



World Health
Organization

Ukraine

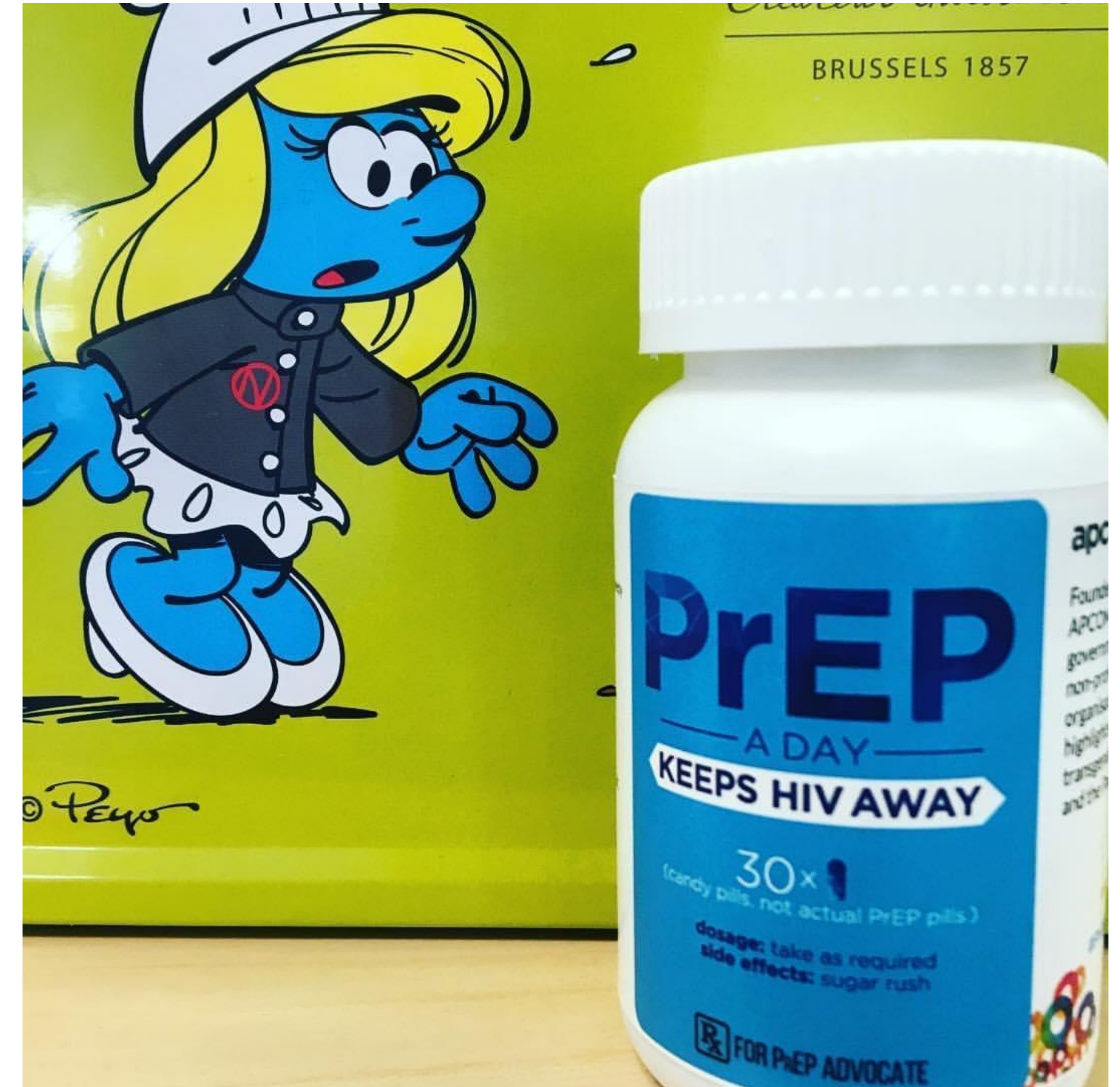
WHO birds' eye view on PrEP in Eastern Europe and Central Asia (EECA)

Ioannis Mameletzis, Consultant (PrEP/OST (OAMT) consultant
WHO Ukraine

October 18, 2023



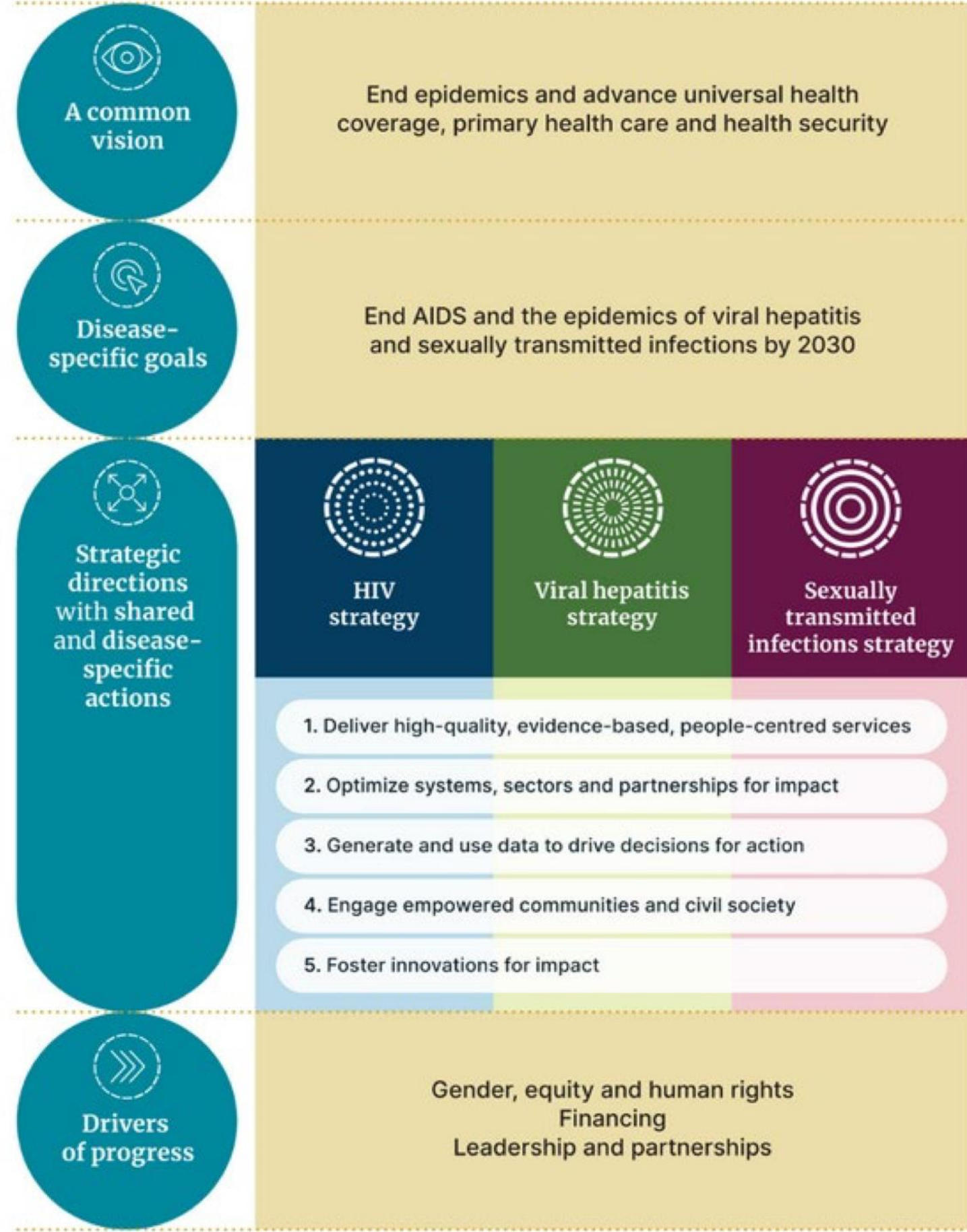
19th EUROPEAN
AIDS CONFERENCE
18–21 October 2023
Warsaw, Poland







Vision, goals and strategic directions of the draft global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections, for the period 2022–2030





Regional action plans for ending AIDS and the epidemics of viral hepatitis and sexually transmitted infections 2022–2030

Regional Action Plans adopted at 72nd WHO Regional Committee on September 14 2022



Credit: © World Health Organization

Regional action plans for ending AIDS and the epidemics of viral hepatitis and sexually transmitted infections 2022–2030



Table 8. Priority actions for WHO and partner agencies for Strategic Direction 2

| Priority | WHO/Partner priority actions |
|---|---|
| 2.1 Collect and use strategic information for focused action and equity across the continuum of care | <ul style="list-style-type: none"> • Support countries to undertake case-based surveillance and report to WHO and the European Centre for Disease Prevention and Control (ECDC), and provide support for key population size estimation, bio-behavioural surveillance, and cascade monitoring for key populations, in collaboration with UNAIDS. • Support countries to regularly analyse and map barriers to access to health care, and to measure stigma and discrimination, and quality of life for people living with HIV and key populations.¹¹ |
| 2.2 Prevent the transmission of HIV with a particular focus on key populations | <ul style="list-style-type: none"> • Support countries to update guidelines on combination prevention for key populations. • Develop PrEP service delivery models for men who have sex with men and other key populations (including delivery via community-based organizations) and ensuring they are linked effectively to HIV and STI testing services. • Support countries to adopt innovations and emerging evidence-based practices, including the use of the new and long-acting formulations for PrEP. |

Key strategic shifts: SD 2 HIV

What's needed

- **Improve 1st 95:** Refocus testing, decentralize, use full range of testing modalities
- **Reduce transmission:** broader service delivery platforms for intensified focus on prevention; PrEP
- **Decrease deaths:** urgent coverage with ART, accelerate TB/HIV services
- **Reduce barriers,** strong role for communities as part of UHC and people-centered response
- **Uptake of innovations:** even access across the region
- **Improve data and analytical capacity** with population and geographic granularity
- **Sustainable predictable** funding of HIV services

Measures of success

Shared and integrated actions

- Triple elimination of MTCT of HIV HepB Syphilis - baseline and targets defined, validation starts

HIV milestones: decrease late diagnosis, improve cascade, reduce transmission

- 10 countries achieve <50% late diagnosis
- EECA countries implement WHO testing and treatment recommendations
- PrEP coverage from 95K in 2020 to > 500K in 2025

Regional action plans 2022–2030

for ending AIDS and the epidemics of viral hepatitis and sexually transmitted infections

Why are new plans needed?



REPRESENTS 1 MILLION PEOPLE

Major public health burden



2.6 million

people live with HIV



14 million

people infected with
the hepatitis B virus



13 million

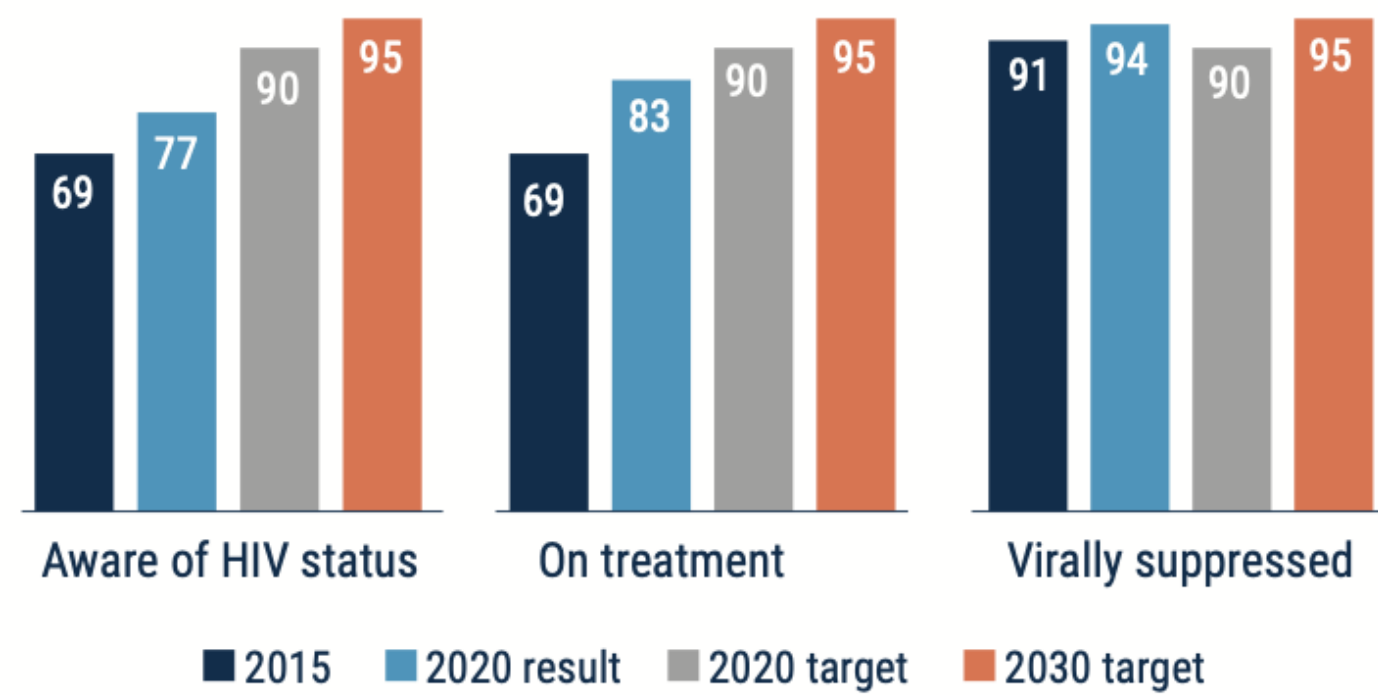
people chronically infected
with the hepatitis C virus



23 million

cases of gonorrhoea, syphilis,
chlamydia and trichomoniasis a year

Insufficient progress



HIV 90-90-90 targets not met



Numbers of new HIV infections and the HIV-associated mortality rate rose in 2020

50%

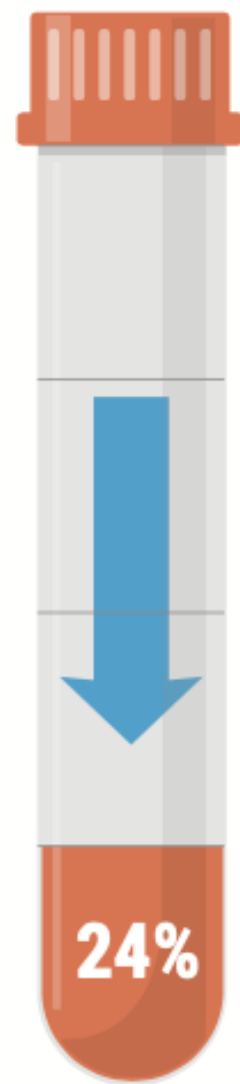
of people have a late diagnosis; many people remain undiagnosed and untreated



Persisting barriers for key populations: legal, stigma and discrimination

New challenges and opportunities

Impact of COVID-19



24% drop in HIV diagnoses

Humanitarian crises



Risk of loss in progress against targets

Innovative technologies and approaches

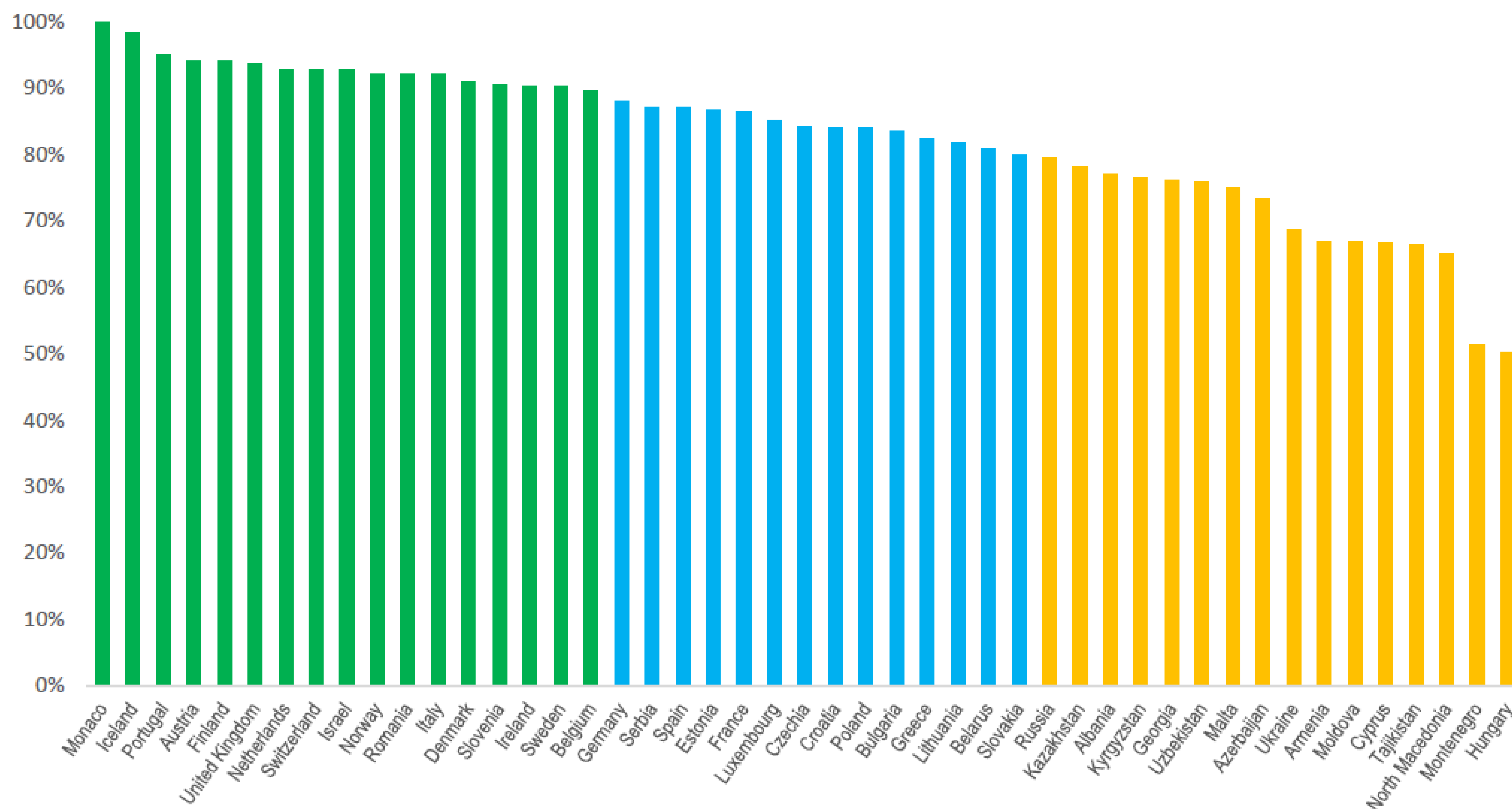


Agile systems for rapid uptake of innovations

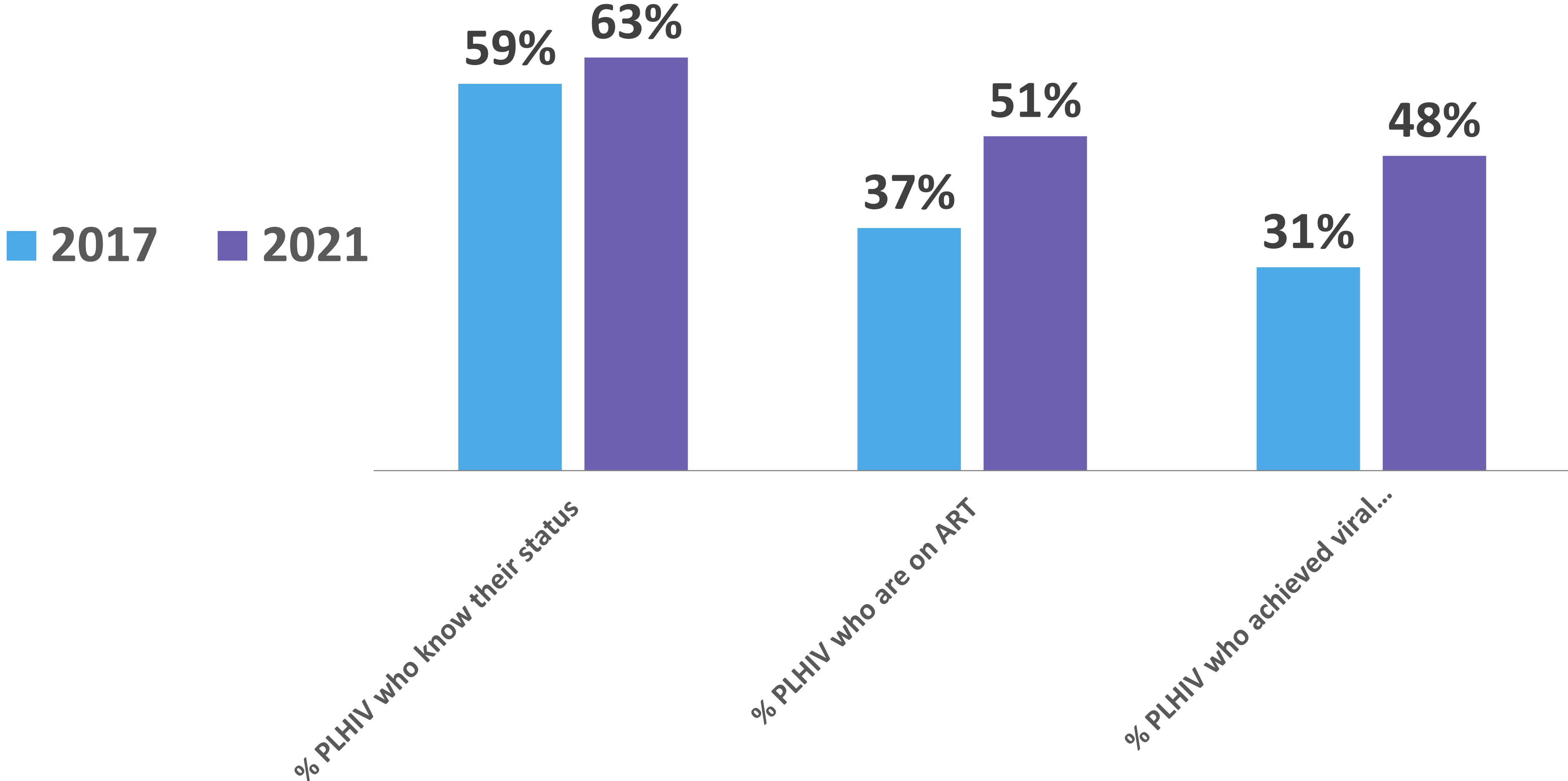
Renewed political and financial commitment needed to rebuild the disease response and urgently get back on track.

Percentage of all people living with HIV who know their status in 47 countries of Europe and Central Asia, reported in 2021

■ Met or exceeded target
 ■ Within 10% of meeting target
 ■ More than 10% of meeting target



EECA HIV cascade of care in 2017 and 2021



HIV prevention

HIV prevention

PrEP

HIV prevention

PrEP

PEP

HIV prevention

PrEP

PEP

PMTCT

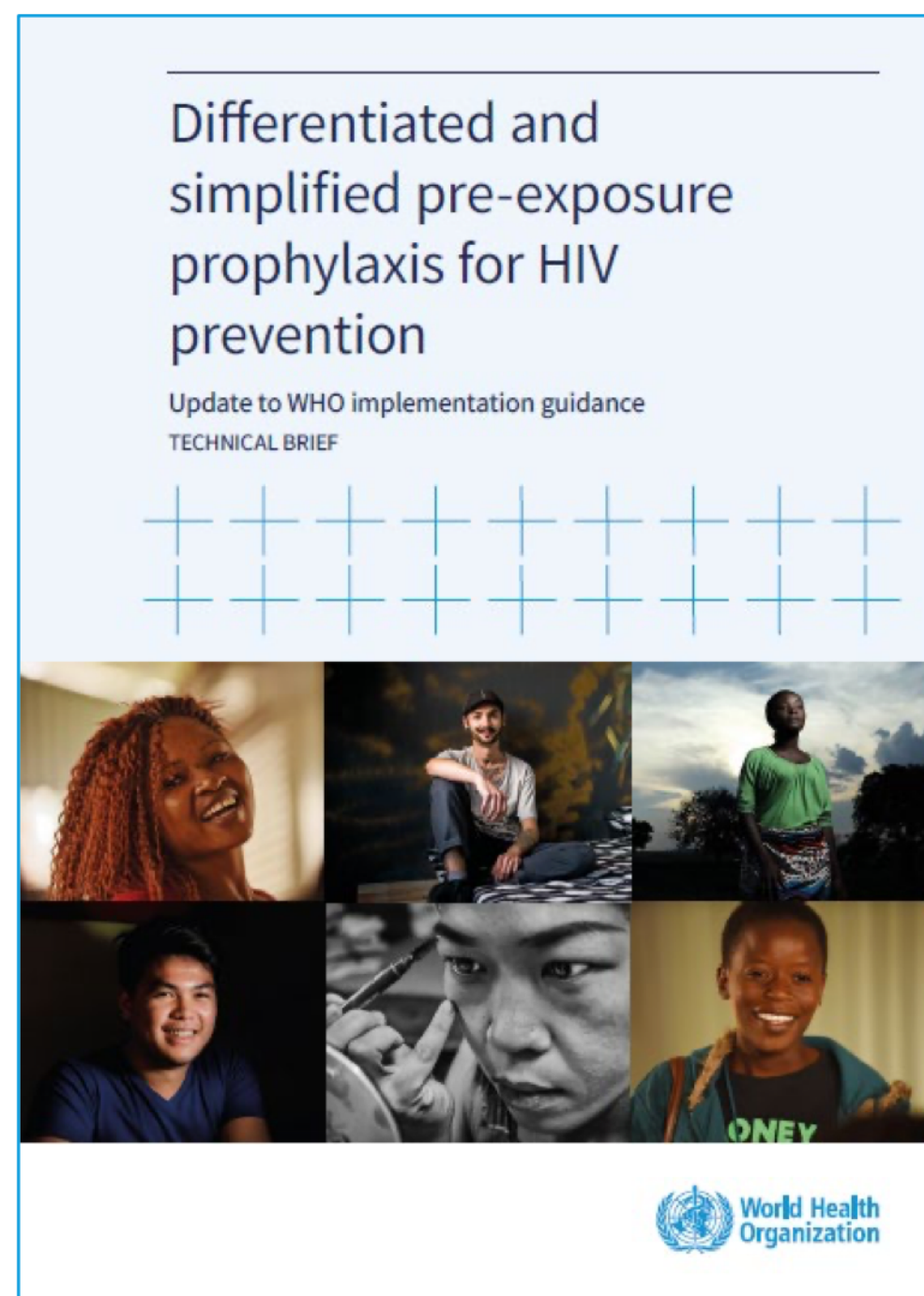
Oral tenofovir-based PrEP regimens:

- **Daily** PrEP (1 pill per day)
- **On Demand** PrEP or Event Based Dosing (EBD) or event-driven PrEP (ED-PrEP)

Other PrEP options recommended by WHO:

- *Dapivirine* vaginal ring (*DPV-VR*)
- Long acting injectable *Cabotegravir* (*CAB-LA*)

Update to WHO implementation guidance, 2022



- Support **differentiated, simplified, demedicalized** and **comprehensive** PrEP services.
- Differentiated services can make PrEP services more **acceptable and accessible**.
- Expanding populations for ED-PrEP (to prevent sexual transmission of HIV)
- **HBV infection** is not a contraindication for ED-PrEP
- Termination of daily PrEP for groups not eligible for ED-PrEP: stopping daily use seven days after the last potential exposure to the virus
- **Simplified approach to assessing kidney function:** optional for individuals without underlying kidney disease under 30 years of age; for those under 50 years of age - depending on the availability of resources
- **HIV self-testing** for PrEP

Person- and community-centeredness of the updated guidance

- *A differentiated PrEP service delivery approach is person- and community-centred and adapts services to the needs and preferences of the people who are interested in and could benefit from PrEP.*
- *Differentiated PrEP service delivery may also support more **efficient and cost-effective** use of health care resources.*

- **Where?** PHC facility, community setting, virtual setting
- **Who?** Physician, nurse, pharmacist, peer
- **When?** Monthly, every 3 months, every 6 months
- **What?** Service package: STIs, VH, vaccination, etc.


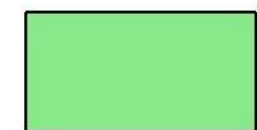



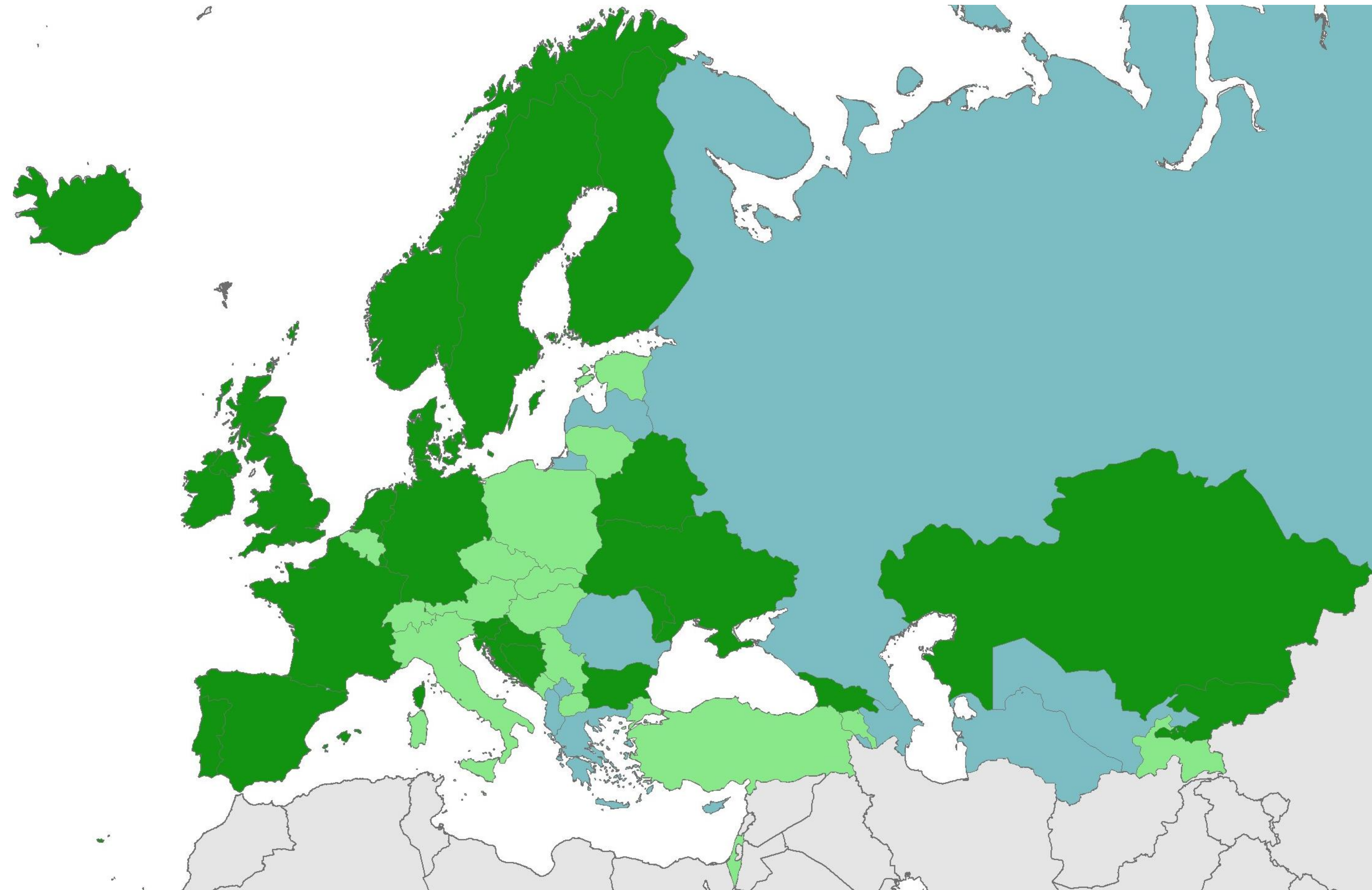
European Region



Status of formal PrEP implementation in Europe as of April, 2023

- N=25** Nationally available (reimbursed)
- N=18** Generics available (not fully reimbursed)
- N=12** Not formally implemented

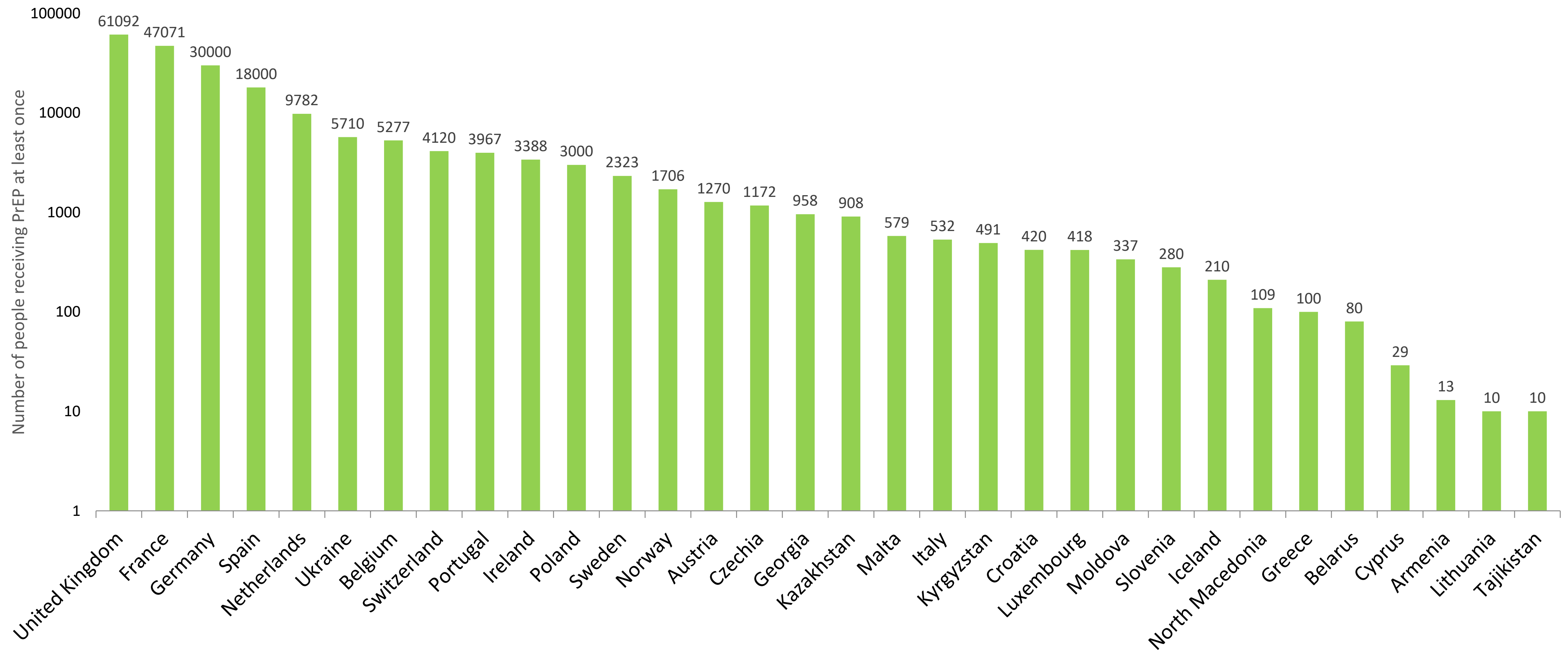
-  Luxembourg
-  Malta
-  Liechtenstein



Number of people receiving PrEP in the last 12 months, 2022



■ Number of people (aged 15+) who received PrEP at least once during the reporting period



Number of people receiving PrEP in the last 12 months, 2022



■ Number of people (aged 15+) who received PrEP at least once during the reporting period



PrEP policies & guidelines

PrEP chaos: how central Europe is suffering from inconsistent guidelines, random access, and healthcare stigma

Gus Cairns | 8 November 2022 | Estimated reading time 8 minutes



More news

PrEP science

Users of TAF in PrEP more likely to develop high blood pressure or need statins

14 September 2023

PrEP policies & guidelines

Two-thirds of countries in Latin America and the Caribbean offer PrEP

12 September 2023

PrEP programmes & uptake

Chinese MSM need a multi-layered approach to improve PrEP uptake and adherence

1 September 2023

PrEP

Top 5 HIV PrEP stories from IAS 2023

25 August 2023

Finance & funding

Thai key population-led

Buy your PrEP online

Έχεις κάποιο site να εισηγηθείς για αγορά PrEP online που να είναι εντός EU?

Dynamix



Sorry εντός;

<https://www.marienapo.eu>

Η φαρμακοποιός είναι γαμάτη



Karin Simonitsch

They are legal/regulated

It's not unofficial channels like Dynamix

Thx 🙏

Δεν βρίσκω το αγγλικό! 😞

3:36 PM

There is no English hon

Google translate on chrome

Best to call pharmacy

ECOM – Eurasian Coalition on Health,
Rights, Gender and Sexual Diversity

ANALYSIS OF NATIONAL HIV PRE-EXPOSURE PROPHYLAXIS GUIDELINES IN SEVEN COUNTRIES OF EASTERN EUROPE AND CENTRAL ASIA

ARMENIA ● GEORGIA ● KAZAKHSTAN ● KYRGYZSTAN

TAJIKISTAN ● UKRAINE ● UZBEKISTAN

ECOM
2022

What do guidelines in EECA recommend?

- Most common PrEP regimen is TDF 300 mg/FTC 200 mg (used in all seven countries);
- national guidelines of Kazakhstan provide for the use of CAB-LA as PrEP.
- Armenia includes the use of DVR in its guidelines (no one else has included it in Europe)

Country case studies

HIV Pre-exposure Prophylaxis in the EU/EEA and the UK: implementation, standards and monitoring

<https://www.ecdc.europa.eu/sites/default/files/documents/Country-case-studies-PrEP.pdf>

PrEP in Ukraine



What will future hold for the HIV response
given the war?



ANADOLU AGENCY VIA GETTY

A bombed hospital in Volnovakha in Ukraine's Donetsk region.

SURGE OF HIV, TUBERCULOSIS AND COVID FEARED AMID WAR IN UKRAINE

PERSPECTIVE

Open Access



Will the Russian war in Ukraine unleash larger epidemics of HIV, TB and associated conditions and diseases in Ukraine?

Samuel R. Friedman¹, Pavlo Smyrnov² and Tetyana I. Vasylyeva^{3*}

Abstract

The Russian war in Ukraine poses many risks for the spread of HIV, TB and associated conditions, including possible increases in the numbers of people who inject drugs or engage in sex work in the years ahead. Ukrainian civil society and volunteer efforts have been able to maintain and at times expand services for HIV Key Populations. The extent of mutual-aid and volunteer efforts as well as the continued strength and vitality of harm reduction organizations such as the Alliance for Public Health and the rest of civil society will be crucial resources for postwar efforts to assist Key Populations and prevent the spread of HIV, TB and other diseases. The postwar period will pose great economic and political difficulties for Ukrainians, including large populations of people physically and/or psychically damaged and in pain who might become people who inject drugs. Local and international support for public health and for harm reduction will be needed to prevent potentially large-scale increases in infectious disease and related mortality.

Keywords Ukraine, War, HIV, TB, Big Events, Risk

Fears of hidden HIV epidemic in eastern Ukraine as war takes its toll

Infections are thought to be spreading in the occupied territories, where testing has all but stopped

By Samuel Lovett, DEPUTY EDITOR OF GLOBAL HEALTH SECURITY

27 September 2023 • 12:26pm



Molecular epidemiology reveals the role of war in the spread of HIV in Ukraine

Tetyana I. Vasylyeva^{a,1}, Mariia Liulchuk^b, Samuel R. Friedman^c, Iana Sazonova^d, Nuno R. Faria^a, Aris Katzourakis^a, Nataliia Babii^b, Alla Scherbinska^b, Julien Thézé^a, Oliver G. Pybus^a, Pavlo Smyrnov^d, Jean L. Mbisa^e, Dimitrios Paraskevis^f, Angelos Hatzakis^f, and Gkikas Magiorkinis^{a,e,f,1}

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Edited by Samuel J. Clark, The Ohio State University, Columbus, OH, and accepted by Editorial Board Member Adrian E. Raftery November 29, 2017 (received for review January 26, 2017)

Ukraine has one of the largest HIV epidemics in Europe, historically driven by people who inject drugs (PWID). The epidemic showed signs of stabilization in 2012, but the recent war in eastern Ukraine may be reigniting virus spread. We investigated the movement of HIV-infected people within Ukraine before and during the conflict. We analyzed HIV-1 subtype-A *pol* nucleotide sequences sampled during 2012–2015 from 427 patients of 24 regional AIDS centers and used phylogeographic analysis to reconstruct virus movement among different locations in Ukraine. We then tested for correlations between reported PWID behaviors and reconstructed patterns of virus spread. Our analyses suggest that Donetsk and Lugansk, two cities not controlled by the Ukrainian government in eastern Ukraine, were significant exporters of the virus to the rest of the country. Additional analyses showed that viral dissemination within the country changed after 2013. Spearman correlation analysis showed that incoming virus flow was correlated with the number of HIV-infected internally displaced people. Additionally, there was a correlation between more intensive virus movement and locations with a higher proportion of PWID practicing risky sexual behaviors. Our findings suggest that effective prevention responses should involve internally displaced people and people who frequently travel to war-affected regions. Scale-up of harm reduction services for PWID will be an important factor in preventing new local HIV outbreaks in Ukraine.

HIV | Ukraine | war | people who inject drugs | phylogeography

The HIV epidemic in Ukraine is one of the largest in Europe: In 2015, the country had an estimated 220,000 people living with HIV and the highest rate of new infections in Europe (~30 cases per 100,000 people) (1). After independence in 1991, the population of people who inject drugs (PWID) grew quickly;

interrupted (9–12). HIV incidence has grown 15–54% in some areas affected by war (13). Notably, the conflict caused massive internal human migration: Since 2014, >1.7 million people have been internally displaced in Ukraine (14), out of a total population of 45 million (15). HIV prevalence in the general population stands at >0.5% (16), suggesting that >8,000 of these displaced individuals might be HIV-infected. However, only 1,153 HIV-infected internally displaced people (IDP) have registered with AIDS centers at their new places of residence as of early 2017 (16). Large-scale human migration is likely to have had an impact on epidemic dynamics within and among the regions of Ukraine. Within cities and well-established transmission networks, chronically infected people protect individuals susceptible to infection from highly infectious recently infected cases, creating the so-called “firewall” effect (17, 18). Changes to established networks could disrupt this effect and trigger further viral transmission or even provoke local outbreaks. Furthermore, as infected people move to new places, they might disseminate new viral strains. In addition, new groups of susceptible individuals may be generated—e.g., disadvantaged IDP, affected by war, with potentially poor access to care. In general, we might expect an increased export of HIV from eastern Ukraine (historically the most heavily HIV-affected region) to other locations.

Significance

Current conflict in the heavily HIV-affected regions of eastern Ukraine, which caused the relocation of 1.7 million people, may have increased the exportation of the virus from war-affected regions to other parts of the country. We show that the large-scale war-initiated movement of people (including those HIV-infected) was associated with patterns of HIV movement reconstructed from gene-sequence data. Our results further suggest that virus dissemination was directed to the locations

Rapid scale-up of PrEP in Ukraine this year, despite the war

Gus Cairns | 26 October 2022



Chernihiv AIDS Center after being hit by a missile. Image from Sergiy Antoniuk's EACS Standard of Care meeting presentation.

More than half the people on PrEP in Ukraine started it this year, and the country is hoping to further develop its PrEP services, Anna Koval, chief HIV epidemiologist and prevention specialist at the Ukraine Ministry of Health told the [International Congress on Drug Therapy in HIV Infection \(HIV Glasgow\)](#) this week.

This is a remarkable achievement in a country where HIV clinics have been damaged or destroyed, much of the population is on the move, and many medical staff have been redeployed or relocated due to the war.

The continued expansion of PrEP, Koval said, has been possible only because of the partnership of community and non-governmental organisations (NGOs), who have taken over most HIV testing and referral work, freeing medical staff solely to prescribe PrEP.



The total of 8700 people who have ever started PrEP is still

More news

PrEP programmes & uptake

Key population-led services now account for the majority of Thai PrEP users

16 September 2022

Dating, relationships & feelings

Gay social and sexual norms are shifting in the PrEP era

5 September 2022

PrEP programmes & uptake

South African women in long-distance relationships are choosing intermittent PrEP

1 September 2022

Injectable & long-acting PrEP

Injectable PrEP can only cost a little more than oral PrEP if it is to be cost-effective, South African study finds

3 August 2022

PrEP programmes & uptake

Who, what, where and when: tailoring PrEP services to increase uptake

1 August 2022

Editors' picks from other sources

PrEP

PrEP Awareness and Misconceptions Among Cisgender Women: Findings From IDWeek

TheBodyPro | 24 Oct 22



APRETUDE is a prescription medicine used for HIV-1 PrEP to reduce the risk of getting HIV-1 infection in adults and adolescents who weigh at least 77 pounds (at least 35 kg).



Bring on long-acting protection from HIV
AND PrEP WITHOUT PILLS

Find a PrEP Provider >



Pay as little as a \$0 copay per injection on prescribed APRETUDE.*

*Terms and conditions apply

WHO recommends long-acting cabotegravir for HIV prevention

New WHO guidelines advise countries to deliver long-acting cabotegravir as part of comprehensive approach to HIV prevention

28 July 2022 | News release | Reading time: 3 min (831 words)

WHO today released [new guidelines](#) for the use of long-acting injectable cabotegravir (CAB-LA) as pre-exposure prophylaxis (PrEP) for HIV and called for countries to consider this safe and highly effective prevention option for people at substantial risk of HIV infection.

The guidelines, released ahead of the 24th International AIDS Conference (AIDS 2022), will support countries as they plan for CAB-LA introduction as part of a comprehensive approach to HIV prevention and will facilitate urgently needed operational research.

The guidelines are launched at a critical moment, as HIV prevention efforts have stalled with 1.5 million new HIV infections in 2021 – the same as 2020. There were 4000 new infections every day in 2021, with key populations (sex workers, men who have sex with men, people who inject drugs, people in prisons and transgender people) and their sexual partners accounting for 70% of HIV infections globally.



[Guidelines on long-acting injectable cabotegravir for HIV prevention](#)

2 DOSAGE AND ADMINISTRATION

2.1 Dosage and Administration Overview

- APRETUDE contains cabotegravir extended-release injectable suspension in a single-dose vial [see *Dosage Forms and Strengths (3)*].
- APRETUDE must be administered by a healthcare provider by gluteal intramuscular injection [see *Dosage and Administration (2.7)*].
- APRETUDE may be initiated with oral cabotegravir prior to the intramuscular injections or the patient may proceed directly to injection of APRETUDE without an oral lead-in [see *Dosage and Administration (2.4)*].



What about self-injections?

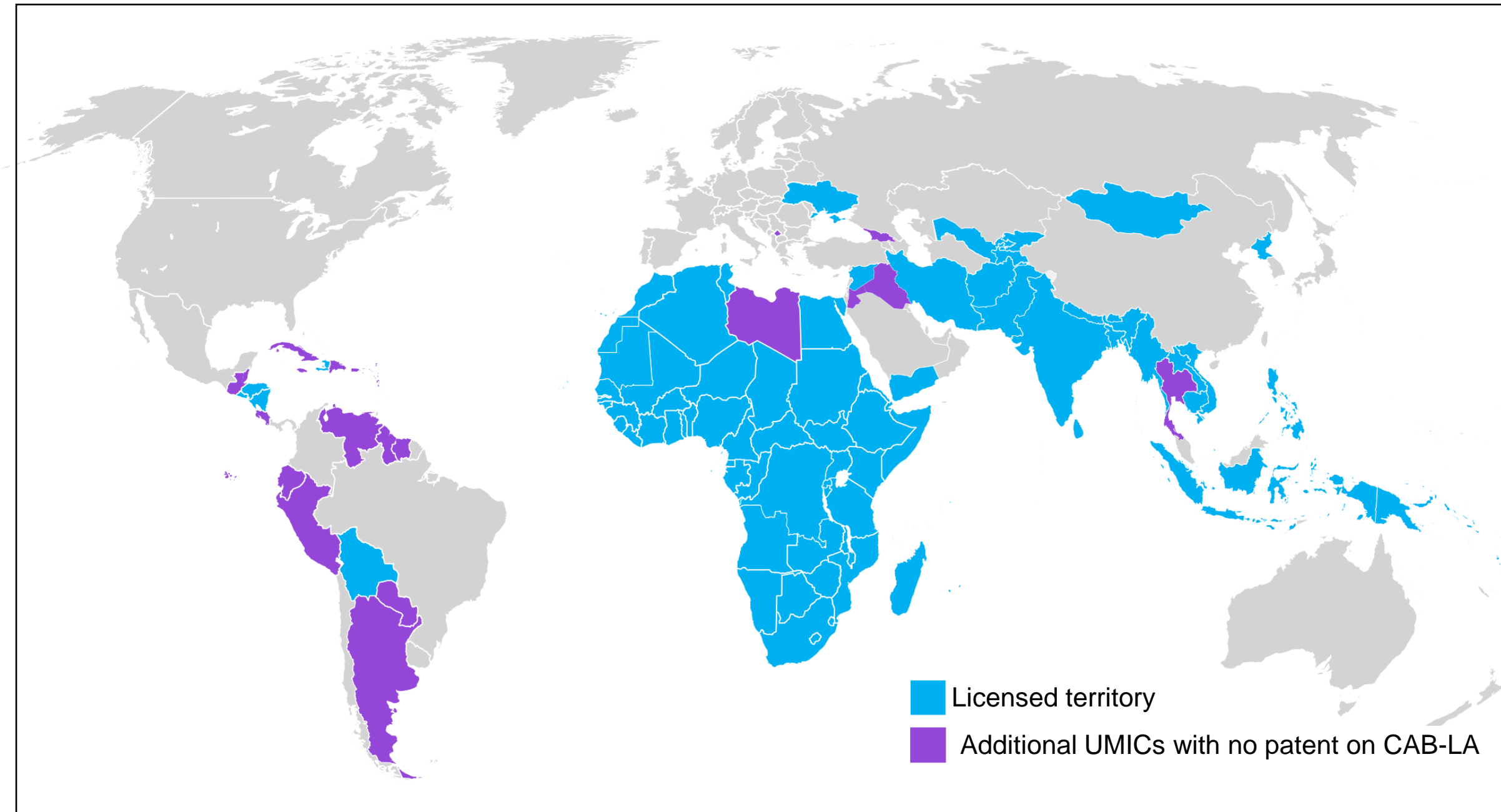


New MPP license for CAB-LA for PrEP Territory

The license allows up to three manufacturers
(anywhere in the world) to sell in **90**

countries: all low-income countries,
lower middle-income countries, sub-Saharan
African countries, least-developed countries

Sales outside the license territory may be
permitted as “nothing in this
Agreement shall be construed to
prevent the Licensee from
undertaking any activity
anywhere in the world where
such activity is (1) outside the
scope of the Patent Rights or (2)
is permitted pursuant to a
compulsory license of the Patent
Right”



Source: Beatriz Grinsztejn, Long-acting PrEP implementation: Fostering access and equity, AIDS 2022

 [Apretude : EPAR - Medicine overview \(PDF/120.58 KB\) \(new\)](#)

First published: 20/09/2023
EMA/341424/2023

Available languages (22) 

 [Apretude : EPAR - Risk management plan summary \(PDF/472.44 KB\) \(new\)](#)

First published: 20/09/2023

This EPAR was last updated on 20/09/2023

Authorisation details

Product details

| | |
|-----------------------|----------------|
| Name | Apretude |
| Agency product number | EMA/H/C/005756 |
| Active substance | Cabotegravir |

Apretude received a marketing authorisation valid throughout the EU on 15 September 2023.

Further information on Apretude can be found on the Agency's website:

ema.europa.eu/medicines/human/EPAR/apretude.

This overview was last updated in 09-2023.

RESEARCH ARTICLE

Pre-exposure prophylaxis in France: How many MSM are eligible and how much will it cost?

Only 29.5% of MSM covered by PrEP (42,000/ 142,000)

Other key populations < 1%

PrEP is largely underutilized in France

Results

For 2019
previous
145,241)
Menza s

roll-out in eligible MSM varied between € 317,685,216 and € 545,903,216 for official French criteria, which was higher than the estimated €432,240,851 and €742,753,074 according to the Menza score.



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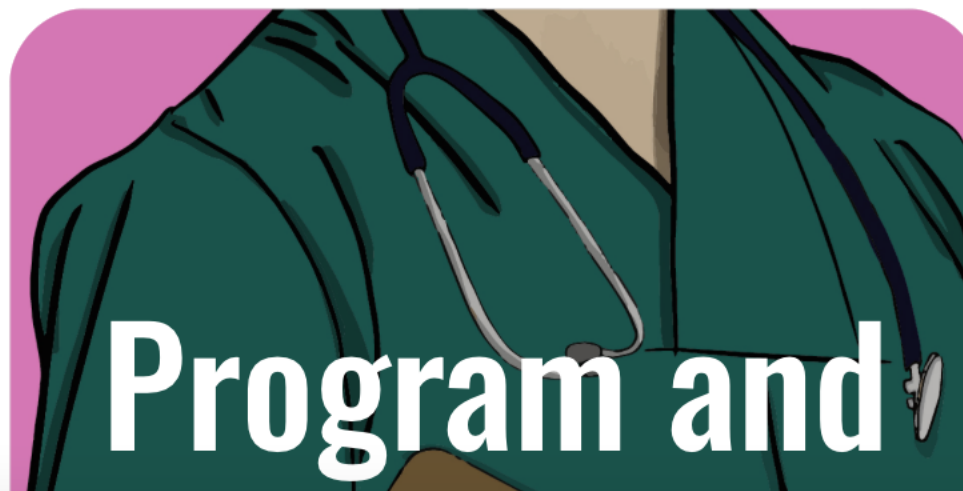
[LINKS](#)

[CONTACT](#)

[EN](#) ▾

4 Years Of SwissPrEPared + 6500 Participants!

SwissPrEPared reached a new milestone: The project started 4 years ago and now has 6500 participants.



People ON PrEP protect people **NOT** on PrEP

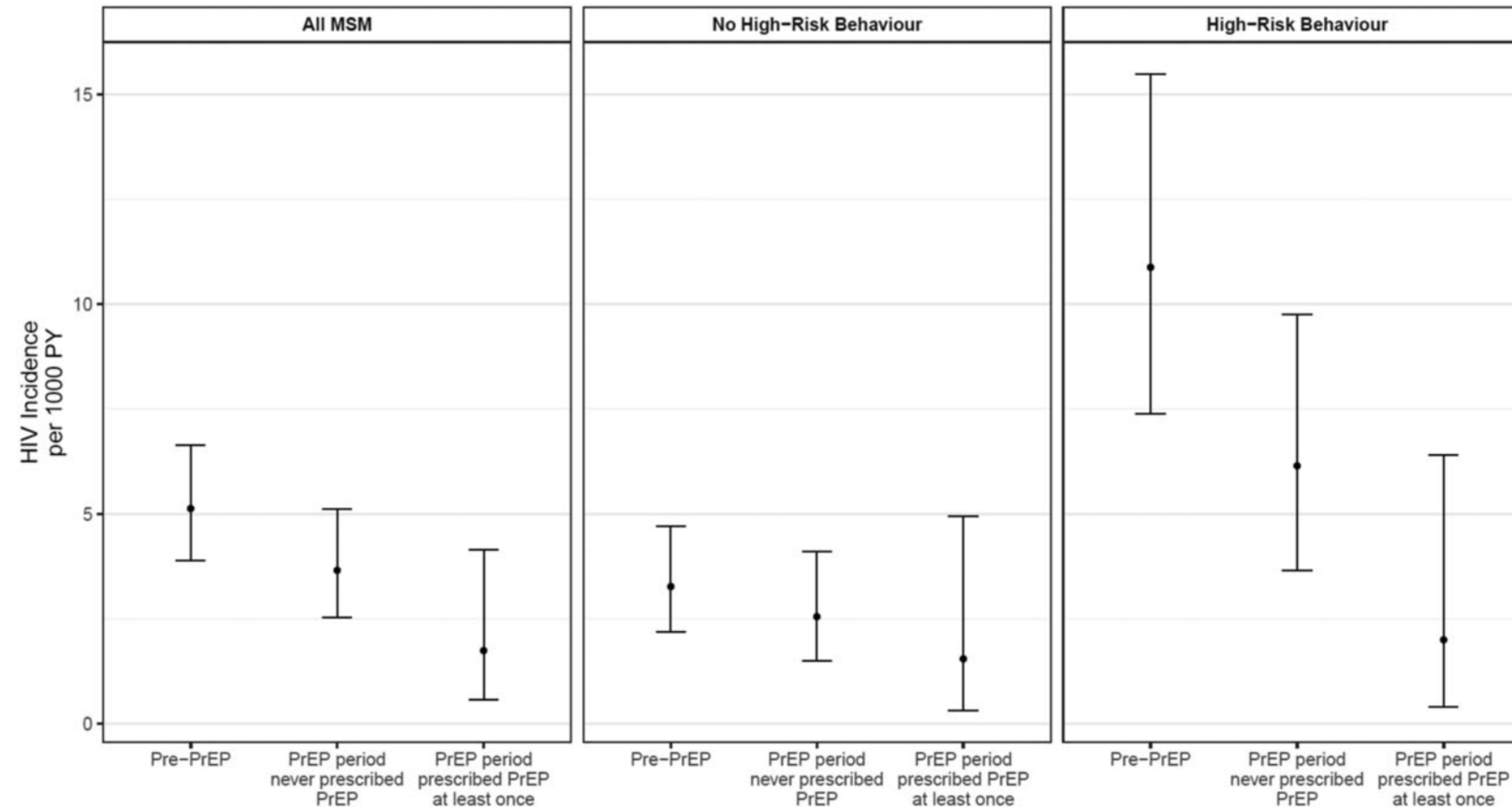
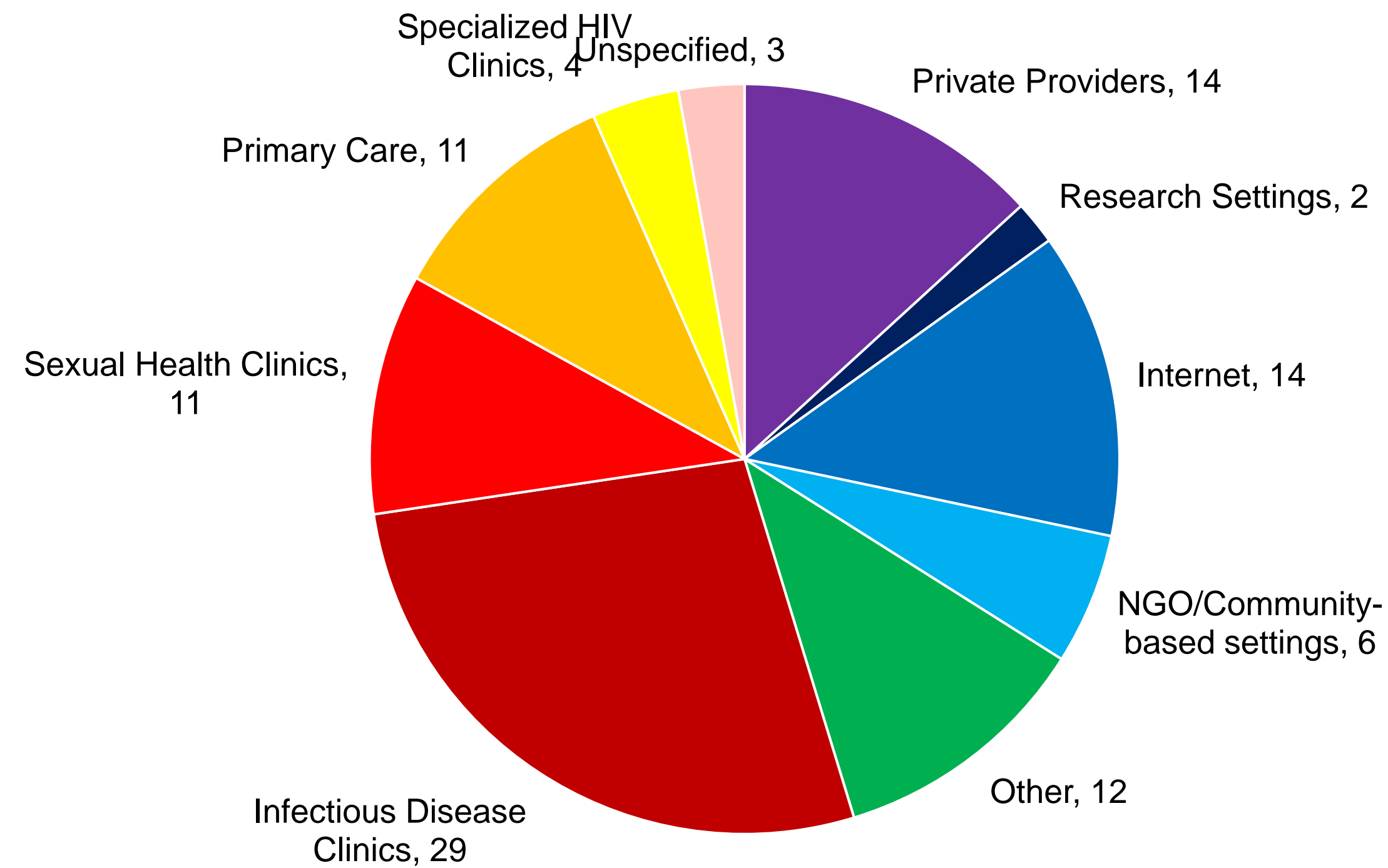


Fig. 1. HIV incidence per 1000 person-years with 95% confidence intervals according to exposure category and defined risk group. PrEP, preexposure prophylaxis; PY, person-years.

Settings in which PrEP is available across Europe and Central Asia (n=49)



Professionals with the authority to prescribe PrEP across Europe and Central Asia (n=37)



| Profession | Number of countries |
|--|---------------------|
| Doctors | 36* |
| Clinical officers | 5 |
| Members of the nursing profession (ex: registered nurses, nurse practitioners, and midwives) | 2 |
| Pharmacists | 0 |

*Four countries specified that the prescribing doctor had to be an infectious disease specialist.

Some findings of recent HIV Programme reviews in EECA countries:

- In many countries PrEP is still provided as a **pilot project (usually MSM)** .
- Number of PrEP clients is **very limited** and cannot make a substantial public health impact.
- PrEP services delivery is **medicalized/institutionalized**, which creates additional barriers in stigmatized environment.
- **Excessive clinical monitoring** in many countries.
- **Indications** for PrEP include **specific risky situations** that potentially limit the number of clients who can be enrolled and benefit from PrEP.
- Requirement to provide **passport data** in order to receive PrEP reduces the acceptability of PrEP services among key populations.
- **Insufficient awareness** / misconceptions of PrEP among target populations, low knowledge of PrEP among some providers, which affects retention/continuation in PrEP.

My reflections

- Evidence-based clinical PrEP guidelines enable community-based PrEP/‘simple PrEP’
- WHO (2015 - ‘any person at risk’); we should move away from risk-based language
- WHO regional action plan for Europe: clear PrEP targets out to 2025/2030 (let your ministers know!)
- Current oral PrEP implementation in Europe is uneven (and not sufficiently accessible/available)
- The menu is expanding: new formulations/products here: long-acting cabotegravir is coming to Ukraine soon; lenacapavir (lot’s of excitement, in development)
- Please take a look at ECDC monitoring tool:
<https://www.ecdc.europa.eu/en/publications-data/monitoring-hiv-pre-exposure-prophylaxis-programmes-eueea>
- LEAVE NO ONE BEHIND

7:30



FUNDRAISER FOR DRONES

Aerial reconnaissance RQ-35 Heidrun

FUNDRAISE REMAINS
1 528 308 UAH



Alerts



Map

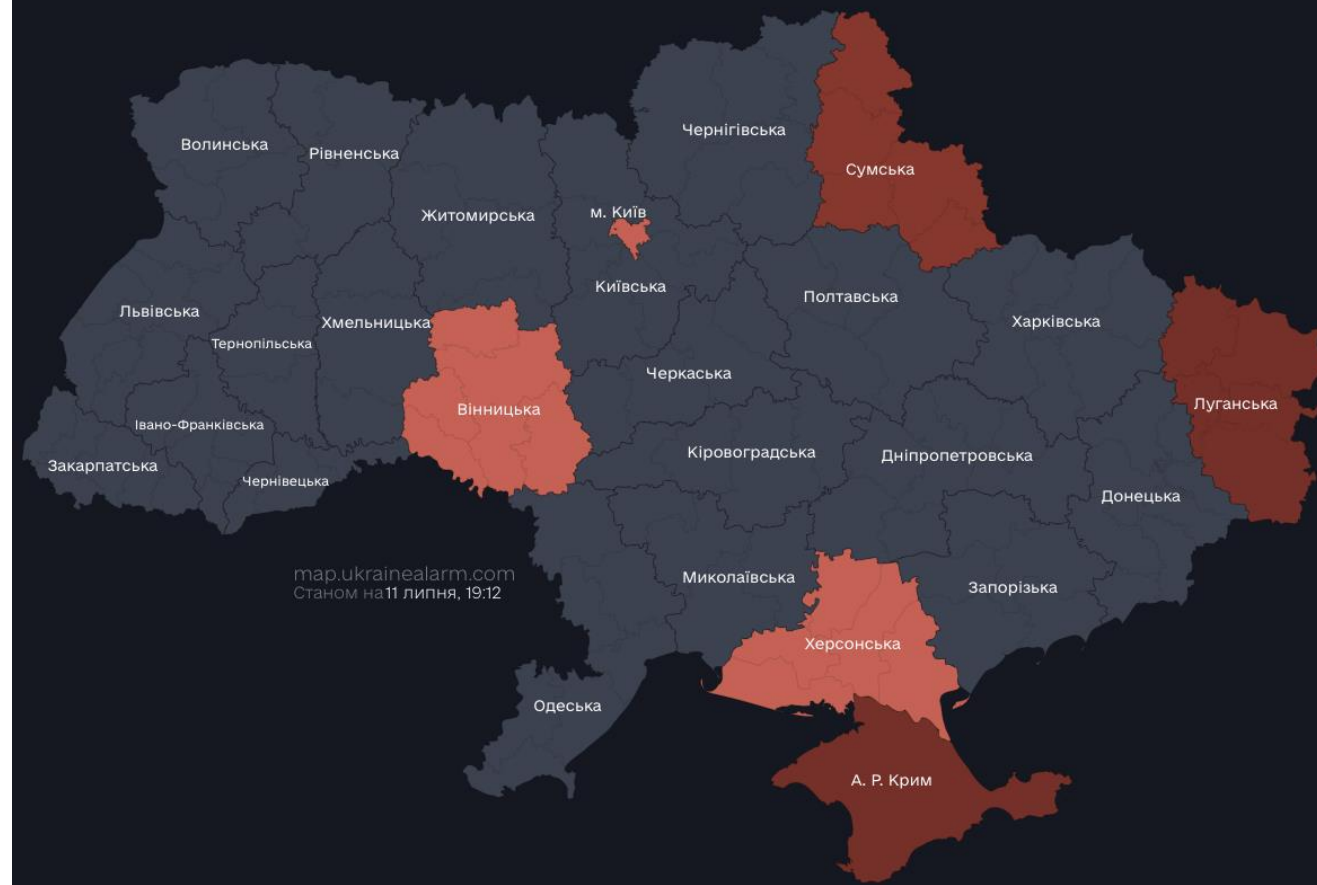


Useful



Settings

7:12



FUNDRAISER FOR DRONES

Aerial reconnaissance RQ-35 Heidrun

FUNDRAISE REMAINS
1 528 308 UAH



Alerts



Map



Useful



Settings

3:26

Viber



Regions



Kyiv



Air Alert

Immediately proceed to the nearest shelter

If there is no shelters around:

At least two walls must separate you from the potential shell impact zone.

If you do not know where the nearest shelter is:

Use the Telegram bot

[@UkraineShelterStfalconBot](#) by clicking the "Find shelter" button.

This bot will help you to find the closest shelter by geolocation.

Locate the nearest bomb shelter



Alerts



Map



Useful

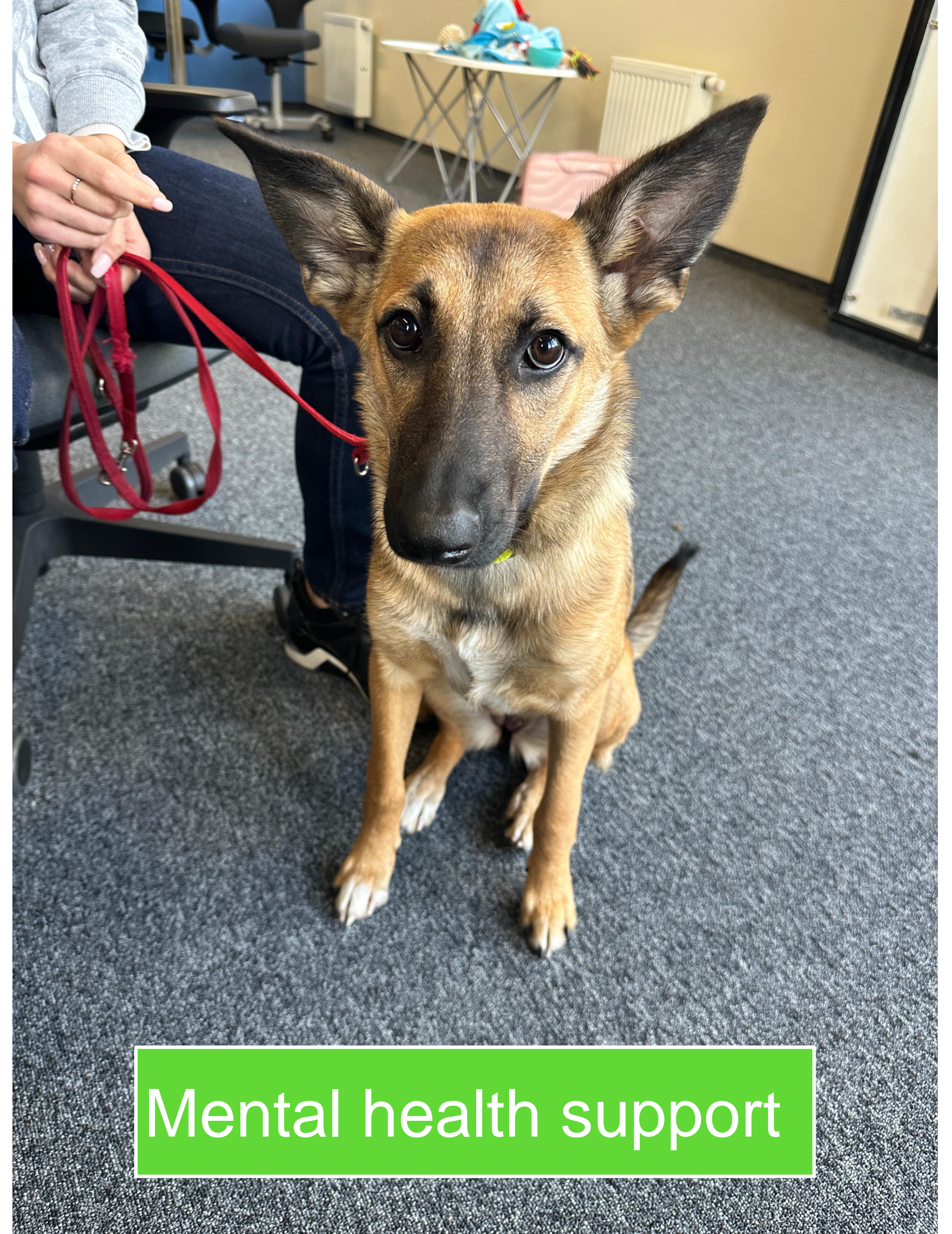


Settings





**DRUGSTORE
ORG. UA**



Mental health support

mameletzisi@who.int

Special acknowledgements:

Front line health care and social workers within health care facilities and community-based organizations in Ukraine offering HIV services, including PrEP

The people of Ukraine we serve and making an HIV-free generation in Ukraine through our work PEPFAR and advocacy work by Alliance for Public Health

Community partners across EECA

WHO Ukraine country office team/EURO/HQ for their technical expertise and leadership

Our partners, especially Alliance for Public Health, ECOM, US CDC/PEFPAR/USAID, Global Fund