

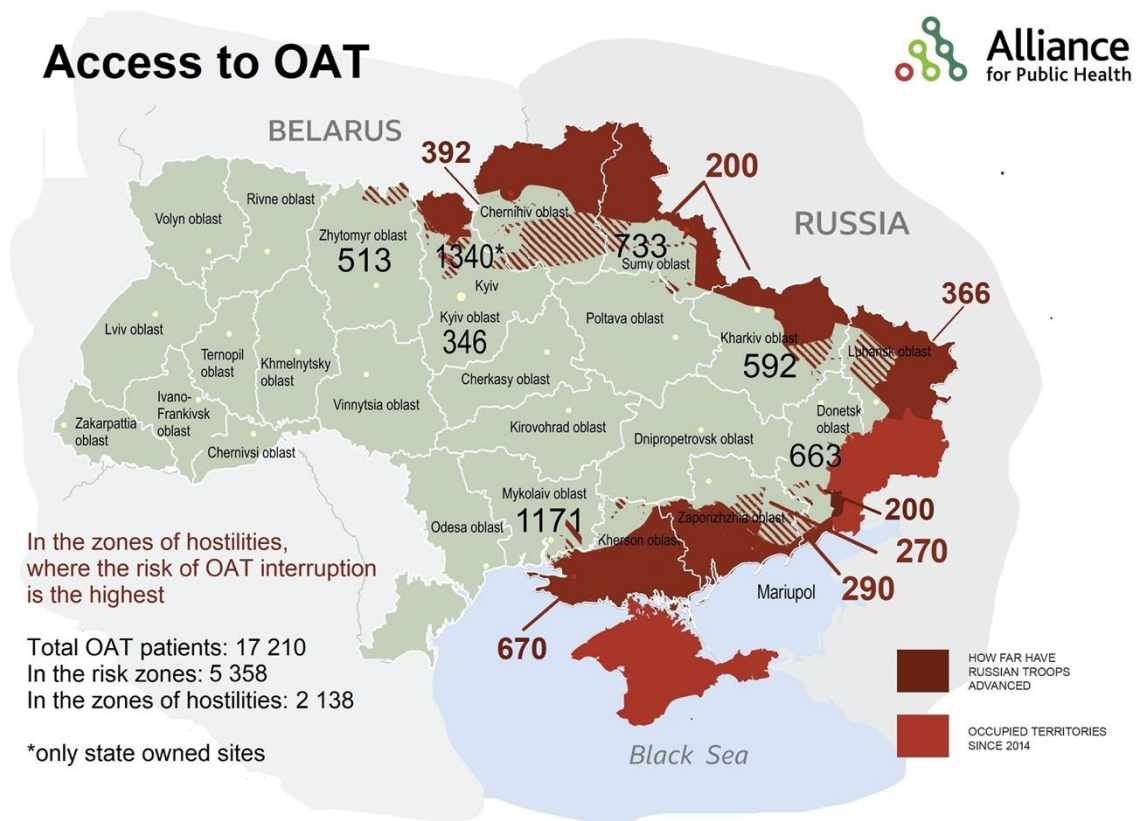
**ALLIANCE FOR PUBLIC HEALTH:
response to challenges caused by Russia's aggression against Ukraine**

***Situational report no. 6 of 31.03.2022, special issue:
Opioid Agonist Treatment (OAT)***

SUMMARY

As the war threatens to interrupt treatment, OAT patients have become even more vulnerable. The Alliance for Public Health's principal position is to preserve provision of services wherever possible. We are transforming our activities to help war-affected people (first of all, vulnerable populations) and attempting to ensure the safety of clients, APH personnel and partner NGOs.

A month of war has shown that over 2138 patients (out of total over 17 210 officially registered before the war) in Ukraine face immediate risk of OAT interruption. These are people in areas occupied by Russia and where fighting is most active, and patients with whom contact has been lost. Sites in no less than 57 towns and cities are now threatened or not working at all because of war damage, occupation or lack of medications. Considering the overall number of patients (including those who used to receive prescription-based OAT at private healthcare facilities), the risk of treatment interruption is real for nearly 6000 patients. This figure does not include about 3000 patients receiving OAT through private commercial facilities.



Since February 24, the main **CHALLENGES** to OAT programs in Ukraine are:

- **Replenishing stocks of OAT medicines** in different regions; risk of **supply interruption**.
- Threat of **closing OAT sites** because of fighting, destruction and occupation of territories.
- **Displacement** of OAT patients, health personnel, OAT project staff providing PSS services.
Pressing **need for life support services for patients** (food packages, additional medications to treat co-morbidities, clothing, etc.); technical assistance to OAT sites.
- **Providing drugs to patients of private healthcare facilities** who receive prescription-based treatment and are not on the state program. There are many more such patients than the official figure of 3000. Meeting their demand in treatment is planned, in part, through involvement in the state program after procurement of extra stocks of drugs. APH plans to renew dialogue with local suppliers regarding restarting drug production.
- Enrolling people on the state program when stocks and supply are limited is complicated by the fact that patients of private facilities usually take high doses.



GENERAL OVERVIEW

- 1. Supply of drugs.** The Public Health Centre (PHC) of the Ministry of Health (MoH) together with APH and 100% Life conducted an accelerated procurement of medications in Odesa. They collected information about needs in the regions where stock levels were approaching critical, identified transport operators and chose sites to receive and store the drugs. Three-month stocks have been delivered to Vinnytsia, Lviv, Zakarpattia oblast, and to sites in the city of Kyiv. Delivery to other regions (except for towns and locations that are occupied or where heavy fighting is ongoing) is planned for the nearest future. Negotiations are ongoing with three principal recipients regarding involvement of international partners for additional procurement of OAT medicines; calculations also include the needs of patients from private facilities and the penitentiary sector. Most patients (except those in occupied towns/sites and towns where heavy fighting is ongoing) stay at home and wait for the drugs to be delivered. Most sites still have some reserves thanks to previously issued 10-15-30-day supply.

INNOVATIVE APPROACH



On March 28, the APH piloted **delivery of OAT medicines to healthcare facilities in Poltava, Sumy and Odesa oblasts** using mobile clinics of the APH which are now used for delivering humanitarian commodities. Now, thousands of OAT patients will have stocks of drugs for a extended period, which is vital during war. Every OAT site will receive the required amount of OAT medicines for their patients based on

requests they submitted. These activities follow the Order of the MoH of Ukraine dd. 08.03.2022 no. 433 'On Supplying Drugs Procured with the Funds of the State Budget of Ukraine for 2021 for People with Mental and Behavioral Disorders due to Use of Opioids, Who Receive Treatment with OAT medicines in the Time of War'. The activities have been agreed with the Minister of Health and are controlled by a deputy minister.



- 2. Interruption/possible interruption of treatment** (when patients on occupied territories run out of drugs or new drugs will be impossible to deliver), in particular:
 - Two sites in **Mariupol** do not exist anymore. The city is almost completely destroyed.

- In **Luhansk oblast**, only one site in **Lysychansk** is still operating. Delivery around the oblast is impossible. The site in **Rubizhne** has been destroyed. **Svatove** has been occupied by Russia, the fate of the OAT site is unknown.
- In **Kharkiv oblast**, patients of the state OAT program are receiving drugs in private clinics.
- In **Sumy oblast**, **Okhtyrka** and **Lebedyn** are surrounded. Stocks of OAT medicines will last until the end of March. **Konotop**, **Shostka** and **Sumy** have 2-4-week supplies of drugs.
- In **Zaporizhzhia oblast**, OAT medicines (for 1 month) were delivered to **Melitopol** and **Berdiansk** two weeks ago with support from the Ukrainian Red Cross.
- In occupied **Kherson oblast** there are no drugs left at sites in **Skadovsk** and **Nova Kakhovka** (on March 25, a 7-10-day supply of drugs was given to patients). Currently, stocks of OAT medicines are running low at the site in **Henichesk**.
- For about two weeks, drugs were not available at some sites in **Cherkasy oblast** (Smila, Zolotonosha, Chyhyryn, Korsun Shevchenkivskyyi, Kaniv, Horodyshche, Drabiv, Mankivka). The problem has been partially resolved: on March 25, drugs were delivered with the help of 100% Life Cherkasy.
- **Chernihiv** is also on the brink of a humanitarian disaster. There is no power, heating and water supply. The situation with OAT medicines is critical in Bakhmach, Mena and Koriukivka.
- In other regions, the situation is currently relatively stable.



Provision of OAT medicines to the sites in Cherkasy oblast

- 3. Support for patients:** Thanks to cooperation with projects and partners involved in implementation of the OAT program in Ukraine and transformation of existing activities (with support from the GF), humanitarian aid is being provided. Patients moving to other regions of Ukraine receive prompt support and continue OAT in new locations. According to recent reports, there are no less than **1000** displaced patients (the data is updated daily).
- 4. Support for doctors:** transport to OAT sites is provided for both health personnel and patients in regions directly affected by the war.

The APH together with the PHC and all partner projects provide daily information on recent changes, MoH orders, collaboration algorithms and contact data of OAT sites both in Ukraine and abroad in order to ensure uninterrupted treatment.

STORIES FROM REGIONS: LVIV

*"The number of OAT patients in Lviv has doubled," said **Andriy Klepikov, executive director of Alliance for Public Health**. "We greatly appreciate the work of Myroslava Kabanchyk, Chief physician of Lviv Oblast Narcological Dispensary, and her team for enormous efforts to take for treatment OAT patients escaping from war zones to Lviv. It is essential for patients to get official*

registration with the Lviv authorities of IDP (internally displaced person) status. Patients have come from Kharkiv, Zaporizhzhia, Enerhodar, Mariupol, Sumy, Kyiv, and other cities. Lviv is saving the lives of OAT patients from all over Ukraine. Thank you, Lviv! "

Yaroslav*: "I am from Kyiv, I am an OAT patient and have been getting treatment at a private clinic for almost two years. I would pay for a prescription and get my medicines. I came to Lviv because I had to replace my documents, as I lost my passport and it was impossible to renew it in Kyiv. Also, the private clinic closed, and to get on the state program in Kyiv is impossible. I came to the narcological dispensary; they explained the procedure, I made tests, completed all questionnaires and received the drugs — all in one day. I am very grateful for this help, because my health suffered when treatment was interrupted: my legs ached and I felt extremely weak. There are many people like me, not just from Kyiv, but from Kharkiv, Luhansk, Donetsk, Mykolaiv and Kherson oblasts... a lot of them used to be on private programs. They haven't given me a takeaway supply yet, I take the drug the nurse gives me, but I'm fine with that; the most important thing is that I can go about my business, searching for a job!"

According to the **Chief physician of Lviv Oblast Narcological Dispensary, Myroslava Kabanchyk**, there are more than 100 displaced patients in Lviv from all round Ukraine. "It is hard to say how many of them will stay here," says Myroslava. "Some will leave. We accept all of them, we give them a maximum 10-day supply of medicines. But they are unusual patients, and we need

to assess how stable they are. Many new patients used to go to private sites. We accept them, as we have no choice: if we don't, the situation in the region will deteriorate. We place them in our inpatient facilities for a day for assessment, and by the end of the day they can already get the medicines. Many patients have HIV. Many patients come with illness, injuries, burns; we try to help them all.'



Ihor Zarishniak, PSS OAT coordinator at CO 100% Life in Lviv: 'At the three sites in Lviv there is almost no free capacity; we refer patients to sites in Drohobych, Stryi or Chervonohrad. Many patients come from private sites; it seems that they are the

majority. It is more difficult with them, as their doses are usually higher, and not all of them want to get registered and tested; they are used to simply paying money to resolve all issues. We are trying to help as much as we can. We have opened a shelter and a soup kitchen. Many of the patients are here only temporarily: they want to go either abroad or to other regions'.

**patient's name has been changed*

PROJECT ACTIVITIES BEFORE THE WAR

Since 2021, APH pursued the following activities under the current Global Fund grant:

- **Providing psychosocial support services to 5550 OAT patients through 24 NGOs** all around Ukraine.
- **Expanding the OAT program based on the Results-Based Financing (RBF) model** (by enrolling new patients on the OAT program through signing direct contracts with healthcare facilities (HCF), recruiting and retaining new patients. In 2021, 116 agreements

were signed and 2653 patients continued treatment, 82.4% of whom were continuing treatment as of 31.12.2021.

- **A project for technical assistance for new and/or existing OAT sites.** In 2021, 19 sites were reconstructed and equipped, including six new sites, five of which are at State Penitentiary Service facilities.
- **Expanding the OAT program in the penitentiary sector for people with opioid dependence.** As of the end of 2021, OAT was provided to 121 patients at seven sites.
- **Implementation of a peer-driven intervention (PDI) pilot project in four oblasts of Ukraine (Kyiv, Kharkiv, Khmelnytskyi, Rivne)** for enrolling new patients on the OAT program.
- **A project for transportation of vulnerable OAT patients during COVID-19 to ensure uninterrupted continuation of treatment during COVID-19-related restrictions (Under the CRM19 grant).** This service has been used by 1098 OAT patients with a complicated history of disease (HIV/AIDS after pulmonary TB; exacerbation of chronic diseases rendering patients less mobile; disability).
- **Supporting the national hotline on drug dependence and OAT.**

PROJECT ACTIVITIES DURING THE WAR

1. Providing PSS services to OAT patients during the war

Psychosocial support for OAT patients (supported by the GF) continues to be provided in all the regions, including occupied Kherson oblast, except for sites in **Mariupol**. For the long time there was no contact with Luhansk oblast.

STORIES FROM REGIONS: LUHANSK OBLAST

When this report was almost completed, we were able to get in touch with the head of OAT operations at CO Luhansk Oblast Society All-Ukrainian Network of People Living with HIV/AIDS, Valentyna Kalmykova.

'The situation in Luhansk oblast is extremely difficult; this is a humanitarian disaster: we have no electricity, no water supply, there is not enough food. The town of Rubizhne is split into two parts — one is Ukrainian, the other is controlled by the [Russian-backed] LPR. The narcological dispensary in Rubizhne has been damaged by bombing and is not working. Svatove is controlled by the enemies. Yet clients at all sites have OAT medicines; the next dispensing was planned for April 5 and 6. Most probably, the drugs will be issued at Sievierodonetsk and Lysychansk hospitals which still work.'

Valentyna was able to leave Rubizhne a few days ago. Head of the organization, Yevhen Topchiyev, helped her to escape. He has remained in Rubizhne and uses his bicycle to delivery humanitarian aid to air-raid shelters where people, including children, are staying now.

There is a huge need for medications, food and water, but no help can be sent as the area is surrounded. Unfortunately, employees of the organization have almost no contact with their colleagues in Svatove, as the phones do not work there, and people get in touch maybe once a week.

Provision and scope of PSS is now customized to the needs of each region and each particular OAT site. Social and health workers are focused on ensuring provision of uninterrupted OAT to all patients. Bearing in mind the limited funding of the project that was intended for retaining OAT patients in peacetime, the APH is considering expanding project activities and increasing funding in order to reach patients, identify and meet their needs in each particular case.

2. Expanding OAT based on the RBF model (by enrolling new patients on the OAT program through signing direct contracts with HCFs, recruiting and retaining new patients).

Since January 2022, implementation of a new approach to enrolling and retaining new OAT patients started. After the beginning of active warfare, the approach had to be revised. Now, new mechanisms for additional funding of HCFs are being discussed, as they are currently underfunded by the state.

3. Implementation of the project for technical assistance for new and/or existing OAT sites

Project activities are not implemented and funding is suspended because of the war.

4. Expanding the OAT program in the penitentiary sector for people with opioid dependence kept in penitentiary facilities.

Active negotiations with the leadership of the Health Center of the Penitentiary Service and the PHC are ongoing regarding supply of medications and operation of OAT sites at penal facilities during the war. Procurement of liquid methadone for penal facilities has been included in the plan of global procurement to be implemented for the civil sector using GF funding. Funding reconstruction of facilities to create new OAT sites is currently suspended.

5. Implementation of a new PDI project. Funding has been repurposed for the needs of OAT patients.

6. CRM19 grant funding is used for ensuring uninterrupted treatment during the war.

7. 'Expanding Medication Assisted Therapy in Ukraine' (ExMAT) project – as a part of the Payment for Performance (P4P) initiative, nine new patients started receiving OAT in Odesa, Kovel and Volodymyr-Volynskyi.

APH's project **supported by CDC** continues working at project sites in all PEPFAR regions except Mariupol and occupied territories:

- Financial support is provided to site personnel; patients receive material incentives.
- Two mobile OAT clinics in Dnipro and Kryvyi Rih are transporting humanitarian goods and medications for OAT sites and patients. Another five OAT mobile clinics (which were not fully equipped because of the war) are used for transporting humanitarian goods, evacuation of people (one of the mobile clinics has been transferred to partners from CO 100% Life for transport and delivery of medications, including ART drugs).
- All relevant information — orders of the MoH, contacts of sites abroad, advice on provision of psychological care and safety, etc. – are available on the project website ('For wartime' link) <https://zpt.org.ua/uk/> and through the mobile app.

National hotline on drug dependence and OAT

- From March 1 to March 25, there were **1038** calls (457 online and 581 via phone), **three times more than the hotline received in the month before the war.**
- **32%** of incoming requests come from drug-dependent people who used to be clients of private clinics (receiving/using prescriptions and getting drugs from pharmacies; enrolling on the state program).
- **27%** of requests from patients concern suspension/restriction of discharge of drugs (in Kamyanka, Lysianka, Konotop, Zolotonosha, Smila and Drabiv). Some of them also include complaints about reduced doses (Kyiv, Rivne, Ternopil, Khmelnytskyi).
- **26%** are about transferring/receiving/contacts of sites in Ukraine and abroad.
- **14%** are miscellaneous (COVID, confiscation of the drugs by police, loss of drugs (e.g. taken away by other drug users), questions about continuation of the program, how to receive drugs without IDs, etc.)



Trends:

- clients of the program increasingly complain about other drug users who take the drugs away from them;
- there are multiple cases when police officers confiscate legally received drugs;
- a lot of patients ask questions about how to get the drugs in another region if documents are lost.

PERSONAL STORIES: examples of targeted help (advocacy cases).

- on 20 March, a **patient from a private clinic in Kharkiv**, Lidiya K., 32, asked for help. Her house had been hit by shelling, and she came on an evacuation train to **Lviv** without any possessions. The operator immediately called the chief physician of Lviv Oblast Narcological Dispensary and coordinated Lidiya's next steps: the next day, she was placed on the OAT program.
- on March 22, a **patient of the state OAT program in Kryvyi Rih**, Oleksandr M., 47, called. He had been wounded fighting in the territorial defence. When after receiving treatment at the hospital he returned to his site, he was denied his therapy because he had been absent for 10 days. The operator promptly called H. Zalizniak (responsible for OAT there) and helped the patient to obtain the necessary documents from the hospital and return to the OAT program.
- On March 5, an **OAT patient from Kyiv**, Olha T., 38, asked about leaving the country with her two children. The patient had a lot of questions regarding crossing the border with OAT medicines, confirming documents, OAT sites abroad, etc. The hotline operator provided detailed consultation including contact information of OAT sites in Poland. The woman was referred to a local NGO who went on to provide further support. Currently, Olha is receiving both ART and OAT, and has started HCV treatment.

PROCUREMENT

- The APH **promptly procured available stocks of methadone and buprenorphine** from TDV Interchem (Odesa). The drugs are to cover the needs of Odesa oblast (HCFs in Odesa, Izmail and Bilhorod-Dnistrovskiy), Poltava, Zaporizhzhia, Ternopil and Ivano-Frankivsk for approximately 1 or 2 months, until state-supplied drugs come.
- Because of the war, current supplier TOV KhFP Zdorovya Narodu in Kharkiv has suspended manufacture; another Ukrainian supplier is on threatened territory, so the APH and other international partners have been looking for suppliers and donors on the international market to procure OAT medicines for 2022. Some of the drugs will be procured through the portal of the Global Fund — WAMBO, but the biggest part, around 23 million 25 mg methadone tablets, are to be purchased from RUSAN Pharma (India).

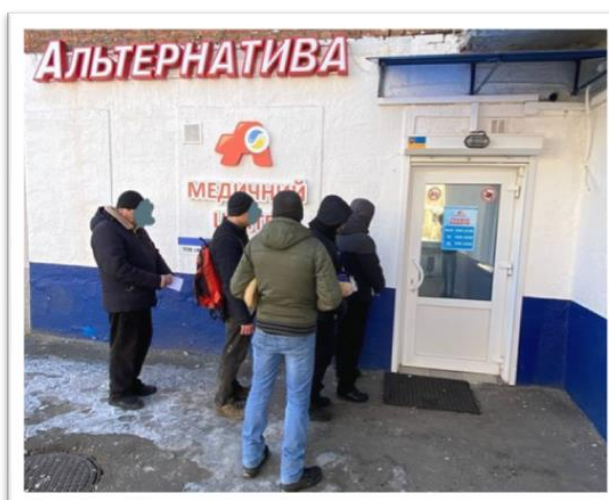
INFORMATION FROM DIFFERENT REGIONS

Kharkiv oblast

In Kharkiv oblast, private clinics Alternativa and Innovatsia in partnership with CF Parus committed to provide OAT to more than 400 patients of public healthcare facilities that cannot work at the moment. Together with personnel of Kharkiv Oblast Narcological Dispensary and the Oblast AIDS Center, they are working on ensuring uninterrupted provision of OAT to patients of the state program.

Dispensing the drugs is organized in advance, and, according to orders of the MoH for the time of martial law, a 30-day supply is provided to patients.

As well as residents of Kharkiv, the treatment is available to patients of sites of district-level towns (Kupyansk, Derhachi) and the Oblast Narcological Dispensary and Oblast AIDS Center. The patients also receive consultations and humanitarian aid.



Mykolaiv oblast

Shelling has damaged the building of the Oblast Narcological Dispensary in the city of Mykolaiv, including the premises of the OAT site. Work is ongoing to provide the required technical assistance to the facility and enable operation of the OAT site.

PERSONAL STORIES

A story about displaced people from CO 100% Life Network, Zaporizhzhia:

This is a family from Mariupol, a city being murdered by the Russian invaders. These young people managed to leave their city and reach Zaporizhzhia.

In Mariupol, they left their elderly relatives and their one month-old daughter, who died.

The baby was in the intensive care ward of Mariupol hospital and could not be transported because of her severe condition. The city is deprived of electricity, communications and necessary medicines. The family is trying to reach their relatives who are still in Mariupol, but in vain so far.

The couple rented a room in a hostel and asked for help. By chance, someone gave them a phone number of one of our employees.



The couple are clients of an OAT program. Our employee helped them to obtain the necessary documents and get registered in the city of Zaporizhzhia, which allows them to receive the drugs they need. We have also provided them with food and hygiene products.

But nothing can return them their little daughter. Yet another child has been killed in this war. The grief-stricken mother is struggling to cope; we will continue providing psychological aid to help her.'

Patients' stories: Rivne

Andriy*, 40, has been a client of a private OAT program in Kharkiv for seven years. He did not join a formal state program as he had a decent income, business, and family and *'I did not need that, I wanted no problems'*. After repeated Russian air raids against Kharkiv, he decided to leave. Volunteers evacuating families brought him to Rivne. It is bitter to think about losing everything he earned; his home has probably been destroyed. Health-related needs are now his priority. Andriy came to Our Future organization, joined the official OAT program and received drugs to continue treatment. His next step is finding a new job.



**patient's name has been changed*

INNOVATIVE APPROACHES

A new service, #HELPnow, helps people in accessing ART, treatment of TB, hepatitis and OAT.



Patient's story: Czech Republic

Olena *, OAT patient: *I am from Kharkiv and have been a OAT patient for over five years. In early March I visited the OAT site for the last time. I was given the drug for a month and I decided to leave, before that without the drug I was afraid to do so. I took the train to Uzhhorod, then through Slovakia to Prague. I had problems with housing and a job there, so I moved to Brno. I was registered there, and got temporary accommodation in a hotel, but the question of OAT arose. I had no acquaintances in the Czech Republic, so I started looking for all possible information. I used to work at Parus Charitable Foundation in Kharkiv, so I turned to them, and was referred to the All-Ukrainian Organization of People Living with Drug Addiction VOLNA, and they sent me information about the #HELPnow resource. I wrote and was contacted by Dinara, a social worker. I left in a hurry, I did not have any of the documents that OAT patients usually need when moving to another region, only the appointment letter. The social worker talked to me for a long time, I told her all the details about treatment, lifestyle, treatment experience, and gave her photos of all my documents. I tried to get a doctor's statement from my narcologist, but he said it was not possible. However, the social worker reassured me that the statement is not required, I would be accepted anyway. Now I'm registered for receiving OAT treatment at the site in Brno, the drug I was given in Kharkiv is just coming to an end and I will officially become a patient of the site in the Czech Republic. There are some inconveniences - there is only liquid methadone on this site, I have to go to the site every day, it will be difficult to find a job, but it is much better than in Kharkiv, where every time I came to the site I did not know if there would be another chance to receive the drug. Thank you for helping me register for free and for having such an opportunity."*

* Patient's name has been changed

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CONTACTS

ICF "Alliance for Public Health"

Andriy Klepikov, Executive Director

Cell: +38 050 334 8899 (also Viber, WhatsApp, Telegram)
klepikov@aph.org.ua

Myroslava Andruschenko, Program Manager: Policy and Advocacy

e-mail: andrushchenko@aph.org.ua
Cell: +38 067 232 4982 (also Viber, WhatsApp, Telegram)

www.aph.org.ua *FB: AlliancePublicHealth*