicines to enroll new clients.

Quote from the manager: 'The situation in the city is getting worse. There is a lot of uncertainty here, and we feel growing pressure. Clients are unwilling to move around inside the city. When I keep reminding them to go to take tests, I see they do not understand why they need it. And I do not want to go there myself either, it's true. Sometimes [russian forces] may let a whole bus pass without checking, other times they get on the bus and start checking passports and bags... It is really scary. In addition to this constant fear, we have problems with medicines, food, money, cash — everything. I have a few clients who cannot walk, and I bring them the medicines. Today

(15.04.2022), I had to walk to such a client across the whole city to avoid checkpoints, because there is no guarantee that the soldiers will not take anything they like for themselves.

So far, thank God, we still have electricity, but the situation with cash and medicines is bad. And it is psychologically difficult. I wish everything could be as it once was here. The uncertainty is really depressing; we hear shooting around the city in the evening. At night, we hear shelling. We pray and hope that all will end well, what else can we do? We believe that the victory will be ours, that is for sure, we have no doubts. The only question is what its price will be.'

Since the beginning of the war, even in those few areas where DAAs are accessible, patients cannot get to hospitals because of checkpoints, and lack of fuel or transport. Laboratories at healthcare facilities as well as private laboratories have stopped routine HepC diagnosing. **More than 60% of NGOs` clients — possible patients — have migrated to safer areas or abroad.**

In order to minimize the number of cases of treatment interruption during the war, APH has agreed with the Global Fund on fast **reformatting** of the main activities under HCV Microelimination among HIV and TB co-infected patients from KPs line of work. This includes:

- ❶ using subgrant funds to pay for services of laboratories working in certain locations;
- ❷ compensating fares for patients, social workers and health personnel travelling to healthcare facilities;
- ❸ sending medicines by post;
- ❹ providing food packages and hygienic goods.



IN THOSE FEW AREAS
WHERE THE DAAs
ARE ACCESSIBLE,
**PATIENTS CANNOT GET
TO HOSPITALS**

ENROLLING PATIENTS AND TREATMENT

In the period from January to April 2022, **437** new patients have been placed on treatment and social support (including nine with TB/HCV co-infection who receive ART); **190** of them were enrolled after the invasion started. As of April 1, 2022, **145** patients enrolled in 2022 have already completed their treatment. **24** patients with tuberculosis, who started treatment in 2021 have completed it during the war.

In total, 500 patients who started the treatment in 2021 have continued it in 2022 and completed the course. A total 281 patients have come for assessment of the effectiveness of the treatment. **Thus, more than 97%**

of patients of the 2021 cohort have been cured, and the retention rate is 99%.

27 patients from **Mariupol** who started the treatment in January and February 2022 cannot be contacted. Unfortunately, as they had a limited number of treatment courses, healthcare facilities gave only a month-long supply of the medicines to these patients.



STORIES FROM DIFFERENT REGIONS

NGO Istok, Mariupol

For 2022, Alliance close partners NGO "Istok", in co-operation with Mariupol AIDS Center, set an ambitious target to enroll 150 patients on HCV treatment.

As of 21 March 2022, **27** new patients from were enrolled; all the clients were able only to begin the treatment. The enrollment went on until the very last day (**seven** patients were enrolled in early March) with the hope that missile strikes would end. Because of DAAs shortage, patients were given only a month-long supply of the medicines, because it was planned to re-distribute treatment courses from other oblasts according to the practice established in 2021.

At the beginning of March, the aggression escalated and the gradual, total disruption of Mariupol started. The manager and two social workers were able to leave the city and are now safe. In early March, the manager and an infectious disease doctor saved the medicines by moving them to a safe (at the time) place, and issued ARVs and DAAs to patients.

All contacts with the 27 Mariupol patients who had started hepatitis C virus treatment has been lost, and patients' contact data have been deleted for security reasons; their fate remains unknown.

Kyrylo, hepatitis C virus treatment manager, quote: "Now, we have no contact with the patients, because we deleted everything from our phones during the evacuation. We took no documents, and we still have no contact with the doctor who worked on the project. Back in Mariupol, on March 2, she called me to ask me to remove ARVs from the building of the AIDS Center. As we could not find a driver, I took my car and together with the doctor and our social worker we took everything away and organized ARV and DAAs handover at our homes, as we lived in different districts of the city. We still had time to disseminate information about where people could get the therapy on local public pages and in Telegram and Viber channels. When we transported the medicines, we drove under shelling; the Russian army had not yet entered the city, but there were already fights on the Left Bank where the AIDS Center was located. We unloaded all the medicines that were in the warehouse and loaded our car full; it was just then that a shell exploded nearby. Fortunately, none of us was hurt. It looks really terrible when you drive past smashed gas stations, abandoned cars, buses, destroyed houses, but you simply must go on. We did it.

With regard to the HepC treatment component, the AIDS Center provided a month-long supply of the medicines. The reason was that we waited a long time for drugs from Sloviansk to be redistributed, but they never were. They should have been, as far as I know, in late February or early March; if the drugs had reached our AIDS Center, we would have been able to provide the medicines for a longer term, for the whole course of treatment. It's just as well, the dispensary group on the waiting list was larger than the number of available schemes at the healthcare facility, and we had to enroll people on the program based on the amount of the drugs available at the health care facilities. Now, we have no access to information or to the doctor, and we cannot even find out who has left and who has stayed..."

According to statistics from previous years, about **20%** of patients in key groups getting HCV-infection treatment also receive OST. Social workers draw attention to the fact that, because the situation with **OST** program and patients' access to methadone has got worse, these **patients now have serious problems with adherence to HepC treatment**. However, since February 24, 2022, thanks to the work of social workers, **51** patients came for final assessment to control the effectiveness of the treatment.

Social workers of local NGOs have not abandoned their clients, and provide remote or in-person psychological aid and support to patients receiving treatment; they track daily administration of the drugs and inform them about prevention of HCV re-infection, and keep encouraging health care facilities to issue medicines for the whole period of treatment.

MEDICINES AND RAPID TESTS

The strategic issue regarding **procurement of RDTs and DAAs** by Alliance has been agreed upon with the Global Fund. Currently, procurement procedures are underway. At the end of April, a new batch of reagents purchased by the Alliance for laboratories of healthcare facilities that perform using GeneXpert. Distribution is underway and delivery to the laboratories of healthcare facilities in the regions is planned.

Enrollment of patients is going slowly in Vinnytsia, Dnipropetrovsk, Zaporizhzhia, Rivne, Kyiv oblast and the city of Kyiv. Due to the lack of treatment courses,

patients in Zhytomyr, Lviv and Khmelnytsky regions cannot recruit. Recently, health care facilities of Zhytomyr, Kirovohrad, Lviv, and Khmelnytskyi oblasts and Kryvyi Rih city (in Dnipropetrovsk oblast) have received treatment courses that were procured by Alliance for temporarily uncontrolled Luhansk oblast in early 2022. Thanks to quick and dedicated work by Alliance Procurement and Supply Management Department **laboratory reagents for HCV diagnosis "PCR. RNA HCV" were saved from a warehouse** near Kyiv when the war started: these were cartridges for GeneXpert that were then distributed and delivered to health care facilities labs in different regions.

Healthcare facility	Distributed treatment courses	Distributed cartridges
Lviv	35	50
Vinnytsia Oblast	15	20
Dnipropetrovsk oblast	25	0
Khmelnytskyi Oblast	20	20
Zhytomyr Oblast	40	80
OKHMATDYT children's hospital	0	50

It was during the war that, **thanks to the Alliance, OKHMATDYT hospital started HCV diagnosing**. The cartridges were delivered to their laboratory in the personal car of Alliance staff member.

In addition to the above, health care facility in Dnipropetrovsk oblast received vacutainers for storing and transporting blood samples for laboratory HCV laboratory diagnostics.

In early May, the Public Health Center of the Ministry of Health of Ukraine reported that the drug sofosbuvir, which has been lacking in the regions since September 2021 for full treatment regimens, was delivered to Dnipropetrovsk, Zaporizhzhia, Cherkasy oblast and in very limited quantities to Kirovohrad and Khmelnytsky oblast.

ACTIVITIES IN DIFFERENT REGIONS

DONETSK OBLAST (Sloviansk):

Donetsk Oblast AIDS Center, where HepC treatment was provided, was still working in early March 2022, clients were receiving drugs and care, but no examinations or tests were done except for emergency cases. After the start of the fighting, **the organization started working online.**

All patients who started treatment at the end of 2021 have completed it and there are only 24 persons requiring final diagnosis to assess the effectiveness of the treatment. Because of the lack of treatment courses, no patients started the treatment in 2022. After the escalation of the situation in Donetsk oblast, the project team was forced to leave; they are now in a safe place. **Communication is maintained with clients who only need to take the final assessment.** *'All our clients receive psychological support; we help and share information on evacuation, addresses of centers for refugees, procedures for registration of IDPs in other regions, and how and where they can receive medical aid. We calm them all down and hope for the best in the nearest future,'* says Iryna*, the line manager.

** name has been changed*

CHERNIHIV OBLAST: Charitable organization Chernihiv Chapter of the All-Ukrainian Network of People Living with HIV/AIDS:

At the beginning of the war, social workers have been dispensing drugs to patients during shelling and air raids, even at risk to their lives. All doctors of the AIDS Center evacuated, but employees of the organization were able to take the remaining medicines home. Now, they are discussing restarting work. New patients are not being enrolled yet, and laboratories do not perform the necessary tests. The oblast has no DAAs, the doctor who used to provide the treatment is absent.

MYKOLAIV OBLAST:

Patients enrolled in 2021 have completed the antiviral treatment in 2022, some of them after the war started, and half of them were waiting for the date of the final diagnosis to assess effectiveness of the treatment. Eight new patients were enrolled at the beginning of the year, and received medicines for a whole course of treatment. Unfortunately, the laboratory has stopped working, health professionals have left the city and the services of the private laboratory contracted by the Alliance are unavailable. The suspended implementation of the project began to gradually resume, despite fighting in the region, lack of water supply and electricity in early May. 7 patients already started the treatment.



The social worker advises the patient on possible side effects, regularity of medication and the necessary safe behavior. Zaporizhzhia

ZAPORIZHZHIA OBLAST: Charitable organization 100% Life. Zaporizhzhia

Despite the war, social support of patients treating HCV-infection is still provided, adherence to treatment is ensured, and patients are educated on prevention of HCV re-infection. As part of the oblast is now under occupation, the NGO is forced to work only with residents of Zaporizhzhia, because of safety concerns. The medicines are delivered to the homes of some clients who cannot reach a healthcare facility, in order to avoid therapy interruption. Zaporizhzhia oblast is among the few regions that **still have some stocks of DAAs.** In 2022, a comprehensive package of services is being provided to 30 patients, including 9 who started the treatment after February 24. All patients who started treatment in late 2021 have completed a full course of antiviral therapy. In early May, the region received the drug sofosbuvir, which since September 2021 was lacking in the region for the appointment of full treatment regimens.

KYIV CITY AND KYIV OBLAST: Charitable organization 100% Life. Kyiv Region:

Fighting in Kyiv oblast and the partial blockade of the city of Kyiv led to **significant slowing down** of enrollment of patients. Compared to the same period in 2021, HepC diagnosing and recruitment of patients in the social support program has **decreased by 40%**, from 63 to 38 patients. All the patients receiving social support during HepC treatment are people who inject drugs and their partners. From February 24–28, 2022, **six** persons started the treatment. In March no patients were enrolled because of the difficult military situation. The work of the department for treatment of HIV and viral hepatitis of Kyiv Dermatovenerological Dispensary was suspended. All the drugs reserved for patients have been transferred for storage and dispensing to the polyclinic HIV department of Kyiv City Clinical Hospital no. 5.

Bila Tserkva, Vasylykiv, Boyarka, Vyshhorod, and Boryspil had sufficient drugs for the whole period of treatment. At Kyiv City Clinical Hospital no. 5, DAAs were dispensed together with ARVs. All social workers provide counseling and psychological support to patients seven days a week.

Currently, **the situation in Kyiv oblast and the city of Kyiv remains difficult**. Despite the end of hostilities and liberation of all settlements, **patients from Vyshhorod, Bucha and Brovary rayons cannot be engaged because of the very high percentage of evacuated people**. Doctors have not yet returned to trust or infectious disease offices in hospitals. Laboratories have not yet resumed work.

Kyiv Oblast Dermatovenerological Dispensary (former AIDS Center) is gradually returning to work, already admitting patients and providing ART, but **there were no DAAs** as of 01.05.2022. Kyiv City Clinical Hospital no. 5 continues working; limited treatment courses can be prescribed only to patients with the 1st and the 4th HCV genotypes, which requires diagnostic tests that are expensive for patients and not currently available at laboratories. NGO plans to include healthcare facilities of Pereyaslav and Fastiv in the project and reach rehabilitation centers that have continued working in Boryspil rayon, but, as of the end of April, **there are no treatment courses**.

PERSONAL STORIES

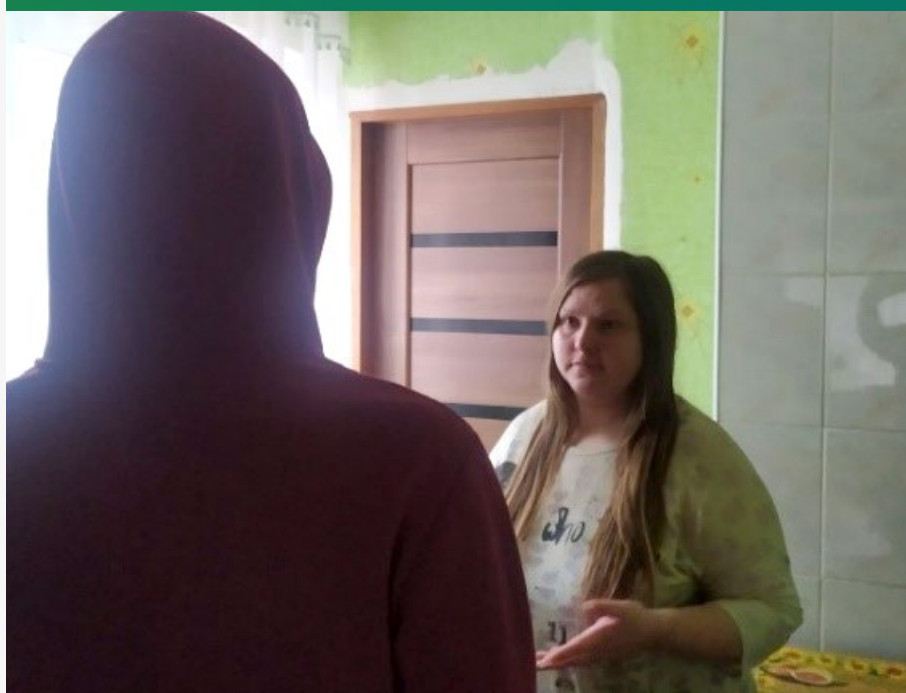
Patient:

Iryna* is a sex worker and single mother. She used to live on the northern outskirts of Kyiv. After unprotected sex with a client, she decided to check her health and went to her social worker. In summer 2021, she was diagnosed with hepatitis C. Iryna started treatment and completed it in November; in late February, she was scheduled to take a test to assess the effectiveness of the treatment. Because of the start of the war and active fighting, she was forced to leave the capital and go to Germany, but she still wanted to check her health. Having faced a difficult situation abroad, Iryna called her Kyiv case manager who provided her with the contact data of German non-governmental organizations working with People Living with HIV, which helped her to have a medical examination which found no HCV infection.

**patient's name has been changed*

Social worker

Social worker **Olena Zublenko** used her own car to deliver medicines to 15 patients; and sent medicines by post to a further 24 patients. Olena regularly conducts consultations to prevent treatment interruption and hepatitis C virus re-infection in case clients restart injecting drugs, which happens quite often now because of suspension of private OST sites. Olena uses different ways to deliver medicines to patients who have moved to other Ukrainian cities. She is constantly in touch with patients who have left Ukraine to check the dates of their final diagnosis and learn about the results of the treatment. At Easter, Olena delivered food packages to the homes of her hepatitis C virus patients who had lost their jobs because of the war.



RIVNE OBLAST:

Rivne Oblast Charitable Foundation Nashe Maybutnie.

As some DAAs are left from 2021, **21** patients have been enrolled in the period from January to April. At present, the main challenges are similar to those in other regions due to Russian aggression. They include problems with travelling to health care facilities to receive medicines; treated patients leaving the country which prevents them from taking the final test; the need to send medicines to some clients by post. However, Rivne oblast is now very far from the frontlines and is therefore safe both for NGO personnel and health care facilities and for patients staying in the oblast.



ZHYTOMYR OBLAST: NGO *Perspectiva* continues working in wartime. The Oblast Medical Specialized Center dispenses drugs and prescribes HCV diagnosis. Problems with transportation around the city have been resolved through using private cars of personnel and volunteers. In the first months of 2022, only **three** patients were enrolled because **treatment courses were unavailable**. During the war, the case manager of the organization provides counseling and keeps in touch with those completing treatment started in 2021 and due to come for the final test to assess results of the treatment.

In April, the Alliance for Public Health provided **40** HCV treatment courses and laboratory diagnostic supplies. For the first time, the health care facility have started diagnostic work in its own laboratory using GeneXpert. First clients will be able to receive treatment using DAAs provided by the Alliance for Public Health in May.



PERSONAL STORY:

A PATIENT ON 24-WEEKS TREATMENT HAS BEEN ABLE TO COMPLETE THE THERAPY DURING WARTIME

Quote from a social worker of NGO *Perspectiva*:

"I got a call, and a female voice said, 'Hi, a friend of mine gave me your number, he got his hepatitis C cured with your project. My father has HCV-infection and liver cirrhosis, and needs treatment urgently. Please help us... We've been waiting for the drugs for six months, and my father feels worse. Unexpectedly, we received a very bad diagnosis — decompensated liver cirrhosis, and the doctors refused to treat him: 'We do not treat patients in such a severe condition, especially considering that he also

has HIV, this is dangerous!' My father gave up. He was lying with his face to the wall, repeating, 'I have no hope, I just want to die.' It is good that I met my father's friend who also had such a diagnosis. He told me he was cured a year ago within Alliance HepC Treatment Program and felt great. He gave me your number."

The patient was invited to Zhytomyr. That was our first meeting with a thin, polite man with desperate eyes, deprived of all hope. He visited a doctor, had a consultation with a professor from Kyiv, tests, more tests, an ultrasonic

examination. There were risks, and the doctor told him honestly about them, but the decision was made to start treatment.

The time has flown fast, and the treatment is nearing its end. The most important thing is that we have been able to see that the patient started feeling better! In this period, he became a grandfather! He now has the strength to spend time with his daughter and grandson, think about the future with hope, and make plans. These last months of the treatment have coincided with the war. The worst things for such a client are treatment interruption, losing contact with us, failing to receive medical aid and staying alone with his problem.

Despite the war and the shelling, the organization keeps working and helping people. Every day, overcoming our terror at the sound of air-raid sirens, we run to the corridor one floor below because there, at least, we can hide behind two walls. Despite the fear, we go to work, because people need us, because our help is vital for many clients."

LVIV OBLAST: Lviv chapter of Charitable Organization All-Ukrainian Network of People Living with HIV/AIDS

Since February 24, the organization has been working as usual; social workers support patients who started the treatment in 2021, but **cannot enroll new clients because they do not have treatment courses**. This is a problem that could not be resolved since the beginning of 2021. The organization has established cooperation with the new the health care facility of the region, which has already begun to actively involve patients.

In April, **35** treatment courses procured by the Alliance were delivered to a healthcare facility. For the first time, during the war the Alliance supplied HCV cartridges for GeneXpert at the HCF`s laboratory. Previously, such tests were performed in Lviv oblast only at private laboratories.



KIROVOHRAD OBLAST:

In war as in peace, the project team is always in touch with patients. At the beginning of 2022, before the war, the biggest barrier to enrolling new patients was a **shortage of treatment courses**; after February 24, **barriers to get access to HCV diagnosis** was added, as this service at private laboratories became unavailable.

As of late March, implementation of the program has improved: **35** treatment courses have been provided by Alliance to Kirovohrad Oblast AIDS Center. The issue of access to laboratory diagnostics is being resolved, so we expect new patients soon on "HCV Microelimination among key populations" and results of assessment of treatment effectiveness of those patients who have already completed their treatment.

Because of the lack of DAAs at Kirovohrad Oblast Tuberculosis Medical Center, only **two** patients with TB/HCV co-infection have started antiviral treatment in 2022 under close observation from a social worker. The drug sofosbuvir, which has been lacking since September 2021 for a full treatment regimen, has been delivered to the region in limited quantities.



CHERKASY OBLAST:

Charitable foundation 100% Life Cherkasy

Since the beginning of the war, Cherkasy oblast has remained a rather quiet region. Apart of additional work with refugees and the organization of humanitarian aid, the project team works as usual and provides services to all of its clients. This is one of the few regions where **courses are available**, so **29** patients from KPs have started receiving the treatment and social support since the beginning of 2022. Social workers do active case finding and enroll residents of different rayons of Cherkasy oblast. They meet clients in person, and all the first sessions on the prevention of HepC re-infection are conducted in person.

The only barrier to getting a comprehensive package of services during the war has been the issue of HCV diagnosis, because contracted by Alliance private laboratory has stopped working. For uninterrupted provision of a comprehensive package of services to clients, on-line problem solution was taken to allow NGO to directly use services of the labs accessible in near location of the region. Funding has been assigned to pay for transportation to HCF or for delivery of the drugs to patients receiving treatment by post.

ODESA OBLAST:

Odesa is the **absolute leader** in terms of enrolment of patients for HepC treatment in 2022. Since January, **86** patients (including **79** PLWH and **7** TB patients) have begun the treatment and received a comprehensive package of services. As of 22 April 2022, **25** patients have already completed their treatment and await the final diagnosis to assess the results of the therapy. Since the beginning of the aggressive shelling of the Odessa region in April, the enrollment of clients for diagnosis and treatment has **slowed down significantly**.



QUOTE

STELLA, HEAD OF PARTNER NGO:

"Currently, there is no active fighting in Odesa oblast. Periodically, the city is hit from the air — the enemy mostly seeks to destroy infrastructure; several times a day, air-raid alarms sound which does not let us do our duty in peace. At Odesa Oblast Center for Socially Important Diseases where the project is implemented, there is an air-raid shelter where service providers can hide. Prescribing treatment to new patients is slowly being renewed (it was suspended in March), but due to movement of the population and fears regarding moving within the oblast, the flow of clients of the healthcare facility has shrunk. Our social workers provide remote consultations to patients in the oblast. We see that new patients tend to come less often because of restrictions preventing them from going to healthcare facilities and moving between villages. We hope that very soon the situation will get better".



DNIPROPETROVSK OBLAST: Kryvyi Rih

Introduction of martial law in the city has led to changes in the conditions of patient enrollment and the working hours of healthcare facilities: doctors have been called up to the Ukrainian Armed Forces, and private laboratories have been closed (including the one contracted by the Alliance). Most patients from the waiting list for HepC treatment have moved abroad, so fewer new patients are being enrolled. However, social workers are actively looking for new clients among key populations and put them on treatment as soon as possible. Social workers' first meetings with clients, first consultations and sessions on prevention of re-infection are held offline. Some citizens have returned to Kryvyi Rih and were re-included in waiting lists to receive the drugs that are, unfortunately, in short supply.

For a certain period, no new patients were enrolled, but social workers with their line manager made some estimates regarding the number of patients who had not left the city and were ready to receive treatment, and looked for such clients.

The Alliance provided healthcare facility in Kryvyi Rih with vacutainers for biosample collection, diagnostic reagents for GeneXpert units and **25** treatment courses, **15** of which have already been prescribed (the patients have already started the treatment). Ten more courses are still waiting to be prescribed because of delays in laboratory diagnosis of HCV-infection.

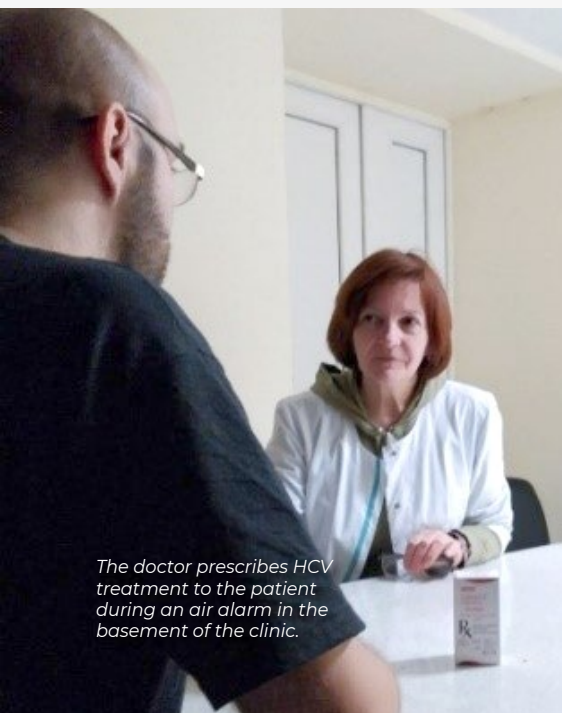
NGO works as usual despite the shelling of Kryvyi Rih's suburbs.

DNIPROPETROVSK OBLAST: Dnipro

The organization provides social support to **72** patients, who began treatment in 2022. The manager of the organization says that the situation in the city is quite troubled, as the frequency of missile attacks has increased. Many residents of Dnipro and Dnipropetrovsk oblast have started leaving their homes, but this does not create a threat of treatment interruption, as the **patients have received medicines for the whole period of treatment**. A social worker always keeps in touch with the patients by phone, controlling daily administration of the drugs, and conducts sessions on prevention of HCV re-infection. Only those patients who have stayed in the oblast come to the health care facilities to assess the effectiveness of antiviral therapy; others diagnosed at their new place of stay and send the results to their doctor and social worker via Viber. Naturally, **enrollment of patients has significantly slowed down during the war, but has not stopped**.

In early May, the Dnipropetrovsk region received a sufficient amount of the drug sofosbuvir, which since September 2021 was lacking to prescribe full treatment regimens. From the beginning of 2021, the recruitment of patients is carried out directly by the Novomoskovsk and Nikopol healthcare facilities.

CLINIC OF INSTITUTE OF EPIDEMIOLOGY AND INFECTIOUS DISEASES NAMED AFTER L.V. HROMASHEVSKYI



The doctor prescribes HCV treatment to the patient during an air alarm in the basement of the clinic.

PERSONAL STORIES

Oleksandr* has been aware of his HIV+ status since 2019, but did not seek medical aid and was not registered with a healthcare facility. When the war began, he went to the frontline where he was severely wounded, shell-shocked, and then sent to a military hospital. After receiving inpatient treatment for his wounds and shell-shock, he was transferred to the Clinic of L.V. Hromashevskiy Institute. Further investigation in the Institute detected HCV-infection as well. Oleksandr has received the necessary medical aid, gets anti-retroviral treatment and is preparing to start HCV-infection treatment.

Ihor* has moved to Kyiv from the south of Ukraine. He went to the Clinic of the Institute because his health had deteriorated; testing detected antibodies to hepatitis C virus. Thanks to the availability of diagnostic reagents and treatment courses, the patient was prescribed antiviral therapy which will last until June.

**names of the patients have been changed*

Within the program "HCV Elimination among HIV/HCV and TB/HCV Co-infected Patients from KPs", one of the most important components of social support (besides counseling) is **educating clients to raise their awareness of hepatitis C virus**, virus transmission routes and basics of safe behaviors. With every patient, social workers conduct three mandatory sessions on prevention of HCV re-infection. Following the sessions, patients do homework, often related to the new war realities.



NATIONAL HOTLINE FOR VIRAL HEPATITIS



In the period from 24.02.2022 to 13.04.2022, the national hotline for viral hepatitis received **269** calls. The most requested information is general information on viral hepatitis (67 calls); free/state-funded treatment ranks second (61 calls).

Operators have also processed eight cases related to treatment interruption, and help in receiving free drugs to treat viral hepatitis.

The nature of the calls has changed since the war started: some patients who had started treatment were unable to receive the drugs to continue it; those who had to take extra tests could not do so; there were interruptions in supply of hepatitis B virus vaccines (including for maternity clinics).

Examples of cases:

- ✓ **Ivan***, 42, from Koziatyn (Vinnytsia oblast) had a diagnosis of HCV-infection with complications in the form of cirrhosis. At the Town Hospital no. 1, he was denied the treatment because, as he was told, 'there is nothing left there to treat'. The operator contacted doctors of Institute of Epidemiology and Infectious Diseases named after L.V. Hromashevskiy, and the man was invited to the Institute.
- ✓ **Maryna***, 76 from Kremenchuk (Poltava oblast) called. She was diagnosed with hepatitis C virus back in 1999, but no-one ever suggested she take treatment, and now she has cirrhosis and ascites and requires hepatoprotectors. The operator contacted doctors of Hromashevskiy Institute, and the woman was invited to the institute for a consultation.

**names of the patients have been changed*

To support our emergency efforts, please donate any amount of money to the following accounts:

Beneficiary: ICF “Alliance for Public Health”

Address: 24 Bulvarno-Kudriavska St., 01601 Kyiv, Ukraine

Bank name: JSC “Credit Agricole Bank”,

Bank address: 42/4, Pushkinska St., Kyiv – 01004, Ukraine

SWIFT code: AGRUUAUKXXX

Purpose of Payment: Donation.

USD:

Account number: UA073006140000026009500299105

Correspondent bank details for USD: Credit Agricole SA (France)

SWIFT: AGRIFRPP, account number: 20586620000

EUR:

Account number: UA063006140000026000500198937

Correspondent bank details for EUR: Credit Agricole SA (France)

SWIFT: AGRIFRPP, account number: 20586612000

GBP:

Account number: UA773006140000026008500198939

Correspondent bank details for GBP: Credit Agricole SA (France)

SWIFT code: AGRIFRPP, account number: 21185549000

TOGETHER WE ARE STRONG!

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