

# **SUPPORT TO TB AND HIV People fleeing Ukraine. A Moldova CSOs perspective**

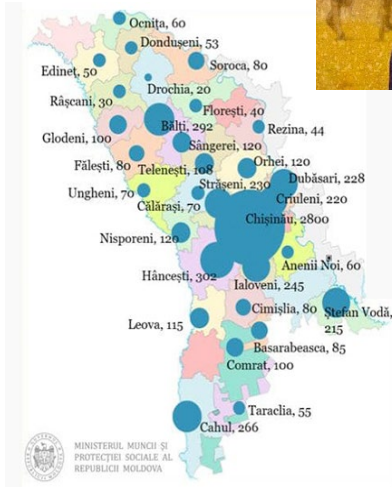
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**29.03.2022**

**Asociația Națională a  
Bolnavilor de Tuberculoză  
"SMIT"**



# MOLDOVANS STAND WITH UKRAINIANS



1. From February 24 to March 23, more than 3.6 million people have fled Ukraine since the beginning of Russia's invasion. At the same time, humanitarian corridors are organized daily to evacuate civilians from areas severely affected by the war (UN, March 2022).
2. Between February 24 and March 24, 339,804 Ukrainian citizens entered the Republic of Moldova, of which 96,640 remained in the country, 240,710 left the country (220,720 left on the Moldova-Romania and 19,990 on the Moldova-Ukraine borders) (Border Police of the Republic of Moldova).
3. Between 24.02.2022 - 24.03.2022, the Bureau of Migration and Asylum of the Republic of Moldova received 5,521 asylum applications (Border Police of the Republic of Moldova).
4. Ukrainians remained in the country, are placed in centers set up by the authorities, with relatives or simply being received in families - 102 placement centers are approved, with a total capacity of 9245 places, of which 4270 places are occupied (46%).

# TB & HIV support to Ukrainians coming to/going through Moldova

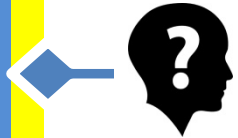


MoH Decree No.  
166, Feb 26, 2022



TB&HIV  
CSOs

Over 900  
(ART -105  
OST – 36  
TB – 3)



TB & HIV TWG  
held Feb 25,  
2022

NTP & TB  
People  
Ukraine, Feb  
25, 2022

TB&HIV  
NTPs



People arriving in  
RO, PL, BG, DE, IT,  
ES, CZ, FL, AU, SK,  
NO, CH, TR, IL  
were referred for  
HIV & OST  
services in the  
respective  
countries

# CONCLUSIONS



**#standwithUkraine**  
**#supportUkraine**  
**#stopwar**  
**#restorepeace**  
**#restoreUkraine**

1. TB, HIV and OST treatments should be available and accessible to people affected/living with the disease regardless of their legal status, place and country.
2. Inter-countries agreements, cooperation, referral mechanisms should be established to help people for immediate access to SOC in regard of AMR with all respect to human rights.
3. Investments and political will are needed to make treatments for refugees at no cost and with less bureaucracy.
4. SOC may differ from country to country, therefore initial clinical evaluation may be needed.
5. No stigma and discrimination impeding access to health care should be tolerated.