HepHIV 2026 by EuroTEST 2-3 NOVEMBER · DUBLIN

Prof. Volodymyr Virchenko
Taras Shevchenko National University of Kyiv, Ukraine
virchenko_v@knu.ua

Integrating HIV, Hepatitis, and STI Services into Mental Health Care amidst Wartime Challenges: Lessons from Ukraine

V. VIRCHENKO [1], G. KALANDIIA [2], I. SEMENENKO [3], M. CONTARDO MOSCOSO NAVEIRA [4]

[1] Taras Shevchenko National University of Kyiv, Kyiv, Ukraine; [2] Kyiv City Clinical Hospital No. 10, Kyiv, Ukraine;
[3] Odesa National Medical University, Odesa, Ukraine; [4] Barcelona Institute for Global Health, Barcelona, Spain.

OBJECTIVES

Development of the model for integrating HIV, Hepatitis, and STI services into mental health services, including SOPs for testing and referring patients to treatment;

Implementation of the integrated model at OAMT site operating at Kyiv City Clinical Hospital No.10;

Evaluation and synthesis: analysis of the outcomes, identifying war-related challenges and developing recommendations for scaling it up at the national level.

METHODS

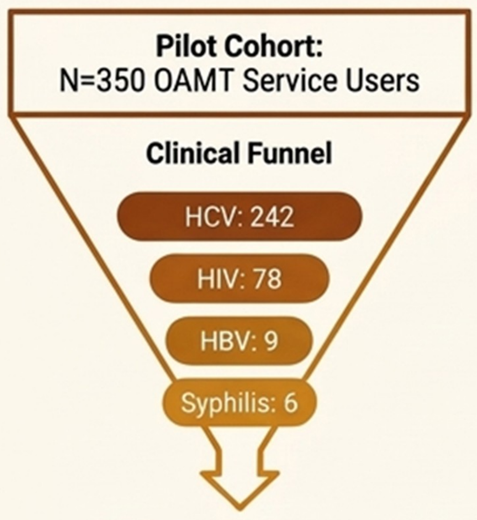
Methods
Service user questionnaire, focus group interviews, and clinical data collection

Sample size
N = 350 patients of OAMT site in Kyiv (representative with a 95% confidence level)

Questionnaire
Includes the validated EQ-5D-5L tool and a separate block of questions to assess the accessibility and quality of integrated services

RESULTS

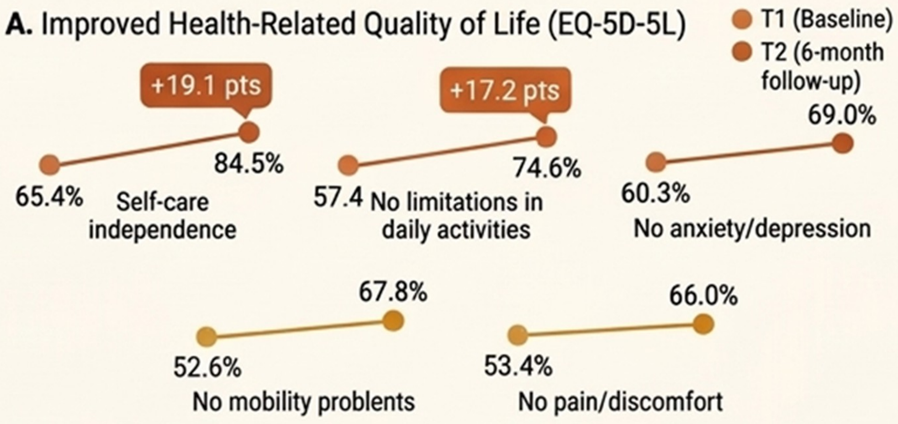
Test Results, Case Detection, Referral and Linkage to Care



100% Referral Coverage achieved for HIV & Syphilis care pathways.

Implementation Challenge: NHS funding gaps for essential viral hepatitis (HCV/HBV) diagnostics (PCR, genotyping, elastography) hinder treatment continuum.

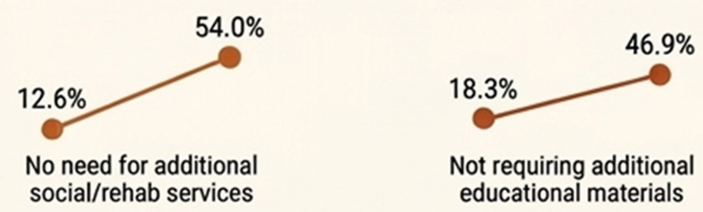
Key Outcomes of the Integrated Service Delivery Model EQ-5D-5L + Self-Perceived Health Status (T1 vs. T2)



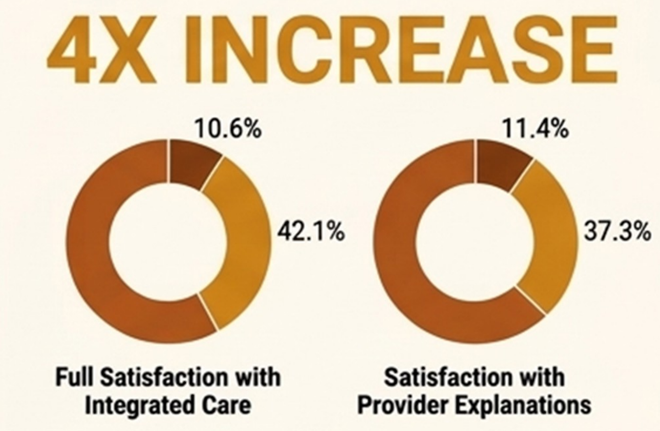
B. Improved Self-Perceived Health Status

High Health Status Score (80-100/100)	Maximum Score (100/100)
22.6% → 46.6%	0.3% → 15.3%

C. Reduced Dependency on Additional Support

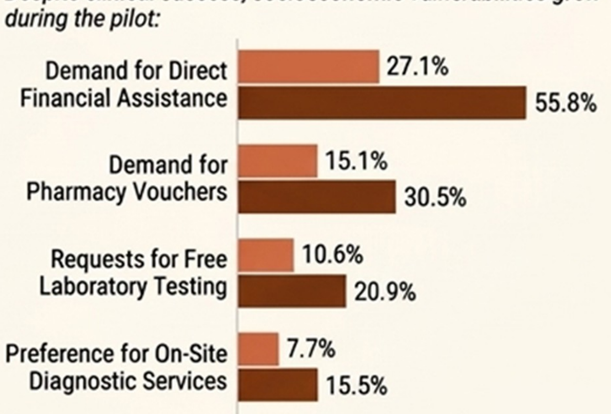


Satisfaction with Integrated Service Delivery Model



Unmet Needs Identified for Future Scale-Up

Despite clinical success, socioeconomic vuinerabilities grew during the pilot:



CONCLUSIONS

Integrated Service Delivery Remains Feasible Under Wartime Conditions
- Successfully implemented within a community-based OAMT setting despite substantial constraints.
- Demonstrated resilience against funding limitations, power outages, security threats, and repeated air-raid alerts.

Service integration improved Accessibility, Quality and Continuity of Care
- Substantially improved access to testing, referral, social support, and treatment pathways.
- Directly addressed the needs of vulnerable populations at elevated risk for infectious diseases.

Resource Optimization and Cost-Effectiveness
- Proves service integration as a cost-effective approach.
- Enhances direct patient health outcomes while improving resource utilization efficiency across the Ukrainian healthcare system.

Evidence for National Policy Integration
- Findings provide sufficient evidence to support broader implementation at the national level.
- Scale-up will structurally strengthen infectious disease services within existing mental health service packages during and after the war.

REFERENCES

1. EuroQol Research Foundation. (2021). EQ-5D-5L user guide. Available from: https://euroqol.org/publications/user-guides .
2. European Centre for Disease Prevention and Control. (2018). Public health guidance on HIV, hepatitis B and C testing in the EU/EEA. Stockholm: ECDC. Available from: https://ecdc.europa.eu/sites/default/files/documents/hiv-hep-testing-guidance_0.pdf