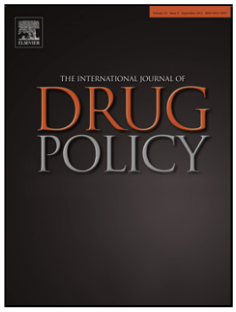
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Impact of armed conflicts and warfare on opioid substitution treatment in Ukraine: responding to emergency needs

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Ukraine has one of the highest HIV prevalences in the Eastern Europe (1-7). Injection drug use contributes to the HIV epidemic and is one of the key public health priorities for those working in HIV/AIDS prevention and treatment in Ukraine (1, 2, 4, 7-9). Opioid substitution treatment (OST) in Ukraine has a long history of challenges regarding implementation, and also successes, beginning with the introduction of buprenorphine maintenance treatment (BMT) in 2004 (10) and methadone maintenance treatment (MMT) in 2008 (11). The introduction of OST was a significant step taken by the Ukrainian government and civil society to address HIV epidemic. The OST program in Ukraine is the biggest (4, 12-14) not only in the post-Soviet countries but also among all the countries of Eurasia and as of March 1st, 2014. It has been implemented at 171 sites based on different healthcare facilities providing medical and psychosocial support to 8746 patients (7780 on MMT and 966 on BMT). The OST program 6 months retention rate is at 74%. Data on the most common co-morbidities among OST patients demonstrate that access to medical care is crucial for them since 42% of OST patients are HIV-positive, 51% and 19% are infected with the Hepatitis C and B virus respectively and almost 17% have tuberculosis (TB).

Despite many programmatic and structural challenges (4, 6, 15) the OST program has been one of the most effective medical and psychosocial interventions for the people who inject drugs (PWIDs) and who use opioids in Ukraine, reducing health risks and improving the quality of their life (16, 17).

Social and political crises affect vulnerable populations and have negative consequences. The political crisis and military invasion which Ukraine faced in 2014 is a critical example of such negative influences. The OST program and its implementers met difficulties and obstacles never seen before. Starting from February 2014 waves of unrest originating in Kyiv and Western Ukraine spread all over the country creating a fertile environment for the interruption of treatment.

In March 2014 the OST program was significantly influenced by the annexation of the Crimean Autonomous Republic and the city of Sevastopol by the Russian Federation. Despite multiple calls in the national and international press (18-22), Russia has prohibited OST in these territories. In May 2014 eleven OST sites in AR Crimea and Sevastopol, which used to service approximately 800 patients, ceased to operate. Due to this fact the total number of patients on OST in Ukraine decreased from 8746 (as of 01.03.2014) to 8175 (as of 01.05.2014). Around 60 patients left Crimea voluntarily to continue OST on the mainland. Health professionals helped such patients with the documents necessary for moving and facilitated continuation of OST in mainland Ukraine. Patients who stayed in Crimea had an opportunity to receive services in harm-reduction projects, supported by International Charitable Foundation “International HIV/AIDS Alliance in Ukraine” (Alliance-Ukraine) until now. Russian Federation policies limit the harm reduction package but do not abrogate them totally. Currently available services include the distribution of information materials, HIV testing and counseling, social support and needle exchange.

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The crisis escalated and warfare in Donbas (Donetsk and Luhansk regions) also influenced the operation of OST sites and OST provision as a whole. About 80 patients from the Eastern and Southern Ukraine also moved to other regions to continue OST (to Kyiv, Dnipropetrovsk, Sumy, Vinnytsya etc.). Securing OST for patients who have moved to other parts of Ukraine became a priority, including treatment of HIV/AIDS and TB. Such activities were implemented under the Global Fund to fight AIDS Tuberculosis and Malaria (GF) program and were also supported by the International Renaissance Foundation.

A clear mechanism of OST provision for the migrating patients was developed. This started with dissemination of information at all Crimean and Donbas OST sites about the opportunity to move and to receive humanitarian aid. Additionally, a special hotline provides comprehensive information about the project. Clients' support starts before they move to other regions. The hotline provides clients with information about the destination city, contacts with case managers in the region, and provides conditions for participation in the project. If the patient decides to move he or she is assisted in purchasing tickets for the train or bus, and is met on arrival at the station. Case managers accompany patients to the OST site, where they receive medical consultation and OST medication. If necessary, the client is referred to other facilities for medical examination and treatment, including for HIV/AIDS and TB. The case manager signs an agreement with each patient on participation in the project. Each client receives an individual plan, including for example, steps for finding a job and settling at a new place of residence. The patient is provided with accommodation (hostel, hotel or rented apartment), meals, assistance in registration with the migration service, employment service, etc.

One of the key challenges of this project is that patients faced stressful and disturbing circumstances and as a result their medical conditions deteriorated. The physical and mental health consequences of this crisis will remain a priority for medical and social workers. Unfortunately, only a small fraction of OST patients from the affected areas was able to benefit from the project. The outcome for others is still uncertain and a matter of concern. There are very few, mostly word of mouth, reports on the situation about those who did not leave AR Crimea and war-effected regions. The story of Crimean OST program is the biggest and most sound case of sudden life-threatening abruption of OST treatment that we are aware of.

Besides the problematic sites, OST operation in the Eastern Ukraine faced disruptions in the monthly supply of OST drugs to the regions, becoming dangerous due to military "checkpoints" between oblasts and around cities and small villages. During the second quarter of 2014 Alliance-Ukraine, one of the core implementers of OST program under the GF grant, did its best to improve the situation, including non-traditional ways to supply medicines in these regions, such as the involvement of regional security services to guard the cargo. One of the supplies to Donetsk was made by plane for the first time, two days before the Donetsk airport was bombed. During the summer of 2014 the OST program in the Eastern Ukraine has been under the constant threat. An absence of a sufficient stock of OST drugs in the regional pharmacies creates the prospect of OST interruption in these regions for almost 1300 patients. These events demonstrate how fragile is the Ukrainian system of OST supply and distribution under the unexpected aggravation of political and social crises. During the preparation of this editorial we have received data that OST sites in Donetsk city, Gorlovka and Makeevka serving to 321 patients have been also temporally closed and further provision of OST in these sites is at threat due to the pro-Russian local political approach.

Alliance-Ukraine together with Ukrainian Center for Socially Dangerous Disease Control has several times applied to the Ministry of Health of Ukraine regarding the necessity to make

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amendments to the legislation which limits the amount of narcotic drugs stored in healthcare facilities to the quantity not exceeding the monthly demand. OST delivery in the oblasts may only be carried out within these limitations, even in the territory stricken by warfare. In April 2014 Alliance-Ukraine forwarded the appeal letter on this matter to the Prime Minister of Ukraine.

In the view of the evidence on how political and social crises have impacted OST and harm reduction programs and their clients it is still unclear to what extent the HIV/AIDS epidemic will detonate in affected regions and in the country as a whole. Currently there are only discouraging prognoses and estimations of the harmful consequences of the situation.

Different political situations in AR Crimea and in the Eastern part of Ukraine have resulted in the interruption of OST in both parts of Ukraine. Returning to the status quo in the Eastern part of Ukraine is much desired, but very unlikely to occur in the near future, therefore, support for those who are migrating from Donbas is likely to facilitate the long-term stabilization process. The case of the cessation of the OST program in AR Crimea, however, does not give much hope that OST will become available at this territory in the near future without creation of strong political will inside AR Crimea and Russian Federation.

The case of Ukraine represents an exceptional example for the lessons to be learned for the future. Firstly, a rigid system of medication supply hinders effective response in times of crisis. Secondly, the development of emergency plans is necessary to assure sustainability of medical care for those under critical circumstances. Thirdly, an effective collaboration between government, civil society and international donors may be the only way to reduce the negative consequences of the appalling conditions.

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Conflict of interest statement.

I am Sergii Filippovych have no conflict of interest regarding provided editorial to the paper by Dr. Nickolas Zaller,(Geographic Variability in HIV and Injection Drug Use in Ukraine: Implications for integration and expansion of drug treatment and HIV care).

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