

Pre-exposure prophylaxis of HIV in Ukraine and Odessa region

Statistical study of the PrEP program/PrEP
2020–2025

EPIDEMIOLOGY • PREVENTION •
CHALLENGES OF WARTIME

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PREVALENCE HIV INFECTIONS IN THE REGIONS OF UKRAINE

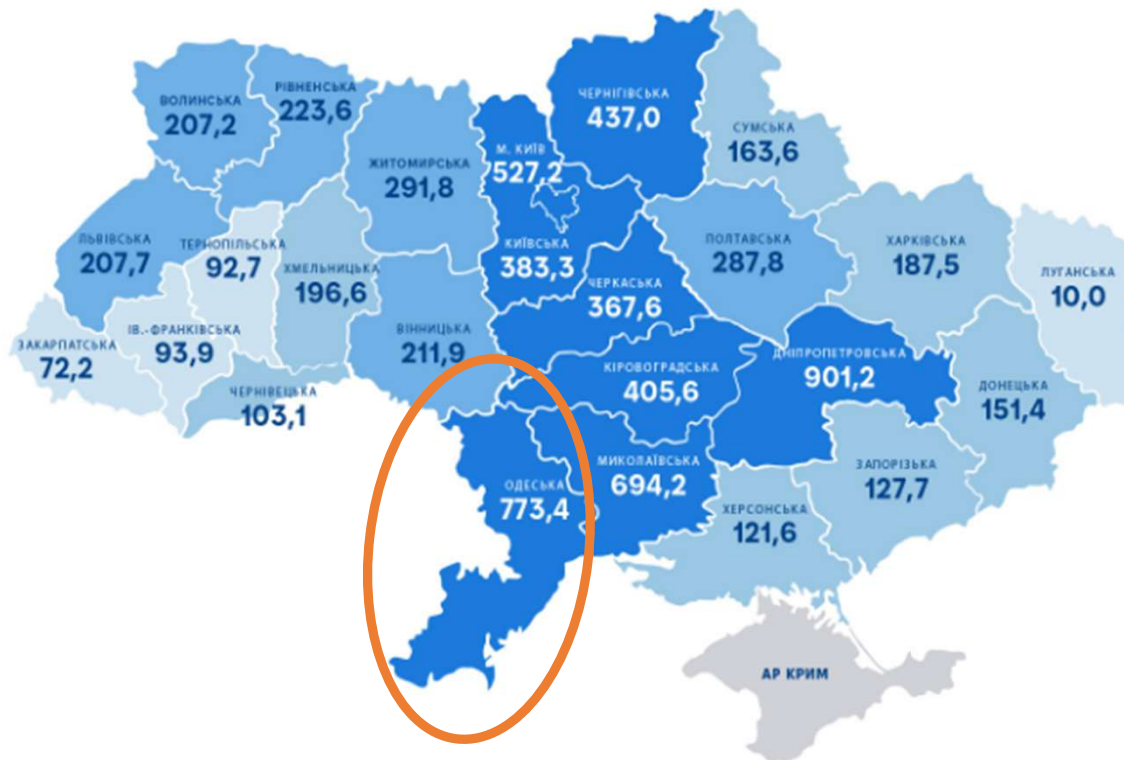
according to medical surveillance data per 100,000 population as of 01.01.2026

*excluding the number of children with a confirmed HIV diagnosis

**ЗАГАЛОМ
ПО УКРАЇНІ**

318,7

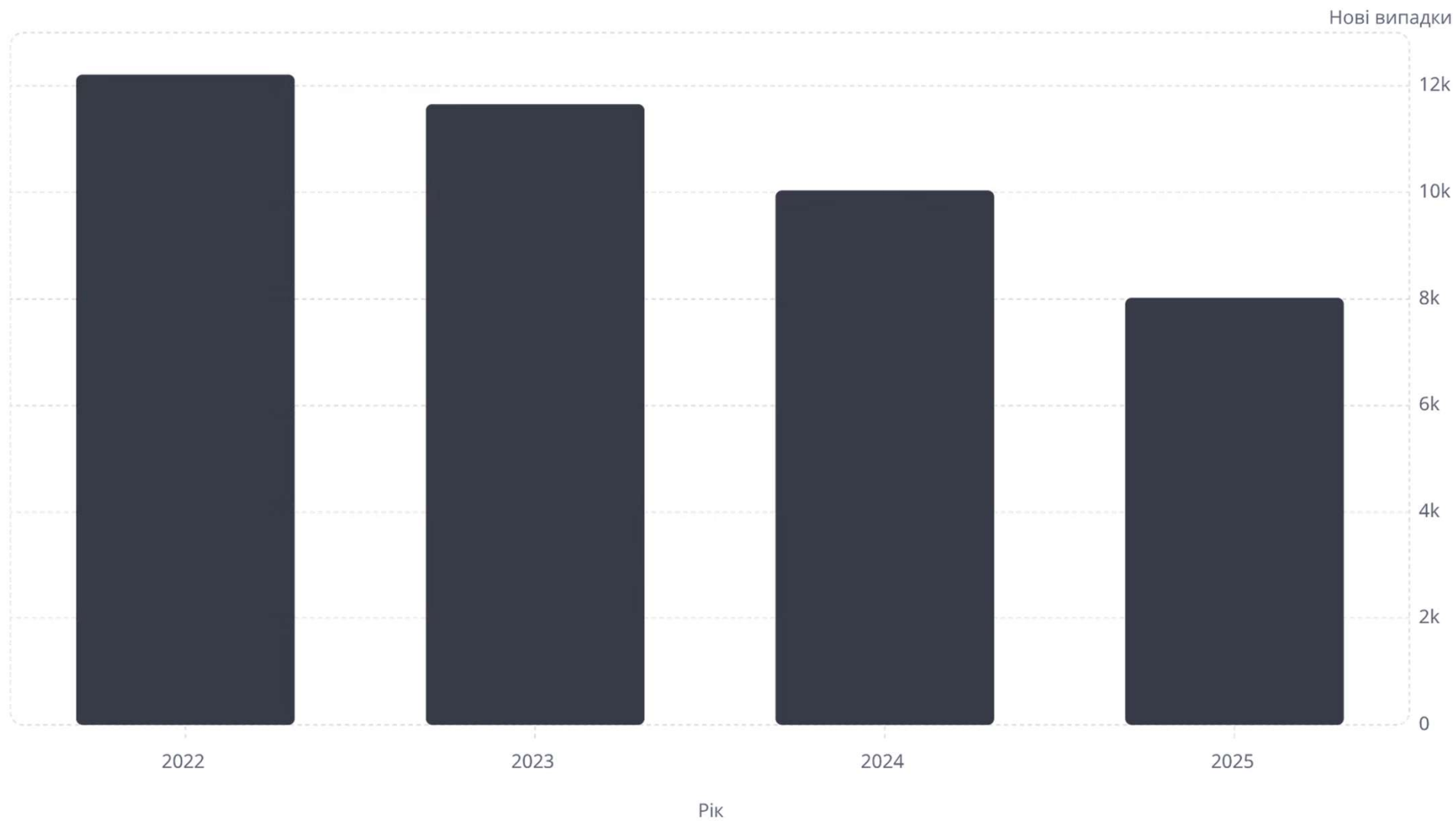
**НА 100 000
НАСЕЛЕННЯ:**



www.phc.org.ua

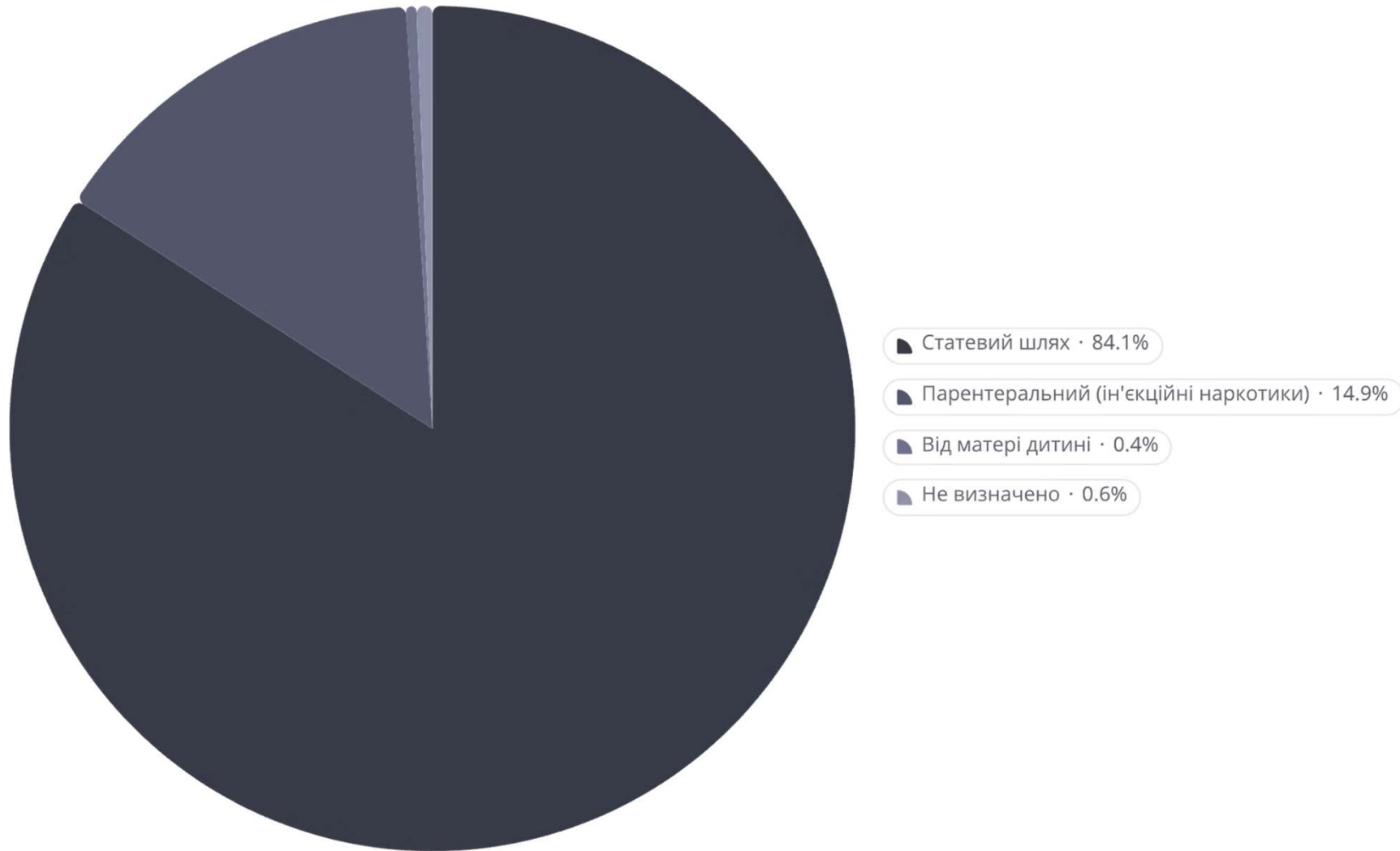
HIV epidemic in Ukraine during the war: new cases 2022–2025

The number of registered new HIV cases in Ukraine has been steadily decreasing since 2022. But this decrease requires careful interpretation.



HIV transmission routes and changing priorities for PrEP

The structure of new HIV cases in Ukraine has changed significantly - sexual transmission dominates and continues to grow. It directly affects priority groups for PrEP.



Epidemic situation: Odesa region in numbers

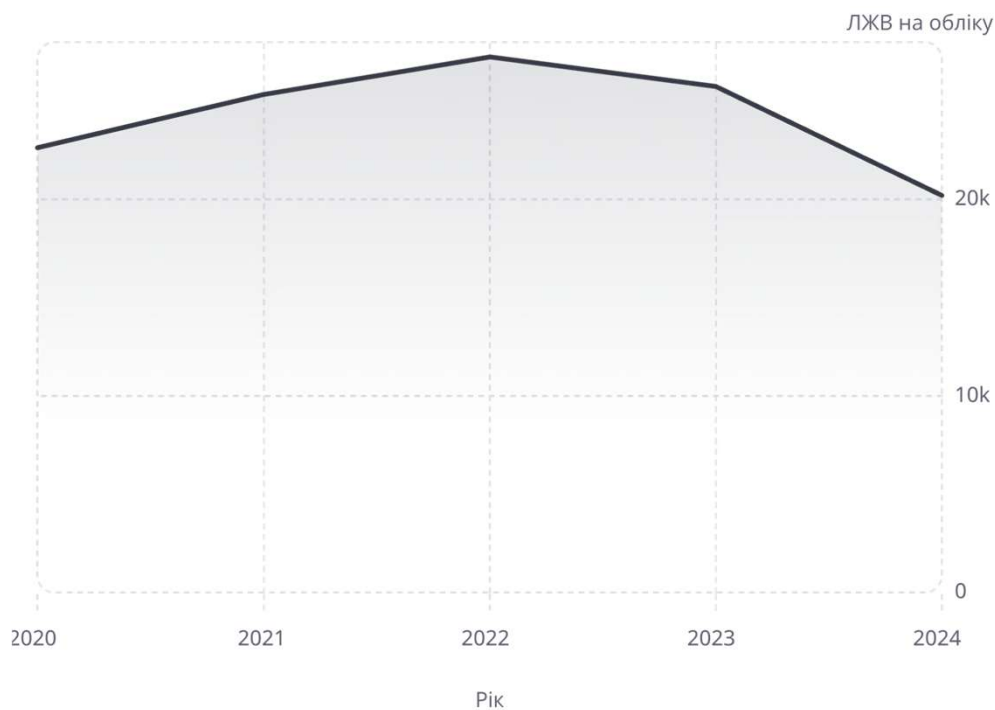
Odesa region is one of the most HIV-affected regions of Ukraine, consistently ranking **second place after Dnipropetrovsk** by the number of registered cases. With a population share of only **5.71%** from the all-Ukrainian (2,340,332 people as of January 1, 2022), the region concentrates a disproportionately large burden of the epidemic.

Indicator	Ukraine(2023)	Odesa region (2023)	Specific gravity
Number of registered PLHIV	157,435	25,745	16.35%
New casesOX	12,914	2,047	15.85%
New casesAIDS	3,351	669	19.96%
New deathfrom AIDS	1,717	374	21.78%

Source: Public Health Profile of Odessa Region, 2023; Central Health Center of the Ministry of Health of Ukraine

Dynamics of registered PLHIV (2020–2024) and TB/HIV

Number of registered PLWHA in the Odessa region.



The decrease in 2023–2024 is primarily due to mass population displacement due to the full-scale invasion, loss of administrative control over some areas, and difficulties in accounting for displaced persons — rather than a real decrease in morbidity.

TB/HIV Incidence (2023)

The incidence of TB in combination with HIV in the Odessa region in 2023 was **36.9 per 100 thousand population** — in **4.5 times higher** than in Ukraine as a whole (8.2 per 100 thousand).

The total incidence of TB (new cases + relapses) in 2023 was **99.6 per 100 thousand** against the average for Ukraine of 48.4 per 100,000 — the region is a concentration of two socially dangerous infections at once.



Odesa Region: the double burden of HIV and TB significantly exceeds the national indicators

Key populations and HIV risks

ByresearchRegarding HIV-infected people in the Odessa region, HIV prevalence among key groups is significantly higher than in the general population. In 2017–2019, the estimated HIV prevalence amongLVNIwas18.7%, amongMSM—13.0%The region is traditionally characterized by a significant concentration of IDUs, which results in a mixed type of epidemic — heterosexual and associated with injection drug use.

LVNI

People who inject drugs. HIV prevalence: 18.7%. In 2023, 83,157 people were tested in Ukraine.

MSM

Men who have sex with men. HIV prevalence: 13.0%. Over 30 NGOs involved in preventionprograms.

Sex workers

7,688 people reached with HIV testing in 2023. Significantly underrepresented in PrEP programs (only ~2%).

Other groups

Transgender people (included in regulations since 2023), persons in prison, partners of HIV-positive persons (discordant couples).

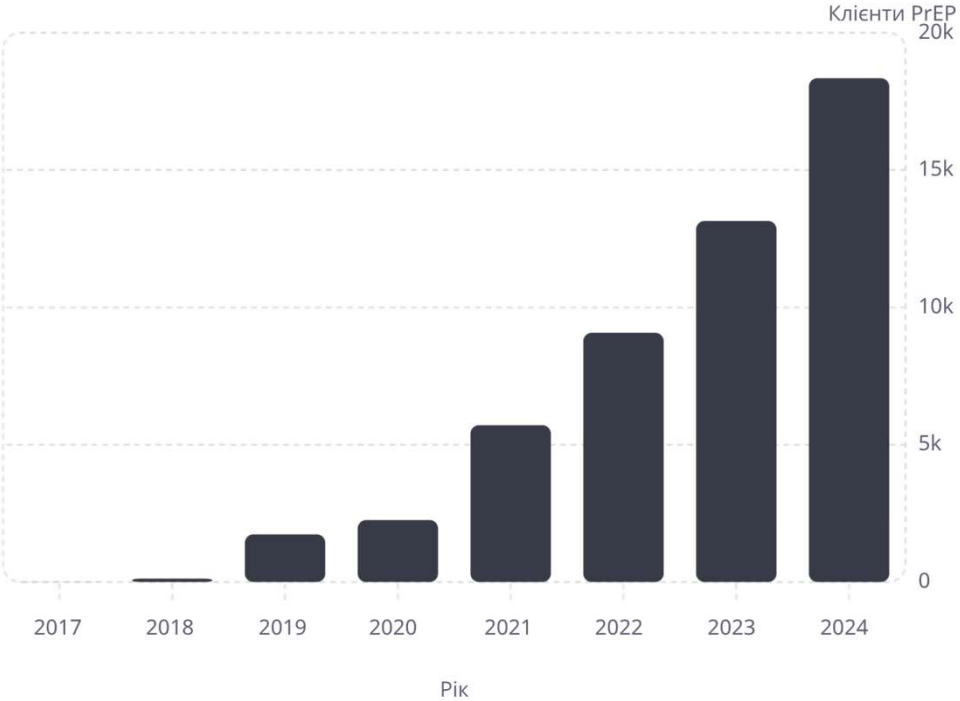
In the first 11 months of 2024, the coverage of PWID with prevention services decreased due to funding cuts, although 44 NGOs continued their work.

PrEP implementation timeline in Ukraine (2017–2025)

The PrEP program was launched in Ukraine in 2017–2018 as a two-year pilot project. In 2019, the drug was included in the Medical Guarantees Program, making it free for customers.



PrEP coverage dynamics in Ukraine (2017–2024)



Key achievements

The PrEP program in Ukraine demonstrates **impressive growth**— from 4 clients in 2017 to **18,344 in 2024**. In 2024, coverage more than doubled compared to 2023.

18,344

PrEP clients

As of the end of 2024, across Ukraine, including 111 CAB-LA recipients

261

Medical institutions

Provided PrEP services as of June 1, 2024, including PHCs

Sources: Central HIV Center of the Ministry of Health of Ukraine; UNAIDS SitRep, February 2025; IAS Conference


Odesa Region: PrEP Growth and the Impact of War (2023–2025)

Odesa was among the **first cities of Ukraine**, where PrEP provision has begun. Thanks to its connection to the NGO network and the Fast-Track Odesa program, the region is showing a relatively early start.

Dynamics of PrEP clients in the Odessa region.

Date	PrEP clients
January 2021	38
January 2022	880
January 2023	1028
January 2024	622
January 2025	855

Wartime slowdown

 Reasons: frontline geography, forced displacement of clients, influx of IDPs from combat zones

PrEP client structure and retention in the program Ukraine

By analysis **4,537** customers, which started daily PrEP between October 2022 and in September 2023 at 94 clinical institutions Ukraine (Moon et al., AIDS & Behavior, 2025):

Distribution by key groups



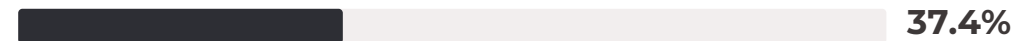
PrEP retention (wartime)



1 month



3 months



6 months

74.1% of clients are men, 25.9% are women. Median age of men: 35 years (IQR: 27–42), women: 39 years (IQR: 34–46). Young people 18–25 years old — only **16.7%** of the total quantity.

⚠ Sex workers: only 2% of clients on PrEP at significantly higher risk — a critical gap

Distribution of new clients for PrEP by gender and age (Odesa region – 2025, 855 people)

601

Men

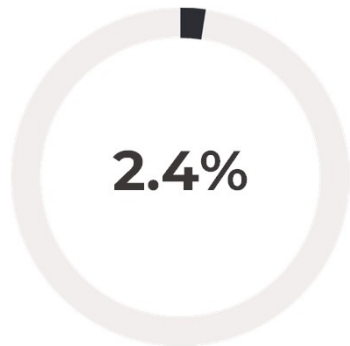
70.3% of the total

254

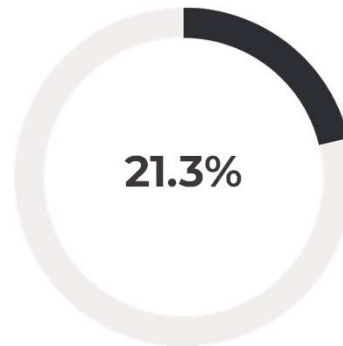
Women

29.7% of the total

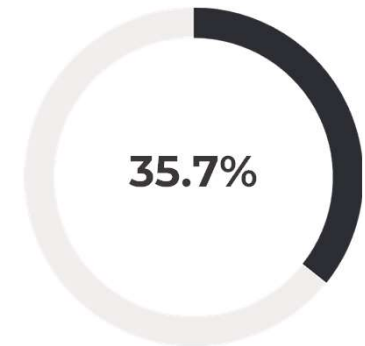
Age distribution



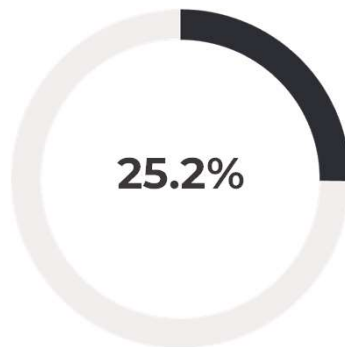
15-19 years old



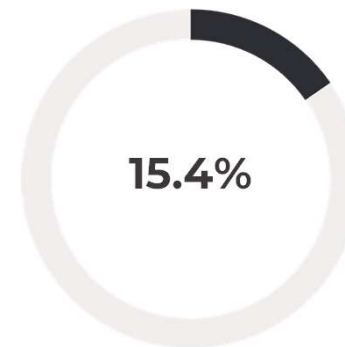
20-29 years old



30-39 years old

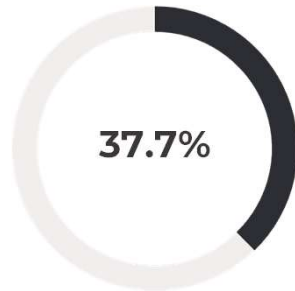


40-49 years old

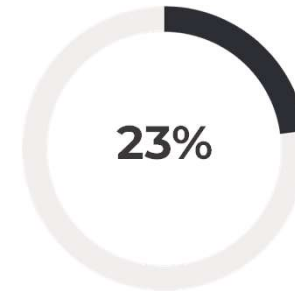


50 years and older

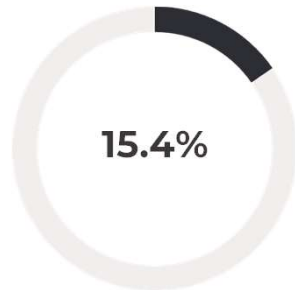
Distribution of new clients for private medical insurance by type of key groups (Odesa region – 2025, 855 people)



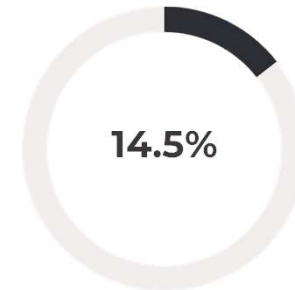
Men who have sex with men



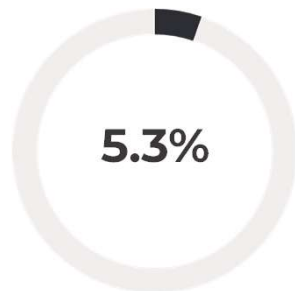
Injecting drug users



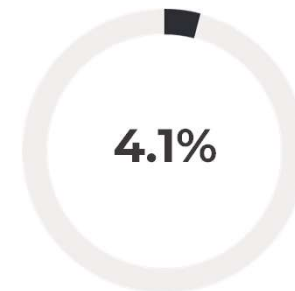
Partners from discordant couples



Individuals with risky behavior (heterosexual relationships)



Transgenders



Women sex workers

Factors for maintaining and discontinuing PrEP during wartime

A key indicator of program effectiveness is not only initiation, but also **PrEP retention**. Compared to the pre-war rate (42.4% for 6 months), the wartime retention rate (41.5%) was stable — this indicates **program sustainability** despite the devastating impact of hostilities.

Factors that reduce retention

Front-line zone

2.19 times (men) and 1.26 times (women) higher risk of PrEP discontinuation for individuals living in frontline areas

Youth 18–25 years old

1.43–1.60 times higher risk of PrEP discontinuation; 6-month retention rate only 17.2%

MSM

Lowest 6-month retention rate — 28.6% among all key groups

Retention-enhancing factor

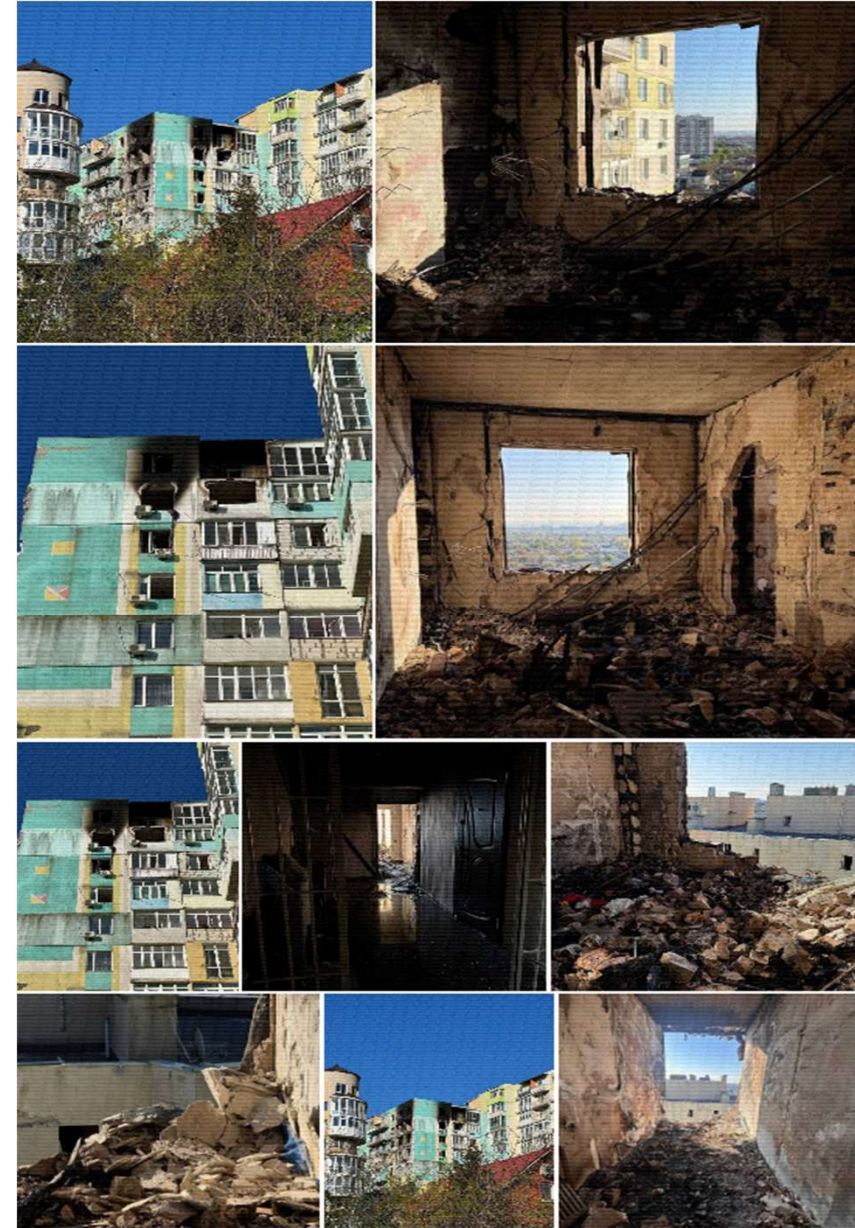
Sex workers

The highest 6-month retention rate is 81.5%. Possible explanation: increased subjective risk due to the emergence of new military clients

29.7% of PrEP clients during wartime were in front-line areas. Requests from MSM at the front for six-month PrEP prescriptions instead of three-month ones became a new reality for the program.

Influence wars

Through Russian attacks in Ukraine suffered 2562 objects medical infrastructure:
fully destroyed 328 objects in 125 institutions.





Impact of war on PrEP in Ukraine

The full-scale invasion of 2022 significantly impacted access to HIV prevention. Despite this, PrEP coverage during the war was relatively stable—but has been showing an alarming decline since 2024.

Staying on PrEP

Pre-war rate: 42.4% for 6 months

Military rate: 41.5% for 6 months

The difference is minimal — the program survived the first blow.

Frontline zones

29.7% of PrEP clients were in frontline areas

The risk of PrEP discontinuation is 2.19x higher for men


The risk of termination is 1.26x higher for women in these areas

Coverage 2024→2025

2024: 13,762 customers

2025: 12,454 customers

Decrease: -1,308 (-9.5%) — despite the expansion of forms of prevention

 A 9.5% decline in PrEP coverage in 2025 is a key warning signal: the preventive tool is available, but coverage is falling.

Source: Moon et al., AIDS & Behavior, 2025; Central Health Center of the Ministry of Health of Ukraine, 2025

PrEP regimens and clinical monitoring

According to the Standard of Medical Care "HIV Infection"

(Order of the Ministry of Health No. 916 dated 03.06.2025 and previous Order No. 2092 dated 16.11.2022):

Oral PrEP regimens

Daily regimen (Daily PrEP)

TDF/FTC (300/200 mg) — 1 tablet daily. Efficacy: 7 tablets/week → 99%; 4 tablets/week → 96%; 2 tablets/week → 76%

On-demand scheme (2-1-1)

2 tablets 2–24 hours before risk exposure, then 1 tablet 24 and 48 hours later. Recommended only for cisgender men and transgender people AMAB, provided planning is possible.

Clinical and laboratory monitoring

- HIV test (antigen/antibody) - before appointment, every 3 months
- HBsAg test — within the first 3 months of starting PrEP
- Estimated creatinine clearance - before prescribing
- STI test (syphilis, gonorrhea, chlamydia) - every 3 months

Contraindication

- Confirmed HIV infection
- Creatinine clearance < 60 ml/min
- Contraindications to TDF/FTC components



Injectable PrEP (CAB-LA): A New Frontier

IN August 2024 A pilot project of injectable cabotegravir long-acting (CAB-LA) has been launched in Ukraine. As of November 2024, the first CAB-LA injection has been received in Kyiv and Lviv **105 customers** (67 in Kyiv, 38 in Lviv). By the end of 2024, the total number of CAB-LA recipients will reach **111 people**.

Current status

The CAB-LA pilot has started in Kyiv and Lviv.

Odesa region

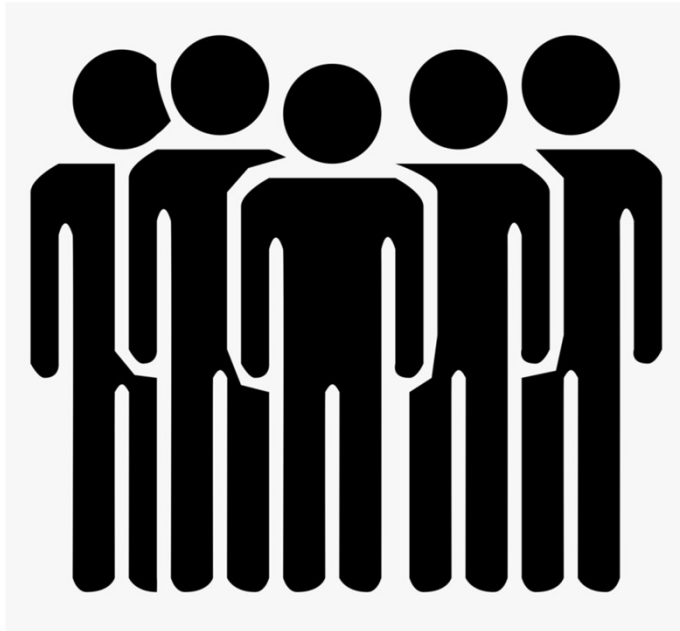
Expansion to Odesa region began in September 2025

New WHO guidelines (2025)

In July 2025, WHO confirmed 100% effectiveness of lenacapavir (LEN) among women in Africa and 96% among MSM. Lenacapavir is currently not registered in Ukraine.

PrEP schemes

2025 year



All patients received PrEP on a daily basis
TDF/FTC or TDF/3TC

Number of people who receive injectable cabotegravir
long-term actions CAB LA

2
IX.2025

3
XI.2025

4
I.2026

8
II.2026

13
III.2026

14
IV.2026

16
V.2026

International recommendations and regulatory framework (2025)

In 2025, international organizations continue to actively update recommendations for pre-exposure prophylaxis of HIV, emphasizing its key role in the global fight against the epidemic and adapting to new scientific evidence and challenges.

WHO

Confirms expanded access to PrEP for all at-risk groups. New guidelines include recommendations for **CAB-LA** and potential uses **lenacapavir** after registration. Special attention to vulnerable groups and integration of services.

UNAIDS

Emphasizes achieving the 95-95-95 targets by 2030, where PrEP is an indispensable tool for preventing new cases. Calls for the removal of barriers to access and stigma.

ECDC

Releases updated guidelines for European countries, focusing on quality standards for PrEP services, monitoring of effectiveness and safety, and adapting programs to local epidemiological contexts.

Source: WHO, UNAIDS, ECDC updated recommendations, 2025

International recommendations and regulatory framework (2025)

WHO recommendations

WHO recommends oral PrEP (containing TDF) as **additional prevention option** for individuals at significant risk of HIV as a component of combination approaches. Two regimens are supported:

- **Daily**— for all key groups, including women, PWID, transgender people
- **On demand 2-1-1**— only for cisgender men and transgender people AMAB

The WHO Consolidated Guidelines (2022) identify 5 key priority groups: MSM, transgender and gender-diverse people, sex workers, PWID, and people in prison. The provider module was updated in 2024.

EACS (November 2024) and Ministry of Health of Ukraine

EACS Guidelines 2024

It is recommended to start PrEP with **double dose** regardless of sex, gender or chosen scheme — protection is already through **2 hours** after taking (previously for women - 7 days of daily intake).

Order of the Ministry of Health No. 916 (2025)

The new Standard of Medical Care "HIV Infection" came into effect on June 3, 2025. It includes updated indications for PrEP, dosing regimens, monitoring protocols, and CAB-LA. Order No. 2092 of 11/16/2022 has become invalid.

Threats and Challenges 2025–2026: Financing and Displacement

Population displacement

Displaced individuals lose contact with their facility and discontinue PrEP. Odesa region has received a significant influx of IDPs, including sex workers from other regions.

Military risks

Sexual violence (370 recorded cases in 2022–2024), weakening social norms, and a shortage of sterile needles for IDUs at the beginning of the invasion led to an increase in the sharing of equipment.

Frontline specificity

29.7% of PrEP clients were in frontline areas. The risk of PrEP discontinuation is 2.19 times higher for men and 1.26 times higher for women in these areas.

Conclusions and strategic directions

Odesa region remains the most HIV-affected region of Ukraine — in 2023, it concentrated over 16% of all PLHIV and over 21% of all AIDS deaths with a population share of 5.7%.

PrEP progress

From 38 clients in Odessa region (January 2021) to 1,334 (June 2022). Across Ukraine — 18,344 clients in 2024.

Challenges

Frontline geography, population displacement, reductions in PEPFAR funding, critically low coverage of youth and sex workers.

Regulatory framework

New Ministry of Health Standard No. 916 (2025), inclusion of CAB-LA in the regulatory framework — key strategic steps.

Prospects

Development of mobile and telemedicine models of PrEP delivery, expansion of the CAB-LA pilot to the Odessa region — priorities for 2025–2026.

Thank you for your attention

