HepHIV 2026
by EuroTEST
2-3 NOVEMBER · DUBLIN



Alliance for Public Health

Focus on the Eastern European Region – **Challenges and Innovative Solutions**

TETIANA DESHKO, Alliance for Public Health

November, 2026

www.aph.org.ua

Shrinking Civil Space in the Region Demands Continuous Solutions

Markers indicate:

- Foreign Agent laws
- Anti-LGBTQI+ laws
- OST restrictions



Negative russian influence on civil society, LGBTQI+ and OAT programs starting 2022 in EECA

CAB-LA Roll-out in Ukraine as of 1 September 2026

	On CAB-LA	Dropped out
Kyiv City:	106	47
Lviv Oblast:	56	46
Dnipropetrovsk Oblast:	52	18
Chernihiv Oblast:	49	4
Odesa Oblast:	33	5
Poltava Oblast:	28	4
Zaporizhzhia Oblast:	21	2
Kharkiv Oblast:	16	12
Zhytomyr Oblast:	15	6
Odesa City:	12	2
Kyiv Oblast:	11	10
Cherkasy Oblast:	10	2
Mykolaiv Oblast:	9	12
Ivano-Frankivsk Oblast:	9	0
Zakarpattia Oblast:	9	0
Rivne Oblast:	7	2
Sumy Oblast:	7	0
Kirovohrad Oblast:	6	4
Vinnytsia Oblast:	6	4
Kherson Oblast:	3	1
State Institution "IEIH NAMNU":	2	0
Ternopil Oblast:	2	1
Khmelnytskyi Oblast:	1	0
Chernivtsi Oblast:	1	1
Donetsk Oblast:	0	4
Volyn Oblast:	0	4

LONG-ACTING INJECTABLE PRE-EXPOSURE PROPHYLAXIS NOW AVAILABLE IN ALL REGIONS OF UKRAINE



ЦЕНТР ГРОМАДСЬКОГО ЗДОРОВ'Я

Data provided by representatives of regional healthcare facilities

Long-Acting Depot Buprenorphine (LADB) for PWID: Experience from Ukraine, Egypt and Kyrgyzstan

Ukraine: Experience and Technical Support

- Ukraine introduced LADB in February 2023:
  - 350 patients received at least one LADB injection
  - 269 completed the 12-month treatment course
- PATH started enrollment in March 2026; currently 50 LADB patients are enrolled in Lviv and Sumy regions
- In April 2025, Ukrainian specialists provided comprehensive training for Kyrgyz colleagues on clinical, social and research aspects of the program
- Ongoing mentoring by Ukrainian clinicians supports OAT providers in Kyrgyzstan

Egypt and Kyrgyzstan: Program Progress

- Program aim: generate evidence on LADB as an additional treatment option for opioid dependence and explore feasibility, patient values and preferences
- As of September 2026:
  - Egypt: 89 of 100 target patients enrolled at 3 OAT sites
  - Kyrgyzstan: 64 of 100 target patients enrolled at 6 OAT sites
- Six-month retention rate is over 90% in both countries
- Overall patient attitudes toward LADB are positive

What makes LADB attractive to patients?





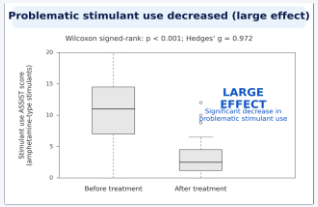
Curiosity and openness to innovation · Peer-to-peer support · Trust in OAT providers · Confidentiality · Greater employment opportunities · Improved social functioning · Ability to travel

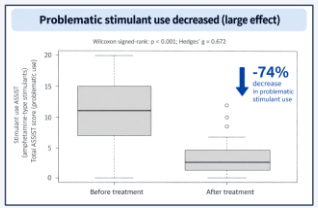
"Well, why not trying? Methadone was also something new one day".
Ky-01-09

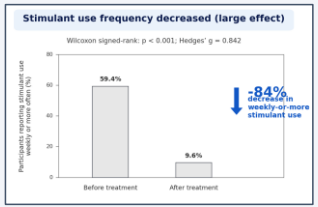
"I have patients whose partners don't even know they come here. I think they will be the happiest to hear about the injections".
Ky-01-04

"Most of our patients cannot get employed because of the working hours of our site and employer. Buvidal can be an option for many".
Ky-01-02

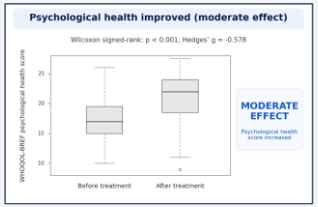
Methylphenidate Treatment for People with ADHD who use Stimulants. Integrated ADHD Treatment Delivered through Harm Reduction and Community Settings

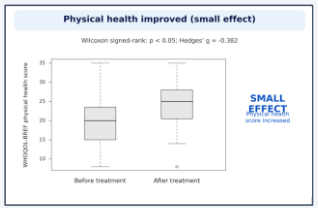


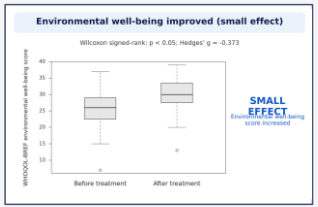




- Programme launched in Ukraine for adults with **ADHD and problematic stimulant use**
- **64 currently in treatment**
- Completed observational study: **92 participants enrolled; 31 completed six months of treatment and follow-up**
- After six months of methylphenidate treatment, **problematic amphetamine-type stimulant use decreased significantly, with a large effect size**
- **Weekly-or-more stimulant craving fell from 74.3% to 19.2%**
- **Physical health, psychological health and environmental well-being improved; no statistically significant increase in problematic use of other substances was observed**







Preliminary Observations and Feedback. Community Uptake and Implementation for Methylphenidate

- Participants **recommend the programme and refer peers**
- **Two advocacy/educational videos** developed with the community and shared through community channels; also planned for inclusion in a UNODC training course on stimulant pharmacotherapy
- Community stakeholders supported the approach in national dialogue, although **wider prioritisation has been constrained by funding and treatment availability**



Patient: ANTU

- Unemployed man with long-term amphetamine and marijuana use and signs of ADHD since childhood.
- After the first month of treatment, he reported a major improvement in psycho-emotional well-being: *"I don't think about drugs at all."*
- He also regained his previous job.

Patient: VOMA

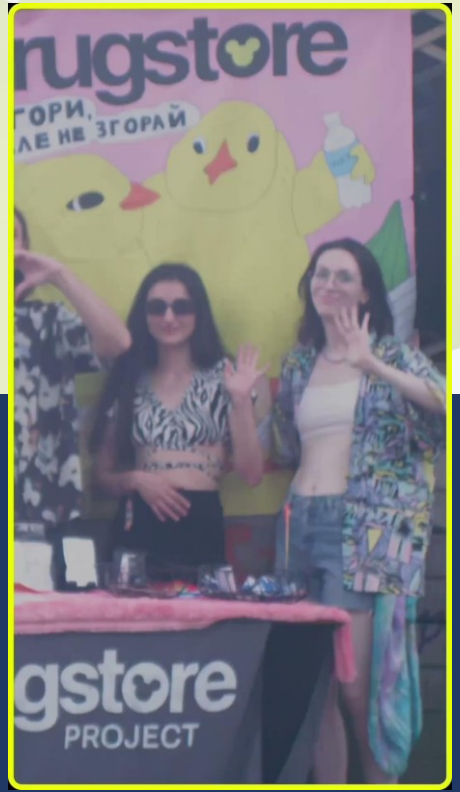
- Entered treatment after detox and psychiatric care; had long-standing ADHD symptoms and regular use of "street drugs."
- After starting treatment, he reported improved condition and disappearance of the urge to look for "salts."

Patient: DMMA

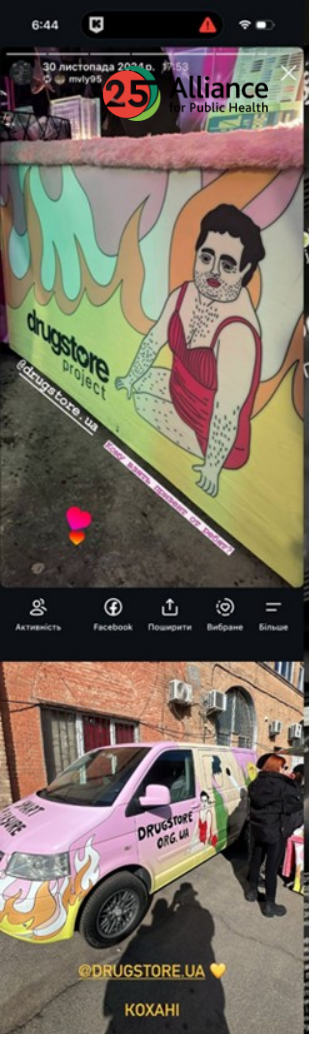
- Referred by social service workers for children and youth.
- Showed classic signs of ADHD and had been using amphetamines for a long time.
- Reported improved well-being from the third day of methylphenidate treatment and remained highly committed to therapy.

Programs for Experimenting with Drugs and Sex Youth

Activities	2022	2023	2024	2025	2026
Online visitors	166 937	182 597	228 520	230 731	137 394
Counseling	8 159	11 938	11 536	11 733	9 274
Harm reduction kits PartyBox, drug checking	1 650	2 106	3 024	2133	1716
Educational events / participants	35 / 1 001	79 / 2 905	92 / 5 684	30 / 662	46 / 1 333
High-risk locations / participants	24 / 2343	75 / 9 225	70 / 8 300	60 / 7 666	51 / 6 253



- Support de-stigmatisation, appreciation of diversity, nurture inclusivity;
- Offer effective solution to address mental health need;
- Minimise the potential harms associated with PAS use and improve the quality of life of people who use
- Solving challenges related to the war (mental health, PAS use etc.)
- Provide experimenting youth with objective information on psychoactive substances, sexual and reproductive health, interpersonal relationships;


6:44
30 листопада 2024 р.
Alliance for Public Health
drugstore project
@drugstore.ua
Активність
Facebook
Поширити
Вибране
Більше

DRUGSTORE ORG.UA
@DRUGSTORE.UA
КОХАНІ


drugstore project
НА ОДИН ПАКЕТ

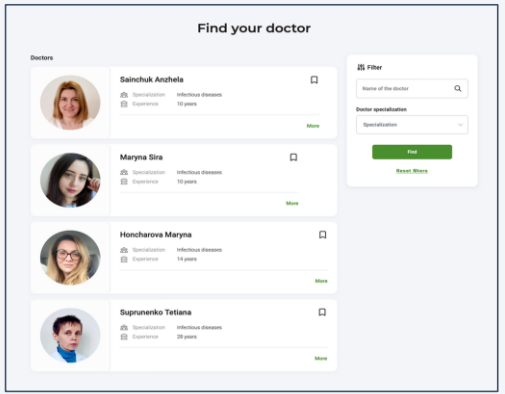

6:30
18 травня 2024 р. 16:34
this.is.denys.y
@drugstore.ua
Активність
Facebook
Поширити
Вибране
Більше


DRUGSTORE
kasnextank
@drugstore.ua
AA 3843 TP
drugstore
drugstore.org.ua
WEEKEND

Telehealth: Online Order, Delivery, Consultations

Services on Help24 online platform	2022	2023	2024	2025
Doctors' consultations	1 386	13 267	13 040	16 830
Psychologists' consultations	981	1 663	1 492	1 683
Paralegal consultations	49	186	178	
Social workers' consultations		187	6 617	5 018
Mailing of HelpBoxes	2 421	8 153	18 761	20 494





Simplified Algorithm of HCV Testing, Diagnostics and Treatment among PWID

Ukraine experience

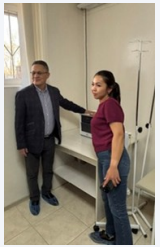
- The simplified algorithm implies HCV screening, diagnostics and treatment taking place at one facility with intense social counseling
- Since 2018, APH provided treatment to over 15,000 patients, about 50% of whom are PWID; 97% are PLWH
- Adherence to treatment is 99%; SVR – 97%; re-infection – 3%

Programs in Egypt, Kyrgyzstan and Nigeria

- Program aim in Egypt, Kyrgyzstan and Nigeria is to assess the effectiveness of integrating HCV testing and treatment into community-based harm reduction services for PWID in countries with limited resources, and to determine the factors and service provision modalities associated with better outcomes
- The simplified algorithm implies HCV screening, diagnostics and treatment taking place at one harm reduction setting which is equipped with all necessary lab machines and has an HCV clinician on staff accompanied with intense social counseling
- In November 2024, Ukrainian specialists provided a comprehensive training for colleagues from Egypt, Kyrgyzstan and Nigeria on clinical, social and research aspects of the program
- As of September 2026:
  - 7,454 PWID were screened and 810 started treatment in Kyrgyzstan
  - 2,243 PWID were screened and 162 started treatment in Nigeria
- On-going mentoring of Ukrainian HCV clinician is provided to medical teams in both Kyrgyzstan and Nigeria
- Overall, patient's feedback about HCV simplified model is positive







Facilitating factors and benefits of simplified mechanism are:

· Trust in physician · Possibility to get diagnosed and receive treatment in one place during one visit · Confidentiality and privacy · Free-of-charge · Convenient location · Adherence counseling · Linkage to other health services · Respectful human attitude

'If it wasn't for this program, I would have probably never started taking care of my HCV which I have since 2021... I didn't wanna go to the clinic, you know how they are with us there... and here they treat me like human being, I not only get free tests done and my pills – I also enjoy humane attitude here'. Ky-03-09

'When my test showed positive result, I thought my life was over. I have a friend who died from Hep C last year. But people here comforted me, they did additional tests and gave me pills the next day. I only have four pills left to complete treatment and I only had to come to the center 5 times. How cool! I recommend this program to all my friends'. Ni-03-02

Bringing the full HCV pathway into harm-reduction settings can make diagnosis and treatment faster, simpler and more acceptable to PWID

DHIS2 + AI: from Program Data to Smarter HIV Testing Outreach

HepHIV 2026 · 2-3 NOVEMBER · DUBLIN

Using existing HIV prevention data not only for reporting, but for real-time testing prioritisation

1. THE DHIS2 FOUNDATION

Established HIV prevention data platforms

- **Kyrgyzstan** - National system
- **Tajikistan** - National system
- **Georgia** - Pilot stage

- Client and organisation management
- Service delivery history
- Reporting, dashboards and interoperability

Why DHIS2

- Trusted global practice
- Open source
- Flexible localisation
- Online + offline use

2. THE CHALLENGE

Turning data into action is not straightforward.

Limited funding and staff time
Tight budgets and too few staff mean we can't reach everyone who could benefit.

Large and mobile populations at risk
Migration, labour mobility and instability increase vulnerability across the region.

Difficult to decide who should be offered testing now
Many people could benefit, but it's hard to know who to prioritise.

Inconsistent prioritisation can lead to missed opportunities
Different approaches and lack of data-driven targeting can result in people not being reached.

3. WHY AI PRIORITISATION

Using existing data to reach more people, more effectively.

Existing DHIS2 programme data
Use HIV prevention data already collected in DHIS2

AI-assisted prioritisation
Identify people most likely to benefit from testing

Smarter outreach and testing decisions
Help teams reach the right people with the right services

Built on proven experience

- **Based on real programme data**
  Uses routinely collected HIV prevention data.
- **Inspired by successful predictive AI use in Ukraine**
  Proven to find undiagnosed people earlier and improve efficiency.
- **Designed to connect more people to testing and care**
  Turn data into action for greater impact.

The foundation is in place.
The next step is to use these data for real-time HIV testing decision support.

AI-assisted HIV Testing Prioritisation

From Prediction to Action

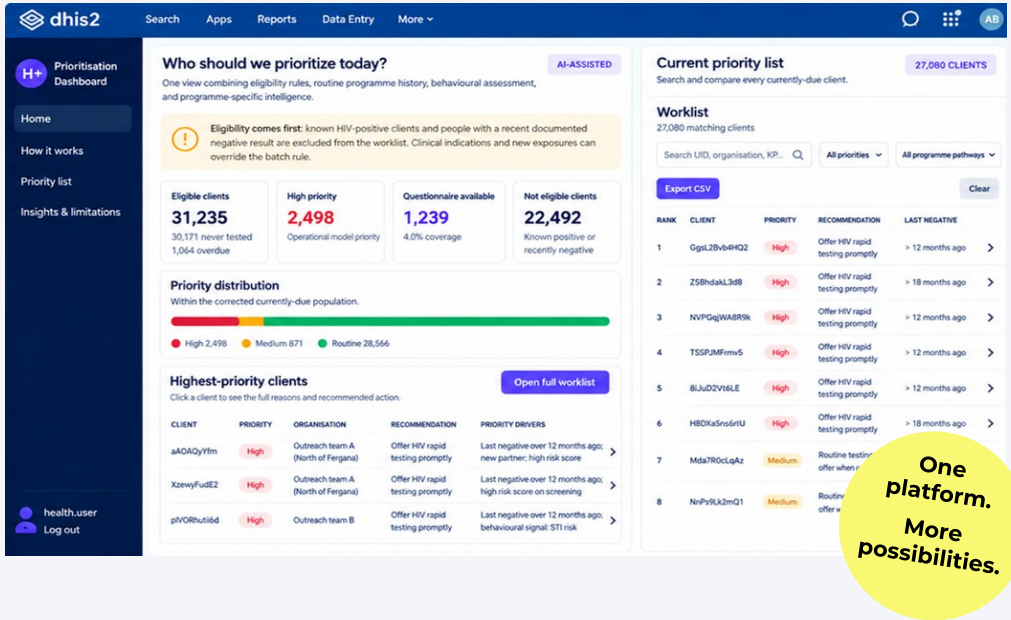
How the prioritisation dashboard supports everyday HIV testing outreach and decision-making

1 See who to contact today
Clients are ranked by testing priority to help teams focus outreach efforts.

2 Understand why
Key factors behind each recommendation are shown for transparency.

3 Take action
Clear next steps help providers and outreach teams decide what to do.

4 Works within DHIS2
Integrated into the same data environment — no separate system needed.



REAL-WORLD IMPACT

More targeted outreach
Focus on the people most likely to benefit from testing.

Better use of resources
Direct time and budget to where it can have the greatest impact.

Earlier testing
Identify and reach people sooner.

Stronger programmes
More HIV-positive people diagnosed and linked to care.

Better insight, better action. The same DHIS2 data can now support prioritisation and next-step recommendations.

DHIS2 and Vending Machines Integration

Eligibility and reporting stay in DHIS2. The vending network only executes dispensing.

DHIS2 at the centre. One registry, one identifier, one QR code.

DHIS2 — SYSTEM OF RECORD

- **Client registry**
  UIDs verified centrally
- **Org unit hierarchy**
  Defines who sees what
- **Consumption data**
  Daily totals returned

THE SHARED IDENTIFIER

- **QR and NFC code**
  Carries the DHIS2 UID
- **Issued from registry**
  No new identifiers
- **Scanned at machine**
  Works without internet

VENDING NETWORK

- **Twelve machines**
  Offline authorisation
- **Management platform**
  Quotas and QR issuance
- **Contractor scope**
  Hardware and dispensing

HOW THE INTEGRATION WORKS

1	2	3	4	5
Registry sync	**QR issued**	**Client scans**	**Kit dispensed**	**Daily export**
UIDs from DHIS2	Single or bulk	QR or NFC card	Quota enforced	Back to DHIS2

Better insight, better action. The same DHIS2 data can now support prioritisation and next-step recommendations.

AI-powered Virtual Outreach Worker

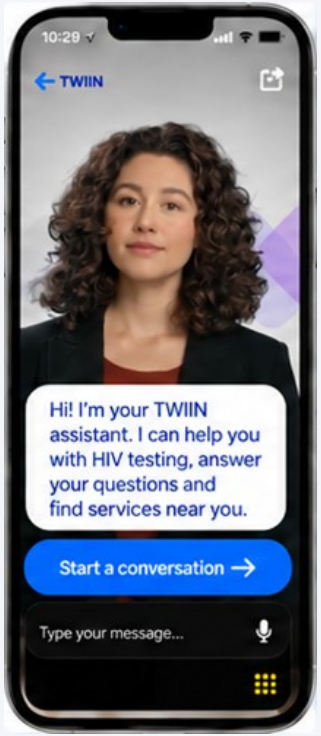
From awareness and motivation to testing, results, and next steps

digital TWIIN assistant

TWIIN supports people before, during and after HIV testing.
It creates a confidential, non-judgmental space to ask questions, understand risk, find services, interpret results and learn the next steps.

A gentle AI guide toward testing and care

- **Web app**
  twiin.info
- **Mobile**
  Optimised for phones
- **Digital human**
  Human-like conversation experience



The HIV testing journey with TWIIN

1. Raise awareness
Answers questions about HIV, sexual health and prevention.

2. Build confidence
Creates a safe, confidential conversation without judgement.

3. Encourage testing
Gently recommends HIV testing when relevant to the conversation or risk.

4. Find services
Helps users locate testing options and nearby support services.

5. Explain results
Clarifies what test results mean and what to do next.

6. Support next steps
Offers emotional support plus prevention or treatment information.

Before testing	After testing
• HIV information	• Result explanation
• Risk awareness	• Emotional support
• Testing motivation	• Prevention advice
• Service referral	• Treatment guidance

Key ways TWIIN helps

- **Answering questions**
  Provides clear, accurate information in a safe space.
- **Personalising information**
  Tailors content to your situation and needs.
- **Assessing individual risk**
  Uses conversation to identify relevant risks and concerns.
- **Recommending next steps**
  Suggests testing, prevention or treatment options based on your needs.
- **Connecting to services**
  Helps you find nearby testing sites and support services.

TWIIN in Ukraine and Beyond

HepHIV 2026 · 2-3 NOVEMBER · DUBLIN

From questions to testing, support and next steps

389,013
Website users in Ukraine

104,208
Visits / consultations on the website

62,258
Unique clients / users in Ukraine

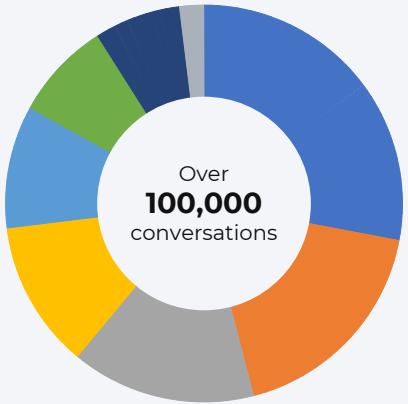
1,112
Arrived to Help24 for testing and other services

>2 million
Social media reach across platforms



What people ask about

- **28%** HIV testing and diagnostics
- **18%** HIV prevention (PrEP, PEP)
- **15%** Treatment and living with HIV
- **12%** Sexual health and STIs
- **10%** Mental health and wellbeing
- **8%** Harm reduction and substance use
- **7%** Services and where to get help
- **2%** Other



"I was nervous about testing, but TWIIN explained everything in a simple way and helped me find a testing site nearby."
User, 24, Ukraine

"It's like talking to someone who gets it. No judgment, just helpful information."
User, 32, Ukraine

"I didn't know much about PrEP before. TWIIN explained it clearly and helped me decide to get tested."
User, 27, Ukraine

Rolling out in Georgia, Kazakhstan, Moldova and Tajikistan in 2026

Conclusions: Focus, Prove, Protect

Less funding, more barriers: innovation in EECA must be focused, cost-effective and protected

1 Community + digital keeps care going in crises

Ukraine shows telehealth, home delivery and virtual outreach sustain testing and treatment through war and displacement.

2 Share across borders, responsibly

East–East and South–South transfer spreads proven models at low cost; responsible AI and data protection must be built in from day one.

3 Donor transition demands focus and value for money

With less donor money for innovation, prioritise high-yield models (AI-targeted testing, one-stop HCV care, long-acting options) and prove cost-effectiveness to governments.

4 External funding is still needed for innovation

Catalytic donor funding remains essential to pilot, evaluate and transfer innovations until national systems can absorb them.

5 Policy work must continue

Foreign agent and anti-LGBTQI+ laws and OAT restrictions block testing and linkage; advocacy and legal support must go with service delivery.

Our ask for the HepHIV 2026 Call to Action: keep Eastern Europe & Central Asia on the European agenda



25 Alliance for Public Health

Thank You for your attention!

TETIANA DESHKO deshko@aph.org.ua
Alliance for Public Health