

Sitrep: UNAIDS response to the crisis in Ukraine

Updated 11 April 2022

KEY FIGURES AT A GLANCE

- 4 019 287 refugees have fled Ukraine. There are 6.5 million internally displaced people and 12.65 million are people directly affected by war ([UNHCR 29 March 2022](#)).
- There are an estimated 260 000 people living with HIV in Ukraine, 57% of whom are on antiretroviral therapy ([GAM 2021](#)).
- An estimated 1% of refugees may be people living with HIV (including undiagnosed and on treatment).
- 30 000 people living with HIV from Ukraine reaching other countries will need antiretroviral therapy services.¹

Figure 1. Distribution of internally displaced persons (IDPs) and refugees in Ukraine and neighbouring countries as of 6 April 2022



¹ WHO, Estimating the needs in antiretroviral treatment for refugees from Ukraine (version 5.0).

HIV epidemic: Ukraine has the second largest epidemic in the region, with more than a quarter of a million people living with HIV. Before the war, 152,200 people were on antiretroviral therapy (ART coverage was 57% (GAM 2021)). In 2020, one of the highest rates of newly diagnosed HIV infections in the WHO European Region was observed in Ukraine (39.0%), with Ukraine contributing to 15% of diagnoses and the highest rate of AIDS diagnosis (9.9 per 100 000) within the region. Over half of the new HIV diagnoses were attributed to heterosexual transmission, with a further 38% from injecting drug use. Among refugees, 1% are estimated to be people living with HIV (adults and children). Currently, mostly women and children are moving out of the country as refugees.

Situation and response update on access to HIV services: UKRAINE

Access to antiretroviral treatment and testing	
Situation update	<p>Before the war, 152,200 people were on antiretroviral treatment (57% of PLHIV in Ukraine). Eighty per cent of people on antiretroviral therapy receive the generic HIV treatment combination of tenofovir disoproxil, lamivudine and dolutegravir (TLD). Forty-three sites are closed, and services are interrupted for clients. Of the remaining sites, there are varying levels of service interruption due to the crisis. There are up to 100 000 people living with HIV, including up to 60 000 people on antiretroviral therapy in the territories of Ukraine directly affected by the conflict and/or under Russian military control. PEPFAR is funding 12-month ARV needs for Ukraine, under the coordination and leadership of the Public Health Centre of the Ministry of Health of Ukraine and in partnership with 100% Life (the All-Ukrainian Network of PLHIV). PEPFAR has procured the first tranche of 209 000 packs (90-day supply) of TLD, which have already arrived in Lviv, and are being distributed by 100% Life to people in need in other regions of Ukraine.</p>
Challenges	<p>Bottlenecks in the delivery of antiretroviral therapy through various affected regions due to disruption of logistics chains. In several areas, a lack of functioning or accessible antiretroviral therapy sites is jeopardizing access to antiretroviral therapy supply to people living with HIV. People living with HIV and key populations are also in serious need of basic survival support (food, accommodation).</p>

<p>Response: UNAIDS Secretariat and Cosponsors</p>	<p>The Secretariat worked with the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) to ensure flexible use of Global Fund funding to address immediate needs (food, water, energy supply, communication tools).</p> <p>The Secretariat provided financial support to regional communities and key population networks (Eurasian Harm Reduction Association, Health Advocacy Coalition) to support better coordination of the Ukrainian key population needs.</p> <p>The Secretariat is working with humanitarian response partners in finding optimal solutions to the growing logistics/transport challenges.</p> <p>UNODC and the Secretariat have developed an emergency support plan to mitigate interruption of services for prisoners.</p> <p>WHO and the Secretariat developed estimates of people living with HIV in need of antiretroviral therapy among refugees.</p> <p>WHO and the Public Health Centre identifies and keeps track of needs of treatment services, adjusted antiretroviral therapy procurements lists (urgent short term and planned longer term) to align with WHO recommended antiretroviral therapy regimens.</p> <p>WHO facilitated donations of DTG formulations for children and advised on adjustments of national policies to align with the most up-to-date WHO recommendations and evidence-based interventions.</p> <p>UNICEF will manage the Global Fund Emergency Fund in Ukraine.</p> <p>WFP started cash-based transfers for 1.5 million people in Ukraine; people living with HIV can benefit.</p> <p>UNHCR launched multi-purpose grant assistance for 1.2 million people, people living with HIV can benefit.</p> <p>UNDP has conducted social economic impact assessment of the war in Ukraine with projections on poverty and inequality levels including assessment to monitor the barriers to treatment and health systems for people living with HIV and key populations in emergency/conflict situation of Ukraine.</p>
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Opioid substitution therapy

Situation update	<p>As of 31 March 2022, 2138 people (out of a total of 17 210 officially registered before the war) in Ukraine face immediate risk of opioid substitution therapy interruption. Ukraine has some remaining stock of opioid substitution therapy (until October 2022). National partners, including civil society organizations, have mobilized new services for opioid substitution therapy redistribution. Civil society organizations use mobile clinics to deliver opioid substitution therapy to the territories where opioid substitution therapy sites are closed. The national hotline on drug dependence and opioid substitution therapy is working and information is available. Two opioid substitution therapy sites were functioning in seized prisons (Mariupol, Kherson). Connections with six prisons in the occupied territories have been lost.</p>
Challenges	<p>Difficulties with replenishing stocks of opioid substitution therapy in different regions and a serious risk of supply interruption. The threat of closing opioid substitution therapy sites because of military action, destruction and occupation of territories. Terminated local production of opioid substitution therapy in Kharkiv (lack of active ingredients). Interruption of services for prisoners (opioid substitution therapy and basic needs), especially in occupied territories.</p>
Response: UNAIDS Secretariat and Cosponsors	<p>Working with the Global Fund for procurement of the opioid substitution therapy medicines. The Government of Austria will donate opioid substitution therapy to Ukraine as current stocks are insufficient and UNODC is engaged in these efforts providing technical support and export/import expertise of the International Narcotics Control Board. A plan with UNODC and the Secretariat on support to prisoners has been developed.</p>
HIV prevention and care services/civil society organizations and communities	
Situation update	<p>The delivery of HIV prevention, care and support services continues (the government pays for the services, the Global Fund procures commodities, PEPFAR pays for additional services, e.g. index testing) and 300 000 members of key populations and 32 000 people living with HIV were served.</p> <p>The provision of HIV prevention services in occupied territories is facing interruption risks due to policies against harm reduction, opioid substitution therapy and working with key populations.</p>
Challenges	<p>With the competing demands on the government budget there is reduced funding for HIV prevention services, which risks setting back the past success of sustainability and transition funding to domestic sources.</p> <p>Civil society organization service providers have challenges to meet the humanitarian needs of key populations/people living with HIV. Transgender</p>

	<p>women are not able to leave the country if their passport shows male identification. Transgender women have lost access to hormone therapy due to importation blockages.</p>
<p>Response: UNAIDS Secretariat and Cosponsors</p>	<p>The Secretariat is a member of a working group of key stakeholders that oversees the continuity of HIV prevention and care and support services. The working group agreed with the Global Fund to pay for the services on behalf of the government in the first three quarters of 2022 and beyond, if required. Global Fund and PEPFAR reprogrammed funds will enable the service providers to meet relevant humanitarian needs of the clients as well as new programme needs of the service providers due to work during the war.</p> <p>The Secretariat emergency fund for Ukraine (US\$ 200 000) has enabled civil society organization service providers in four cities that are home to large HIV epidemics (Dnipro, Kyiv, Kryvy Rih, Odesa) to address a mix of humanitarian and programme needs due to the war. There is a critical need to expand this support and additional funds are urgently needed.</p> <p>Issues faced by transgender people are being raised with the Government of Ukraine.</p> <p>UNFPA is leading a sexual and reproductive health and rights working group under the health cluster to address sexual and reproductive health and rights and maternal and child health (including linkages with HIV). Delivered 3000 dignity kits containing sanitary pads and hygiene items to shelters for gender-based violence survivors and crisis rooms in Dnipro, Poltava and Zaporizhzhia. More than 1 million people, most of whom are women, have received information about women’s health, gender-based violence and psychological assistance</p> <p>UNDP, as a member of the regional Global Fund grant oversight committee, is supporting reprogramming of funds. UNDP is conducting an assessment of preparedness and response by local governance and the rule of law institutions to the needs of forcibly displaced populations (UNDP/UNHCR diagnostic tool). UNDP is ensuring the provision of legal aid to internally displaced people, including survivors of gender-based violence, with access to seed funding to help adjust the existing legal aid system to the needs of internally displaced people (including digital solutions).</p> <p>UN Women announced an Emergency Appeal to help address the needs of women and girls in Ukraine and as refugees in other countries.</p>

Situation and response update on access to HIV services: receiving countries

Access to antiretroviral therapy and opioid substitution therapy	
Republic of Moldova	
Situation update	<p>The Republic of Moldova is a non-EU country in the region with a proportionally large number of refugees. As per the data at mid-March, the refugee per capita rate was the highest in the Republic of Moldova compared to all other countries hosting refugees.</p> <p>Of the people living with HIV arriving, many brought some antiretroviral therapy with them but 87 people living with HIV have already accessed antiretroviral therapy in the Republic of Moldova by 1 April (28 men, 59 women, including three pregnant women and one child) and the numbers are expected to rise. People requesting opioid substitution therapy have accessed it but pressure on local services is expected to increase. People are also offered treatment monitoring investigations to ensure compliance and the quality of antiretroviral therapy treatment.</p> <p>Integrated services for vulnerable refugee women and children, which includes psychosocial services, HIV/sexually transmitted infection/tuberculosis prevention and gender-based violence, started to be provided in refugee accommodation centres. The commitment of the government to refugees from Ukraine is to ensure they get the same services as Moldovan citizens.</p>
Challenges	<p>The Republic of Moldova is going through several simultaneous crises: the COVID-19 pandemic, a socioeconomic crisis after COVID-19, broken supply chains and import–export relationships with countries in the east (Belarus, the Russian Federation and Ukraine) and an energy crisis. There are also high security and military risks. Level of human resources within the government, as well as other partners that are part of the humanitarian response to cope with the influx of refugees and their needs.</p> <p>Challenges to deliver HIV/tuberculosis/hepatitis/sexual and reproductive health and rights due to life-saving priorities on food, shelter, primary health care.</p> <p>The Refugee Response Plan, including the one under the health sector prioritizes, urgent survival needs (food, shelter, movement onwards to another location, need of childcare, other chronic diseases, such as as cardiovascular, mental health, oncology, dialysis) over access to HIV treatment, fear of discrimination or security issues (e.g. fear of denouncement of HIV status and/or belonging to key populations).</p>
Response: UNAIDS Secretariat	<p>The UNAIDS Country Office for the Republic of Moldova supported the development of the mechanism for provision of integrated tuberculosis, HIV, hepatitis, sexual and reproductive health and rights, mental health and gender-</p>

<p>and Cosponsors</p>	<p>based violence services to be provided by nongovernmental organizations. Now working to have it approved by the Ministry of Health.</p> <p>The UNAIDS country office monitors the HIV-related service needs of refugees.</p> <p>The UNAIDS country office coordinated and integrated support in the Republic of Moldova Refugee Response Plan, including in the health sector (mental health subsector), gender-based violence, prevention of sexual exploitation and abuse and protection and country reporting.</p> <p>The UNAIDS country office reprogrammed up to US\$ 50 000 from the One UN Project on Human Rights (Sweden funded) for the HIV refugee crisis hotline, which supports and facilitates information and refugee referral to HIV/tuberculosis/hepatitis-specific services and the case management of refugees.</p> <p>The UNAIDS country office jointly with the global centre and the regional support team mobilized an additional US\$ 48 000 from Luxembourg resources to meet the needs of refugee women and young people for psychosocial services, sexual and reproductive health and rights, HIV prevention and gender-based violence.</p> <p>Ongoing work of the Joint United Nations Team on AIDS with the Global Fund on reprogramming of resources from the country grant in coordination with national partners.</p> <p>UNFPA delivered supplies to support young volunteers assisting refugees, particularly women and girls, at the Republic of Moldova/Ukraine border checkpoints. Providing psychological support services for women and youth refugees, including referral to sexual and reproductive health and mental health services jointly with the Youth Friendly Health Clinic Network and Network of Youth Centers. Currently procuring inter-agency reproductive health kits, additional dignity kits, ultrasounds and personal protective equipment to address the urgent needs of refugee women and girls and health service providers to ensure sexual and reproductive health service provision. Procured and delivered 2000 of UNFPA’s dignity kits to the Ministry of Labor and Social Protection for distribution to refugees in accommodation centres and host communities and information material on sexual and reproductive health and gender-based violence prevention.</p> <p>Starting 25 March, UNHCR rolled out cash assistance for refugees on the national scale.</p>
<p>EU countries receiving refugees</p>	
<p>Situation update</p>	<p>Poland has received significantly more refugees from Ukraine than all other European countries—2.4 million. Other neighbouring countries that have received a high numbers of refugees are Hungary, the Republic of Moldova,</p>

	<p>Romania and Slovakia. The number of refugees moving further west (to Austria, Czechia, Denmark, France, Germany, the Netherlands, etc.) has started growing. However, a critical mass is staying in Poland, hoping for an early return to Ukraine. Of the people living with HIV arriving, many are expected to have brought some antiretroviral therapy with them, but 500 people living with HIV refugees have already requested antiretroviral therapy in Poland so far. In Poland, TLD (tenofovir disoproxil, lamivudine, dolutegravir), as in other EU/EECA countries, is not available and owing to patent laws generic versions cannot be imported.</p> <p>Poland formally requested WHO and UNAIDS to assist with receiving TLD for Ukrainian people living with HIV. All antiretroviral therapy and opioid substitution therapy provision sites are being confirmed for service provision for refugees with the health authorities to assure verified information for all WHO Member States in the WHO European Region. Support to refugees in receiving countries with treatment needs is in place. First donations of additional antiretroviral therapy were brokered to Czechia, Poland and Romania.</p>
<p>Challenges</p>	<p>TLD generics use is not possible because of intellectual property protection rules in the EU. Clients are not clear about regimens prescribed to them in Ukraine and how to maintain.</p> <p>Challenges in receiving countries for refugees living with HIV and key populations in accessing a range of support services and how to ensure their privacy and protection from discrimination.</p> <p>Availability-related: potential shortages of personnel; delayed availability of health products, including medications; long waiting times; under-supply of services for post-traumatic stress disorder/mental health services, lack of knowledge or understanding of the health-care system and of their health rights.</p> <p>Accessibility (and affordability)-related: language and information barriers, including lack of interpreters at health-care facilities and reception centres; challenges in navigating the administrative and registration processes to use public systems; lack of awareness of locations of services; financial barriers (direct (co-payments) or indirect (e.g. cost of transport to provider)); in rural areas and small towns geographic and distance-related barriers to services, in particular specialized care; and possible discrimination against refugees, especially if they are people living with HIV or represent key populations.</p> <p>Acceptability-related: prioritizing more urgent survival needs (food, shelter, movement onwards to another location, need of childcare) over access to HIV treatment; fear of discrimination or security issues (e.g. fear of denouncement of HIV status and/or belonging to key populations to local authorities); social stigma and the integration of refugees in the new host communities.</p>

<p>Response: UNAIDS Secretariat and Cosponsors</p>	<p>UNAIDS is in ongoing dialogue with Hungary, Poland, the Republic of Moldova, Romania and Slovakia on their needs in addressing the refugee challenge. WHO European Region is coordinating broader health-related issues through its WHO Emergency Health programme.</p> <p>The Secretariat and WHO are brokering donations (not TLD) from ViiV for refugees in Czechia, Poland (in implementation), Hungary, Romania and Slovakia (in discussion). It opened the door for other pharmaceutical companies to follow with their donations (including beyond HIV).</p> <p>The Secretariat is advising the WHO/National AIDS Council of Poland on workable fast solutions in bringing TLD in the country. Respective legislation is awaiting approval.</p> <p>The Secretariat is engaged with the city of Warsaw in accelerating the signature of the Fast-Track Cities Paris declaration to allow for quicker access to support through the platform.</p> <p>WHO European Region is in direct communication with antiretroviral therapy and opioid substitution therapy programmes in the countries to confirm the needs of antiretroviral therapy and opioid substitution therapy and the capacities of specialized programmes.</p> <p>WHO developed guidance on regimens harmonization and a system of information exchange with doctors in Ukraine. A new WHO tool, a calculator of HIV and tuberculosis services needs for Ukrainian refugees, allows more precise estimation of the actual needs and confirms them for fast procurement and for expanding the capacities of HIV care settings.</p> <p>The Secretariat ensures the monitoring of antiretroviral therapy access and needs (including funding) and the mapping of organizations and their capacity to provide antiretroviral therapy and related services for Ukrainian refugees in 32 hosting countries by the Health Advocacy Coalition. With additional funding, this can be extended to monitoring the needs of and access to services for key populations.</p>
<p>HIV prevention and care services/community organizations and communities</p>	
<p>Situation update</p>	<p>HIV prevention and care services are available within the national HIV programmes of the receiving countries, but the scale of the growing needs might create a challenge in service provision.</p>
<p>Challenges</p>	<p>Growing need to support nongovernmental organizations in the EU hosting countries that support key populations and people living with HIV: not sufficient funding and their reserves are coming to an end.</p> <p>Western EU countries will face more refugee flows as they transit through central European countries.</p>

<p>Response: UNAIDS Secretariat and Cosponsors</p>	<p>The Secretariat is sensitizing receiving countries about the needs of people living with HIV and key populations as refugees move to the west. The Secretariat is coordinating with permanent missions and through the Brussels office with ECDC and WHO.</p> <p>The Secretariat negotiated access to hormone therapy for transgender people upon request within the national health programmes' capacities.</p> <p>A Secretariat mission to Poland is in process to conduct ground assessment of operations, gaps and support needed for HIV in the humanitarian response.</p> <p>The Secretariat has mobilized technical and financial support to civil society organizations in neighbouring countries receiving refugees to provide support to key populations and people living with HIV in accessing community-led services: accommodating civil society activists who left Ukraine by local organizations and facilitating the inclusion of activists as well as medical (HIV, harm reduction) staff from Ukraine.</p>
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RESPONSE STRUCTURE AND RESOURCES

UNAIDS has been instrumental in defining, quantifying and quality-assuring needs for the procurement of antiretroviral therapy (WHO, UNAIDS), medication for opioid substitution therapy (WHO, UNODC, UNAIDS) and medication for tuberculosis, including for preventive tuberculosis treatment (WHO). UNICEF will play a major role as the implementor of the Global Fund emergency grant (US\$ 15 million) to Ukraine.

Some funding of the Global Fund regional and Ukraine-based projects will be reprogrammed. UNAIDS has also negotiated with the Global Fund a flexible use of its funding to address immediate needs (food, water, energy supply, communication tools, shelter). UNHCR and WFP have launched respectively programmes of multi-purpose grant assistance for 1.2 million people and cash-based transfers for 1.5 million people in Ukraine. PEPFAR organized one year stock procurement of antiretroviral therapy. United Nations humanitarian machinery will deliver to places where national partners are not able to reach.

The UNAIDS emergency fund for Ukraine (US\$ 200 000) has enabled several service providers in four cities that are home to large HIV epidemics (Dnipro, Kyiv, Kryvy Rih, Odesa) to address a mix of humanitarian and programme needs due to the conflict. UNAIDS estimated the need for an additional US\$ 2.42 million for support to civil society organizations providing services in Ukraine and for refugees in receiving countries, with a focus on reaching people living with HIV and key populations with services.

UNAIDS SECRETARIAT PRESS STATEMENTS

[Health partners race to secure life-saving HIV medicines and services for people affected by the war in Ukraine | UNAIDS](#)

[UNAIDS urges protection and continuity of health and HIV services for people living with and affected by HIV in Ukraine | UNAIDS](#)

[Impact of COVID-19 hits hard as TB deaths among people living with HIV rise for the first time since 2006 | UNAIDS](#)

Tweets:

https://twitter.com/Winnie_Byanyima/status/1511359746732957697?s=20&t=iO_GYJB9KFwywRqTmFN_tw #Ukraine is facing a catastrophic humanitarian crisis w/destruction of entire cities & unconscionable attacks on health facilities and other civilian targets. Our health partners are racing to secure life-saving HIV medicines & services for people affected

https://twitter.com/Winnie_Byanyima/status/1511362802748907524?s=20&t=iO_GYJB9KFwywRqTmFN_tw Thru remarkable efforts by civil society & govt, most sites providing antiretroviral therapy are still at least partially functioning, but the war has disrupted supply chains & patients' access. Civil society's ability to reach ppl is vital, we must urgently support such critical lifelines.

https://twitter.com/Winnie_Byanyima/status/1509185553421541376?s=20&t=Pf_vdJstpfGpiPi8K7hQ5g The war has affected everyone in [#Ukraine](#), including people living with HIV & key populations, who are often stigmatized and can experience severe discrimination. The right to health and access to health & HIV services for all must be upheld & protected.

https://twitter.com/Winnie_Byanyima/status/1508833925019447296?s=20&t=Pf_vdJstpfGpiPi8K7hQ5g Over the last decade, [#Ukraine](#) was able to reverse annual HIV transmissions & deaths—now, years of progress to combat [#HIV](#) are being undone. @UNAIDS is working hard to ensure that people living w/HIV in Ukraine & those leaving have continued access to life-saving medicines.

https://twitter.com/Winnie_Byanyima/status/1507398071654752258?s=20&t=Pf_vdJstpfGpiPi8K7hQ5g Even while taking in more than 300,000 refugees from [#Ukraine](#), Moldova's policy is they will all receive the same services as Moldovans, including accommodation, food, and HIV-related services. @UNAIDS working together to help [#refugees](#) in Moldova

https://twitter.com/Winnie_Byanyima/status/1507063790105509897?s=20&t=Pf_vdJstpfGpiPi8K7hQ5g People living w/HIV need to take their medicines w/out fail. With forward planning by @Ukraine& thks to @PEPFAR @GlobalFund, supplies are being secured for 1 year. This is critical to save lives & ensure that progress in [#HIV](#) prevention & treatment is not derailed.

https://twitter.com/unaid_ukraine/status/1508369388575023105?s=20&t=Pf_vdJstpfGpiPi8K7hQ5g

https://twitter.com/UNAIDS/status/1507049485381378064?s=20&t=Pf_vdJstpfGpiPi8K7hQ5g

https://twitter.com/Winnie_Byanyima/status/1510048635639238665?s=20&t=i3OqNqONrvnc7eg5j8MGiw

UNAIDS SECRETARIAT WEB STORIES

1. Interview with Ukrainian transgender activist

https://www.unaids.org/en/resources/presscentre/featurestories/2022/march/20220330_ana_stasiia-yeva-domani



2. [“With the billions spent on this senseless war, the world could find a cure for HIV, end poverty and solve other humanitarian crises” | UNAIDS](#)
3. [Keeping harm reduction available in Ukraine | UNAIDS](#)
4. [Quick thinking and planning instrumental for HIV network in Ukraine | UNAIDS](#)
5. [Working together to help refugees in the Republic of Moldova | UNAIDS](#)
6. <https://www.unaids.org/en/War-Ukraine-special/antiretroviral-therapy-for-ukrainians-abroad>

COSPONSORS` SITREPs

UNHCR [Ukraine situation: Flash up-date #6](#) <https://data2.unhcr.org/en/documents/details/91719>

UNHCR [Ukraine Situation: Inter-agency Regional Refugee Response Plan](#)
<https://data2.unhcr.org/en/documents/download/91114>

WFP [Projected increase in acute food insecurity due to war in Ukraine](#)
<https://reliefweb.int/sites/reliefweb.int/files/resources/WFP-0000138155.pdf>

WHO [Emergency in Ukraine: external situation report #5, published 31 March 2022: reporting period: 24–30 March 2022 \(who.int\)](#)

WHO [Ukraine crisis Public Health Situation Analysis – Refugee-hosting countries \(published 17 March 2022\)](#) <https://apps.who.int/iris/bitstream/handle/10665/352494/WHO-EURO-2022-5169-44932-63918-eng.pdf?sequence=3&isAllowed=y>

UNFPA [Attending to the sexual and reproductive health needs of refugees from Ukraine | United Nations Population Fund \(unfpa.org\)](#)

[Ukraine: Conflict compounds the vulnerabilities of women and girls as humanitarian needs spiral | United Nations Population Fund \(unfpa.org\)](#)

UNICEF [ECAR-Ukraine-Refugee-Response-in-Neighbouring-Countries-Humanitarian-Situation-Report-No.3-23-March-2022 | UNICEF](#)

UNDP [The development impact of the war in Ukraine.](#)
<https://reliefweb.int/sites/reliefweb.int/files/resources/Ukraine-Development-Impact-UNDP.pdf>

UN Women [Rapid Assessment: Impact of the War in Ukraine on Women’s Civil Society Organizations:](#)

<https://eca.unwomen.org/sites/default/files/2022-03/Rapid%20Assessment%20-%20Womens%20CSOs.pdf>