

# PUBLIC INITIATIVES FORUM: BUILDING THE SUSTAINABILITY OF HIV SERVICES DURING THE WAR

## RESOLUTION

### Introduction

It has been six months since the start of Russia's full-scale war against Ukraine, with thousands of military and civilian victims who have lost their lives and homes and suffered from violence and gross human rights abuses. Millions of Ukrainians have been internally displaced or have fled abroad searching for a safe place. Due to a shift in state priorities to military needs and a severe economic and humanitarian crisis, the HIV epidemic response in Ukraine faced significant challenges that put at risk its sustainability and the progress made in previous years.

On August 25–26, 2022, 83 representatives of Ukrainian non-governmental and community organizations, government bodies, donors and international organizations met at the **Public Initiatives Forum** to discuss civil society's response to HIV challenges related to Russia's all-out war on Ukraine. The Forum was organized by the Community Action for HIV Control Project, implemented by Pact, Inc. in cooperation with Family Health International (FHI360) and ICF AIDS Foundation East-West with support from the U.S. Agency for International Development (USAID) under the President's Emergency Plan for AIDS Relief (PEPFAR).

### Coordinated Response to Disaster: Achievements

The war affected every aspect of social, economic, and political life. However, despite all the casualties, damaged infrastructure, staff outflow, and lack of funding, HIV/AIDS organizations maintained the progress of previous years and ensured the required services for clients.

NGOs and community organizations **preserved the system of HIV services for key populations and expanded the package of services** in response to survival needs. Most HIV prevention, testing, care and support services for key populations were retained, and the number of clients reached did not decrease significantly. Internally displaced persons received services from organizations in their host regions. Assistance was organized for clients who went abroad by creating appropriate databases of available services and communication channels.

**Continuity of ART and OAT/OST** has been ensured for most patients in the country, a stock of medications has been created, their dispensing for a longer run and delivery to hard-to-reach localities, including temporarily occupied territories, have been organized. Since the first days of the full-scale invasion, the Ministry of Health, the Public Health Center, and healthcare facilities were engaged in organizing medical assistance, emergency response, provision of life-saving medications, and coordination of aid with international partners.

Local NGOs were able to respond quickly to the situation and repurpose their activities to provide new services to **meet the basic needs of key populations and their families**: evacuation, food, warm clothing, other humanitarian aid, ensuring shelter and health services in new locations.



Communication channels with key populations and partners were updated to get operational information at the local level for a timely response. The group of service beneficiaries was expanded to include family members of key populations, internally displaced persons, and all people in need of assistance. One must note the **development of a network of temporary shelters** for key populations and their families.

NGOs and key community organizations engaged in HIV response **became important partners in organizing social assistance for the population in territorial communities**. NGOs went beyond HIV services, resulting in the increased role of HIV-service organizations in providing social services at the community level, and strengthened and developed communication and partnerships at the regional level with governmental and non-governmental organizations and businesses not related to HIV field.

**International cooperation and coordinated efforts of partners** from Ukraine and EECA region made it possible to partially re-plan existing donor resources and attract significant additional international resources to provide humanitarian aid to key populations and their families. Since the first weeks, the international community, private charitable foundations, and regional and international networks of civic organizations and communities have become important sources of assistance and support for the organization of HIV services in countries hosting forced refugees from Ukraine.

Based on the experience of the outbreak of war in 2014, some organizations developed **emergency war response plans** in advance, which allowed them to ensure continuity of services. NGOs and community organizations demonstrated **smooth internal communication and adaptive management**, a system of mutual support, and a high level of motivation to provide services even at risk to their lives.

## Key Success Factors

The many years of experience of local NGOs and community organizations in addressing the needs of people in difficult circumstances, well-organized partnerships, overall cohesion, and a high level of motivation made it possible to provide HIV services even in the current challenging circumstances.

The **key success factors** of the response to the war crisis include the following:

- thorough **knowledge of the needs** and specificities of key populations, a high level of client trust and loyalty to HIV-service and community organizations;
- a high level of **motivation, mobilization, and self-organization** by NGOs and community organizations at the local and national levels;
- experience in **quality project management and established operational processes** in NGOs;
- **new partnerships** and formats of cooperation with other social, military, and emergency NGOs at the local level;
- experience in working during the **COVID-19 pandemic**, experience in providing **remote services** and handling paperwork online;
- the **trust** of donors and local authorities, the willingness of government agencies to cooperate;
- the responsiveness and flexibility of some **donors**;
- an extensive system of partnerships, **leadership** at the regional level;
- **experience in setting up work since the start of the war in 2014**, skills to work under occupation, and **action plans** developed by some organizations before the war to respond to different types of threats (attack, bombing, occupation).

## Key Challenges to Providing Services to Key Populations During the War

**OVERALL SITUATION.** The response to the HIV/AIDS epidemic in Ukraine is implemented in the context of a **humanitarian disaster, deep socio-economic crisis and instability**, high unemployment, worsening criminogenic situation, and acute state budget deficit. Public sector priorities are completely reoriented to military needs, resulting in a significant **risk of reduction or cessation of public funding** for the provision of HIV health and social services to key populations. In addition, HIV, TV, and hepatitis response is not part of the nationwide **post-war country recovery plan**. Against a severe humanitarian disaster, the needs of key populations are not on the agenda of state structures; there are cases of refusal to ensure evacuation and provide temporary housing to people due to their belonging to key populations.

**INFRASTRUCTURE AND PERSONNEL.** The **health infrastructure** suffered considerable losses, and the **number of health workers** decreased significantly, resulting in an increased burden on those who still work. NGOs also experienced damage to office premises, staff shortages, and **high levels of burnout among service providers** as they have worked beyond human abilities since the start of the war, even at risk to their lives. Some NGO staff have lost their homes and received temporary housing from their NGOs. Meeting the basic needs of staff require other employees to become more involved in addressing the humanitarian and psycho-emotional problems of their colleagues. However, opportunities for rest, supervision, and restoring service providers' resources are still limited. In addition, the level of remuneration of social workers does not correspond neither to the effort they are currently making, nor to the level of inflation in the country. Today, there is a great need to ensure **training** in crisis planning and working with crisis-related conditions and post-traumatic stress disorder for service providers.

**LOGISTICS.** Complicated procurement and supply processes for drugs and medical products carry risks of interruption of ART, OAT/OST, TB, and HCV treatment.

**CLIENTS.** One of the key challenges in working with clients is a **high level of migration** within the country and abroad. Due to migration, clients face barriers in accessing ART and OAT/OST programs, are at risk of treatment interruption, and may less frequently apply for counseling and testing for HIV and other diseases. In the long run, it may lead to lower adherence to ART, higher HIV prevalence rates, and an increased number of people who use narcotic substances. **Absence of documents** and inability to sign a declaration with a family physician and register with healthcare facilities prevent from retaining clients in the system of care. In addition, clients **changed their focus from taking care of their own health** to providing necessities of life (food, housing); their motivation to receive HIV services has reduced. Some **representatives of key populations are currently serving in the Armed Forces of Ukraine**, but there are no mechanisms to provide services to them yet. There is a strong need to provide housing for clients as the existing network of shelters is still insufficient.

**DONORS AND INTERNATIONAL ORGANIZATIONS.** Despite having experience working in the Donbas since 2014, major international organizations, such as the International Committee of the Red Cross, were not able to provide a prompt response to a full-scale invasion. Large donor programs with experience in Ukraine were not flexible or prompt enough in reallocating resources to meet the needs of the war. The funding of NGOs and community organizations is primarily directed at HIV/AIDS and TB response and does not cover the war-expanded needs of key populations.

**HUMAN RIGHTS.** **Stigmatization, discrimination, and illegal actions against key populations increased** at the level of territorial communities. There are cases of violence, confiscation of OAT/OST drugs by soldiers of territorial defense units, and refusal to provide housing. At the same time, NGOs and community organizations have limited opportunities to protect the rights of key populations, especially in the public authorities, as the authorities consider such issues ill-timed. Temporary occupied territories suffer from gross violations of human rights:

executions, violence, imprisonment, including for participation in OAT/OST programs. Ensuring the safety of activists and clients in the **temporarily occupied territories and areas of active hostilities and the confidentiality of clients' personal data** face serious challenges. Ukrainian organizations have no options for providing services and support to their employees, including due to the ambiguous interpretation of the Law of Ukraine "On Amending Certain Legislative Acts (on Criminalization of Collaboration Activities)" (No. 2108-IX).

**PLANNING AND COMMUNICATIONS.** Most organizations had no previously developed comprehensive and coordinated war response plans, resulting in the confusion when the full-scale invasion began. In the beginning, this led to complicated or absent communication with community representatives and clients, which was later restored. Even after six months of the war, there are no plans in the regions, especially frontline ones, on **how to proceed with the activities during the war** and on the measures required to meet the needs of organizations and clients in winter in light of the energy and economic crisis. There are also no **clear algorithms to ensure the safety** of key populations, employees of organizations, and activists in cases of disclosure of their diagnoses, belonging to certain communities, participation in OAT/OST programs, etc.

## Action Plan for the Next Year

### NATIONAL LEVEL

**REGULATORY FRAMEWORK.** The war exposed some **legislative gaps** that need to be worked on in the near future to ensure that key populations can access services and protect their rights. This includes revising the Law of Ukraine "On AIDS Prevention and Social Protection of the Population", decriminalizing sex work, legalizing civil partnerships for LGBTIQ+ people, decriminalizing drug use and possession for personal use, legalizing non-medical providers of prevention, testing, and care services, and revising stigmatizing language and definitions in legislation.

At the service delivery level, there is a need to develop **protocols, algorithms, and mechanisms** to facilitate access to services in case of mobility of clients. The Ministry of Health should amend its orders regarding the regulation of basic packages of HIV prevention, care, and support services, review their financial calculations and optimize mechanisms of procurement of such services.

**RECOVERY PLAN.** It is necessary to ensure that HIV/AIDS programs and services are included in the national recovery plan of Ukraine with specific tasks and resources for the recovery and development of the services provision system for HIV, TB, OAT/OST, and hepatitis.

**HUMAN RESOURCES.** It is necessary to create a **comprehensive personnel support system** that would include revision and indexation of salaries of social workers, measures to prevent burnout, and support for those who have lost their relatives, homes, and jobs. It is also necessary to develop **training for service providers** on crisis planning, working with crisis-related conditions and post-traumatic stress disorder. **Standardized training programs** should be developed and available for personnel providing prevention, care and support services, which will contribute to the continued restoration of human capital for HIV services.

**INFORMATION AND COORDINATION.** There is a need for an information platform or nationwide mailing list for organizations that work with key populations to share information about available services and their providers, coordinate humanitarian aid and volunteer initiatives, and refer clients from one region to another. Intense mobility of clients and service providers attaches significance to the **digitalization of services**, digital and cybersecurity, the development of telemedicine and online counseling, and the creation of a national register of clients, services, and service providers. It is necessary to ensure the operation of coordination mechanisms and working groups, such as the PHC-WHO cluster, to achieve synergy and complementarity of efforts.

Awareness-raising campaigns should be conducted among authorities, security agencies, businesses, and healthcare facilities to reduce stigma and discrimination against key populations.

**PLANNING.** To ensure effective response to the country's dynamic situation at the healthcare level it is necessary to develop **plans to ensure continuity of treatment** and the provision of medications and medical products in critical situations. The country's next application to the GF should ensure that the planned interventions are consistent with the situation of HIV service provision in war settings based on the current experience of the health system, NGOs, and community organizations. The procedure for delivering prevention services needs to be revised in terms of increasing the number of hand-out preventive items and client coverage.

## LOCAL LEVEL

**PARTNERSHIP.** Sustainable partnerships should be developed between military administrations, coordination councils, NGOs, and community organizations at the local level. Public organizations should be authorized to deliver drugs, medical supplies, and humanitarian aid in order to improve logistics processes.

**COORDINATION.** It is necessary to systematize the work of all actors engaged in the humanitarian response (volunteers, social services, public organizations, and organizations engaged in HIV/AIDS counteraction). Creating common flexible logistic routes would be reasonable. It is necessary to improve the interaction between public and private clinics providing OAT/OST in order to meet the needs of OAT/OST patients. The Public Health Center, GF grant recipients, NGOs, and community organizations should proceed with the practice of holding joint meetings of working groups on crisis response.

**FINANCING.** Local programs for the provision of social protection, long-term housing or shelters, psychosocial assistance, and free legal aid should be developed to meet the humanitarian needs of key populations. It is necessary to develop a **social service procurement system** at the local level to ensure the sustainability of services. Special efforts are required to ensure adequate funding for the shelters that host key populations in order to expand the network of available shelters. Additional funding is needed to increase testing in regions with large numbers of internally displaced people, bring them to treatment and form adherence.

## LEVEL OF NGOs AND COMMUNITY ORGANIZATIONS

**PLANNING.** Organizations should review their strategies in line with the war challenges and **develop organizational action plans** for the coming year, taking into account possible threats and risks. It is necessary to take particular care in planning the winter period by prioritizing activities and costs.

**HUMAN RESOURCES.** In order to ensure the availability of experienced professionals, it is necessary to **review the level of payment for social workers** and create a staff support system to provide psychological assistance and prevent burnout. NGOs and service providers should be provided with opportunities for additional **training** in safety, supervision, volunteering, leadership, mentoring, documentation of and response to rights violations and gender-based violence.

**INFORMATION AND COMMUNICATION.** NGOs and community organizations should be involved in all local coordination processes by participating in coordination councils and other platforms. Special attention should be paid to informing clients about available services through social networks, Telegram channels, and specialized media. Communication with military administrations with the involvement of external communications consultants should be strengthened. Cooperation between NGOs, community organizations, and local authorities should be developed to ensure an effective response to the war challenges and the sustainability of HIV services.

**ACCESS TO SERVICES.** An important part of ensuring that key populations have access to HIV services is the restoration of their documents to sign declarations with family physicians, register with healthcare facilities, receive health services and social benefits, and find employment.

## Recommendations to Partners and Technical Agencies

1. Follow an open position of the Ministry of Health and the Public Health Center regarding the response to the HIV/AIDS epidemic in war settings and the implementation of the country's recovery plan; ensure political support to implement public sector initiatives and protect the rights of key populations;
2. Facilitate the development of the system of HIV service procurement by local budgets;
3. Develop a more flexible position of donors regarding addressing the needs of clients; simplify reporting and procedures for reallocation of funds;
4. Conduct indexation of project budgets, including social workers' salaries, to take account of inflation;
5. Increase the timeframe for implementing small grants related to the emergency response to the situation caused by the war;
6. Provide expert and political support for developing new and amending existing regulatory acts;
7. Create opportunities for constant community-led monitoring of the provision of HIV services and the protection of the rights of key populations;
8. Support the development of humanitarian activities of NGOs and community organizations by providing adequate funding and storage facilities for humanitarian goods and establishing partnerships between civil society, authorities, and international organizations;
9. Adopt practices of countries that have gone through wars; engage international experts in training service providers; ensure translation and adaptation of methodological recommendations, manuals, and guidelines;
10. Organize staff training in the work in crisis situations and work with people who faced violence and suffer from the post-traumatic syndrome;
11. Develop a staff retention system by ensuring training and professional development, implementing safety measures, preventing professional burnout, and increasing motivation;
12. Ensure adequate funding for HIV/AIDS epidemic and war crisis response programs, with the understanding that without basic needs being met, people will not be able to take care of their health.

## Participants of the Public Initiatives Forum

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