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From oral PrEP to long-acting formulations: the evolution of Ukraine's national HIV prevention programme

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From a small hospital-based pilot in 2017 to more than 13,700 people a year, Ukraine's PrEP programme grew through pandemic and war, and in 2025 it continued to serve established clients despite major financing disruption.

What protected it was not any single product or funding stream but the health system's capacity to identify problems early and change course: the capacity the next phase must protect.

INTRODUCTION

Ukraine has developed one of the most ambitious national PrEP programmes in Eastern Europe and Central Asia, reaching men who have sex with men (MSM), people who inject drugs (PWID), serodiscordant couples, sex workers, transgender people and people in prisons/closed settings, and it has continued through COVID-19, the full-scale invasion by the Russian Federation and the 2025 financing disruption. Across the WHO European Region, about 345,000 people had accessed PrEP by 2024, against a 2025 target of 500,000 [1]. In Ukraine, six-month persistence was 37.3% during wartime, and adherence to daily oral PrEP among PWID was very low [5,6].

OBJECTIVES

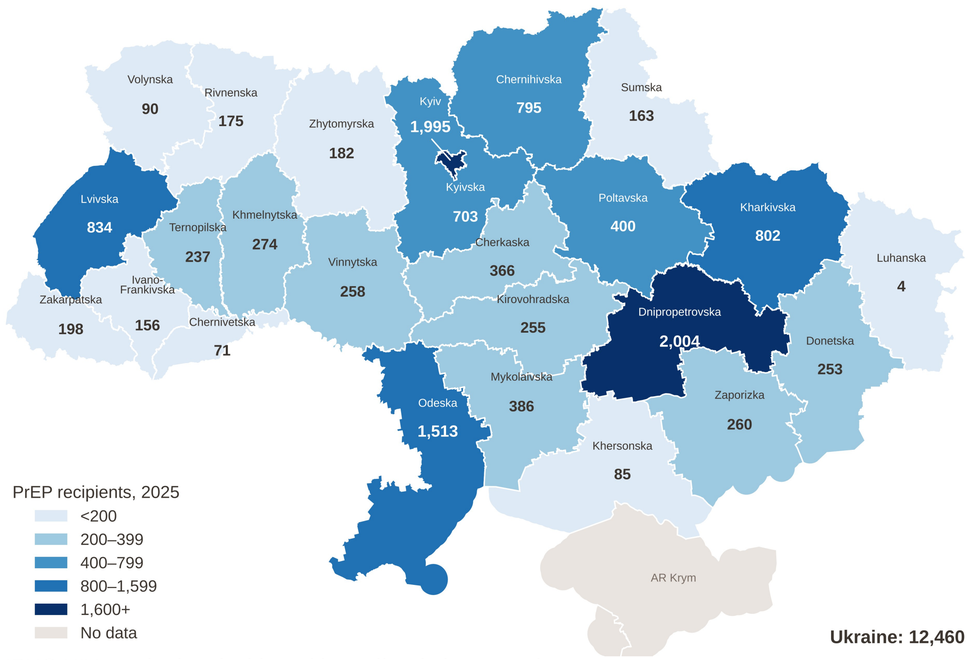
- To describe how Ukraine scaled up PrEP through successive shocks between 2017 and 2026, and how quickly it adopted WHO recommendations
- To examine how the 2025 financing disruption affected new and returning clients and different populations, and where coverage gaps remain, particularly among PWID
- To document early experience with long-acting injectable cabotegravir (CAB-LA) and readiness for twice-yearly lenacapavir (LEN)

METHODS

- We reviewed national HIV surveillance and PrEP programme data from the Public Health Center of the Ministry of Health of Ukraine (UPHC), 2017–2026 [2].
- National strategy, legislation and standards of care were compared with WHO recommendations and with the 2025 WHO programme review [3,4].
- Indicators were annual PrEP recipients, quarterly new and returning clients, recipients by population, PWID coverage against size estimates [11], and CAB-LA initiation and continuation.

RESULTS

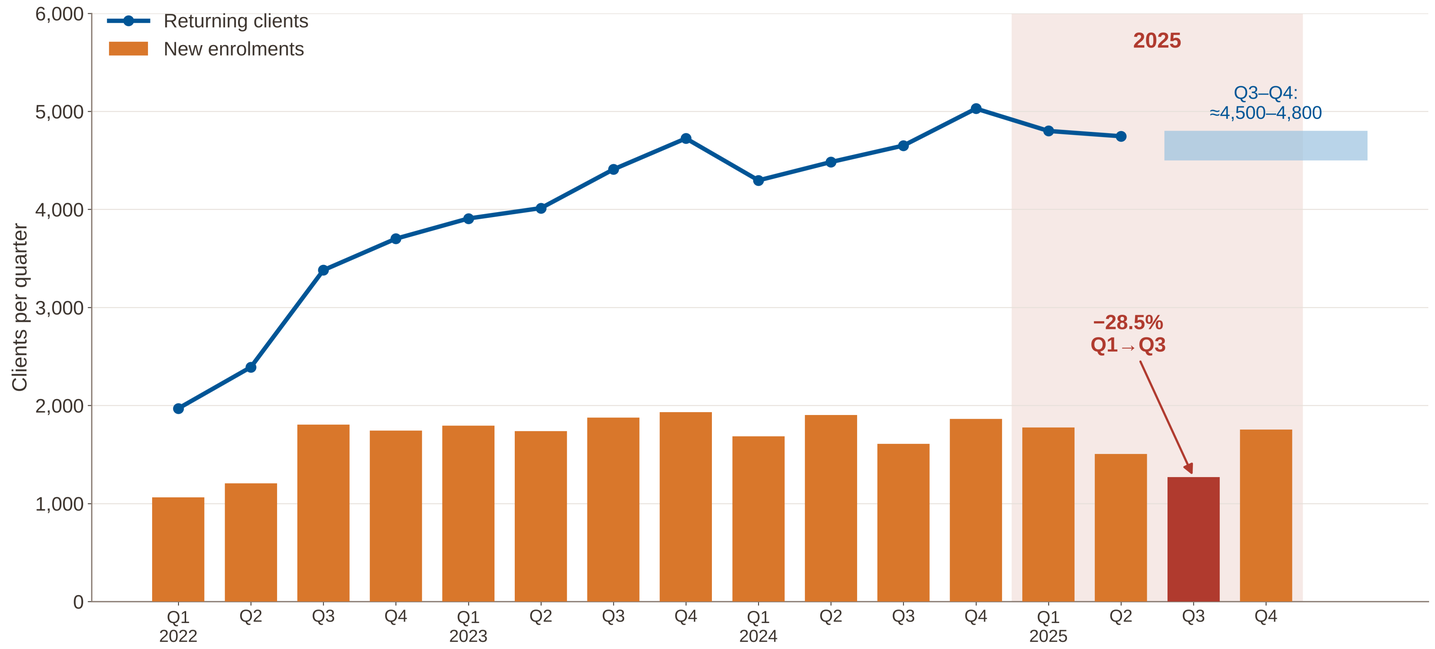
Figure 1. People who received PrEP in 2025, by oblast



Ukraine: 12,460

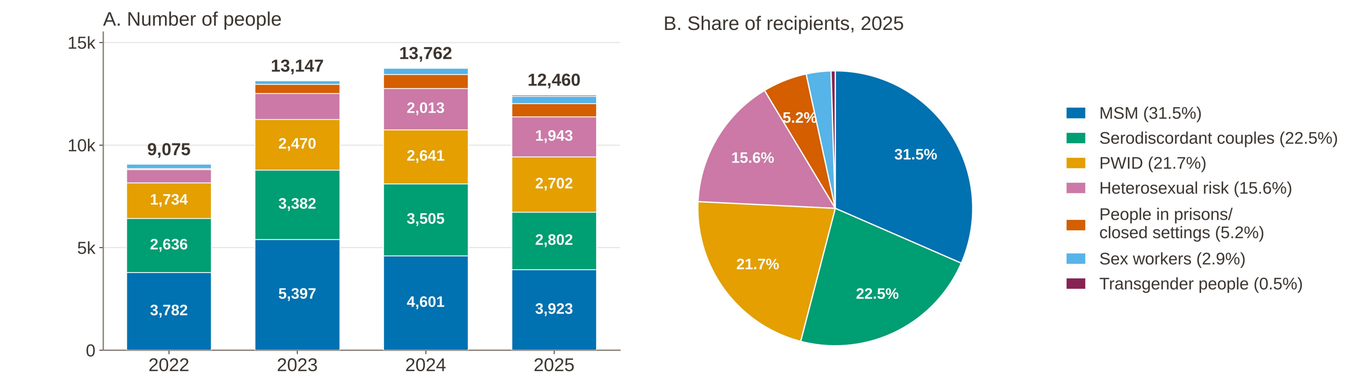
UPHC HIV monitoring dashboard https://npsi.phc.org.ua/

Figure 2. In 2025, new enrolments fell while returning clients held steady



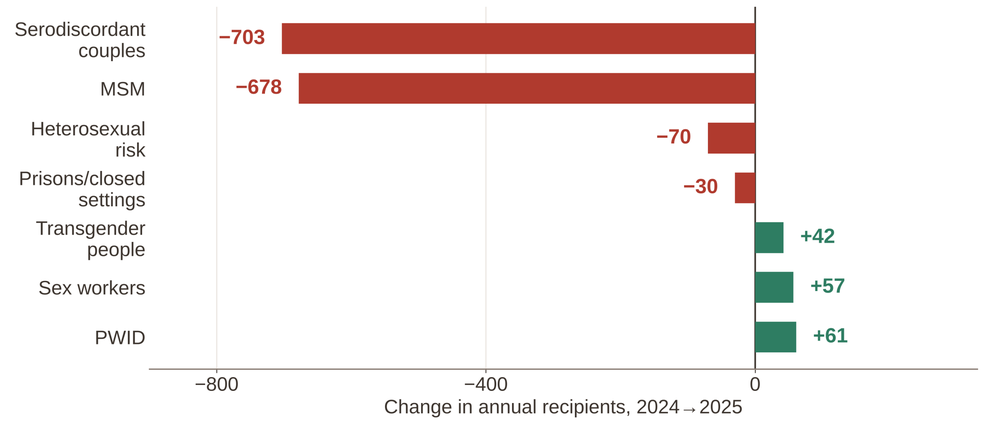
Stable returning-client volumes suggest the 2025 decline reflected reduced outreach and enrolment, not disengagement of established users [2]. Returning clients for Q3–Q4 2025 are shown as a reported range.

Figure 3. PrEP recipients by population group, 2022–2025



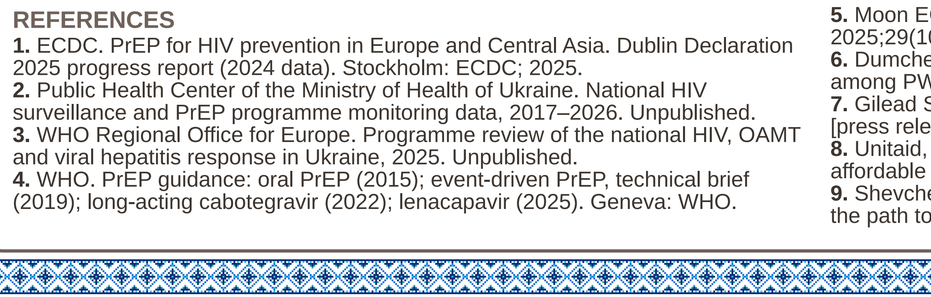
UPHC programme data [2]; in 2025, a small number of clients were not classified by population.

Figure 4. Change in recipients by population group, 2024–2025



The decline was concentrated rather than uniform across populations [2].

Figure 5. CAB-LA uptake continues to grow



Sources [2,9]; continuation definitions differ between January and May 2026.

Table 1. Adoption of WHO PrEP recommendations

	WHO	Ukraine
Oral PrEP	2015	2017
Event-driven PrEP	2019	2021
CAB-LA	2022	2024
LEN	2025	pending

Ukraine adopted each earlier recommendation about two years after WHO, through pandemic and war [2,4].

Key programme findings

- Annual reach grew from 4 people in 2017 to 13,762 in 2024; 27% were women [1,2].
- In 2025, 12,460 people received PrEP, 9.5% fewer than in 2024 and 4,040 below the national target; half were new clients [2].
- **Fewer than 1% of PWID received PrEP in 2025** (2,702 of an estimated 295,857), even though HIV prevalence among PWID remained high: 19% in 2020 and 16.5% in 2023 [2,3,10,11].

CONCLUSIONS

- Ukraine adopted each previous WHO PrEP recommendation within about two years, providing a strong basis for the timely introduction of LEN.
- The 2025 decline followed the suspension of US foreign assistance and was concentrated in new enrolments, while returning clients were retained, reflecting the financial vulnerability of an otherwise resilient programme.
- Adaptations from the pandemic and war, including task-sharing, community-based testing, HIV self-testing, multi-month dispensing and PrEP navigation, should now be institutionalised within primary health care, with durable financing.
- PWID face the largest gap. Opioid agonist maintenance therapy (OAMT) expanded through the war to 33,029 people by June 2025 [3]; PrEP supplements, but cannot substitute for, OAMT and needle and syringe programmes [12].
- Displaced Ukrainians need PrEP, HIV treatment and OAMT beyond EU temporary protection, due to end in March 2027 [14].

Looking ahead: long-acting choice

- WHO recommended twice-yearly LEN in 2025 [4]; Ukraine is covered by voluntary licensing, with generic supply expected from 2027 at US$40 per person per year [7,8].
- UPHC has a working group and national roadmap for long-acting PrEP; LEN registration is pending [9].
- WHO/Europe's QuantPrEP tool will help set PrEP targets by population and estimate commodity and budget needs, the evidence needed to plan PrEP health financing. Size estimates are partial: those for MSM cover 10 cities (2024) and those for PWID predate the war [3,11,13].

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