

Ukraine Report NCPI

NCPI Header

COUNTRY

Name of the National AIDS Committee Officer in charge of NCPI submission and who can be contacted for questions, if any:

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Describe the process used for NCPI data gathering and validation:

1) working group to choose experts 2) interviewing of experts 3)reaching agreement between the experts 4) presentation of the results on wide forum of stakeholders 5) approval by the national council

Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions:

Conducting working meetings, negotiations in order to reach common agreement between the experts

Highlight concerns, if any, related to the final NCPI data submitted (such as data quality, potential misinterpretation of questions and the like):

Lack of knowledge and competency of some experts in all report sections

NCPI - PART A [to be administered to government officials]

Organization	Names/Positions	A.I	A.II	A.III	A.IV	A.V	A.VI
State Service of Ukraine on Counteraction to HIV/AIDS and Other Socially Dangerous Diseases	Tetiana Alexandrina, Head	Yes	Yes	Yes	Yes	Yes	Yes
State Service of Ukraine on Counteraction to HIV/AIDS and Other Socially Dangerous Diseases	Olena Yeschenko, Deputy Head	Yes	Yes	Yes	Yes	Yes	Yes
State Service of Ukraine on Counteraction to HIV/AIDS and Other Socially Dangerous Diseases	Maryna Zelenska, HIV/AIDS Counteraction Office Chief	Yes	Yes	Yes	Yes	Yes	Yes
Ministry of Education and Science, Youth and Sports	Svitlana Fitsaylo, Main Specialist at the General and Pre-school Education Office	Yes	Yes	No	Yes	No	No
Ministry of Social Policy	Victoriya Sanovska, Social Services Office Deputy Chief - Social Technologies Implementation and Social Work Section Head	Yes	Yes	Yes	Yes	No	No
State Service for Youth and Sports	Igor Khohych, Youth Policy and Communications Department Director	Yes	Yes	No	Yes	No	No
State Penitentiary Service	Anatoliy Kryvoruk, Treatment and Prevention Work Section Head at the Healthcare, Medical and Sanitary Assistance Office	Yes	Yes	No	Yes	Yes	No
Ukrainian Center for AIDS Prevention of the Ministry of Health of Ukraine	Nataliya Nizova, Director	Yes	Yes	No	Yes	Yes	Yes

Ukrainian Center for AIDS Prevention of the Ministry of Health of Ukraine	Alla Scherbinska, Deputy Director	Yes	Yes	No	No	Yes	No
Ukrainian Center for AIDS Prevention of the Ministry of Health of Ukraine	Oleksandr Zhyhinas, Acting Head of Ukrainian Monitoring and Evaluation Center	Yes	Yes	No	Yes	No	Yes

NCPI - PART B [to be administered to civil society organizations, bilateral agencies, and UN organizations]

Organization	Names/Positions	B.I	B.II	B.III	B.IV	B.V
Kyiv city branch of the All-Ukrainian Charitable Organization "All-Ukrainian Network of People Living with HIV/AIDS"	Bulah Lada, Executive director	Yes	Yes	Yes	Yes	Yes
Mykolayiv regional civil youth movement "Penitentiary initiative"	German Olena, Director	Yes	Yes	Yes	Yes	Yes
ICF "International HIV/AIDS Alliance in Ukraine"	Dovbakh Anna, Associate Director: policy and partnership	Yes	Yes	Yes	Yes	Yes
ICF "Vertikal"	Kudelia Denys, President	Yes	Yes	Yes	Yes	Yes
AUCO "All-Ukrainian Network of People Living with HIV/AIDS"	Kurpita Volodymyr, Executive Director	Yes	Yes	Yes	Yes	Yes
CF "Advisory Community Council on Issues of Access to Treatment in Ukraine" (UCAB)	Stefanishyna Olga, Executive Director	Yes	Yes	Yes	Yes	Yes
Cherkasy regional branch of the AUCO "All-Ukrainian Network of People Living with HIV/AIDS"	Stryzhak Olena, Head of the Board	Yes	Yes	Yes	Yes	Yes
UN Office on Drugs and Crime	Sultanov Mirzakhid, HIV/AIDS Advisor in Ukraine and Moldova	Yes	Yes	Yes	Yes	Yes
UNICEF in Ukraine	Tarasova Tetyana, HIV/AIDS Project Manager	No	No	No	No	Yes

A - I. STRATEGIC PLAN

1. Has the country developed a national multisectoral strategy to respond to HIV?

(Multisectoral strategies should include, but are not limited to, those developed by Ministries such as the ones listed under 1.2):

Yes

IF YES, what was the period covered:

2009-2013

IF YES, briefly describe key developments/modifications between the current national strategy and the prior one.

IF NO or NOT APPLICABLE, briefly explain why.:

The National Program to Ensure Prevention, Treatment, Care and Support for Those Living with HIV and AIDS (hereinafter referred to as the "National Program") was passed by the Verkhovna Rada of Ukraine as a law for the period of 2009-2013. In pursuance of the National Program line ministries (in particular the Ministry of Education and Science, Youth and Sports, the State Penitentiary Service) developed sectoral programs and regional support programs for each oblast of Ukraine. There are the following major differences of the National Program, as compared to the previous five programs: - higher status as the Law of Ukraine; - larger funding from the state and local budgets; - greater number of National Program implementers and respective funding breakdown.

1.1 Which government ministries or agencies

Name of government ministries or agencies [write in]:

The state employer of the National Program is the Ministry of Health of Ukraine (hereinafter referred to as the "MoH") that ensures the overall coordination and control over its implementation. The National Program implementers that have provisioned funding from the state budget are the State Penitentiary Service, the Academy of Medical Science of Ukraine, the Ministry of Education and Science, Youth and Sports, the National Academy of Sciences of Ukraine, the Ministry of Defense, and the Ministry of Social Policy. At the regional level the National Program implementers are local state administrations that envision funding from the local budgets for its implementation. Furthermore, the execution of various activities under the National Program is shared, without separate funding, between the Ukrainian State Service on Counteraction to HIV/AIDS and Other Socially Dangerous Diseases, the Ministry of Finance, the Ministry of economy, the Ministry of Justice, the Ministry of Internal Affairs, and other governmental authorities and institutions.

1.2. Which sectors are included in the multisectoral strategy with a specific HIV budget for their activities?

SECTORS

Included in Strategy	Earmarked Budget
Yes	Yes
Yes	Yes
Yes	Yes
Yes	Yes
No	No
No	No
Yes	Yes

Other [write in]:

-

IF NO earmarked budget for some or all of the above sectors, explain what funding is used to ensure implementation of their HIV-specific activities?:

Activities under the National Program are funded from the Global Fund project (Rounds 6 and 10), other charitable programs, and international technical assistance projects in addition to the state and local budgets.

1.3. Does the multisectoral strategy address the following key populations, settings and cross-cutting issues?

Men who have sex with men:

Yes

Migrants/mobile populations:

Yes

Orphans and other vulnerable children:

Yes

People with disabilities:

Yes

People who inject drugs:

Yes

Sex workers:

Yes

Transgendered people:

No

Women and girls:

Yes

Young women/young men:

Yes

Other specific vulnerable subpopulations:

Yes

Prisons:

Yes

Schools:

Yes

Workplace:

Yes

Addressing stigma and discrimination:

Yes

Gender empowerment and/or gender equality:

Yes

HIV and poverty:

No

Human rights protection:

Yes

Involvement of people living with HIV:

Yes

IF NO, explain how key populations were identified?:

-

1.4. What are the identified key populations and vulnerable groups for HIV programmes in the country [write in]?:

The key populations for primary HIV prevention are as follows: - youth, in particular pupils, - those employed, - military personnel, - population at large (those covered by mass-media and social advertisement); The key populations for prevention among representatives from high-risk groups are as follows: - injecting drug users; - persons detained at penal institutions; - those unprisoned; - commercial sex workers; - migrants; - waifs and homeless people; - children, including those from

families in difficult life circumstances; - men having sex with men. The key populations for prevention among those living with HIV are as follows: - HIV-positive pregnant women, birthing mothers and new-born babies; - HIV-positive persons; Key populations for specific prevention activities: - Blood donors; - Persons who contacted biological liquids at risk of HIV.

1.5. Does the multisectoral strategy include an operational plan?: Yes

1.6. Does the multisectoral strategy or operational plan include

a) Formal programme goals?:

Yes

b) Clear targets or milestones?:

Yes

c) Detailed costs for each programmatic area?:

Yes

d) An indication of funding sources to support programme implementation?:

Yes

e) A monitoring and evaluation framework?:

Yes

1.7

1.7. Has the country ensured “full involvement and participation” of civil society in the development of the multisectoral strategy?:

Active involvement

IF ACTIVE INVOLVEMENT, briefly explain how this was organised:

(Both national and international) civil society organizations took a pro-active part in drafting the National Program and developing its activities, being represented in the working group elaborating the National Program, submitted written proposals with wide public consultations held. Also NGOs and charitable organizations were included into the National Program as co-implementers, in particular the principal beneficiaries under the Global Fund projects, i.e. the International HIV/AIDS Alliance in Ukraine and the All-Ukrainian Network of PLWH.

1.8. Has the multisectoral strategy been endorsed by most external development partners (bi-laterals, multi-laterals)?:

Yes

1.9

1.9. Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?:

Yes, all partners

2. Has the country integrated HIV into its general development plans such as in: (a) National Development Plan; (b) Common Country Assessment / UN Development Assistance Framework; (c) Poverty Reduction Strategy; and (d) sector-wide approach?:

Yes

2.1. IF YES, is support for HIV integrated in the following specific development plans?

Common Country Assessment/UN Development Assistance Framework:

Yes

National Development Plan:

Yes

Poverty Reduction Strategy:

Yes

Sector-wide approach:

Yes

Other [write in]:

-

2.2. IF YES, are the following specific HIV-related areas included in one or more of the development plans?

HIV impact alleviation:

Yes

Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support:

Yes

Reduction of income inequalities as they relate to HIV prevention/treatment, care and/or support:

Yes

Reduction of stigma and discrimination:

Yes

Treatment, care, and support (including social security or other schemes):

Yes

Women's economic empowerment (e.g. access to credit, access to land, training):

No

Other[write in below]:

-

3. Has the country evaluated the impact of HIV on its socioeconomic development for planning purposes?:

Yes

3.1. IF YES, on a scale of 0 to 5 (where 0 is “Low” and 5 is “High”), to what extent has the evaluation informed resource allocation decisions?:

0

4. Does the country have a strategy for addressing HIV issues among its national uniformed services (such as military, police, peacekeepers, prison staff, etc)?:

Yes

5. Has the country followed up on commitments made in the 2011 Political Declaration on HIV/AIDS?:

Yes

5.1. Have the national strategy and national HIV budget been revised accordingly?:

Yes

5.2. Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?:

Estimates of Current and Future Needs

5.3. Is HIV programme coverage being monitored?:

Yes

5.3

(a) IF YES, is coverage monitored by sex (male, female)?:

Yes

(b) IF YES, is coverage monitored by population groups?:

Yes

IF YES, for which population groups?:

Age, gender

Briefly explain how this information is used:

This information is used for the purpose of planning the needs in services, in particular in treatment, for the purpose of budgeting and procuring antiretroviral medications to treat opportunistic infections.

(c) Is coverage monitored by geographical area:

Yes

IF YES, at which geographical levels (provincial, district, other)?:

Regional level. At the regional level the monitoring at the level of districts and cities is carried out.

Briefly explain how this information is used:

This information is used for the purpose of planning the needs in services and treatment, considering regional specifics, for the purpose of ensuring the availability of medications for treatment and laboratory diagnostics, and budgeting.

5.4. Has the country developed a plan to strengthen health systems?:

Yes

Please include information as to how this has impacted HIV-related infrastructure, human resources and capacities, and logistical systems to deliver medications:

In 2011 Ukraine launched another phase of the healthcare system reform, which provisions introducing new approaches in the healthcare sector, enforcing quality standards, changing the system of healthcare establishments funding by means of the healthcare services request. The said reform will have a positive impact on the healthcare sector and on the response to HIV/AIDS in particular.

6. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate strategy planning efforts in the HIV programmes in 2011?:

7

Since 2009, what have been key achievements in this area:

It can be stated that the Three Ones Principles are implemented in a consistent manner in Ukraine, i.e. there is one coordinating body (National TB and HIV/AIDS Council), one strategy (the National Program to Ensure Prevention, Treatment, Care and Support for Those Living with HIV and AIDS) and one monitoring and evaluation system (the Regulation was approved with the Cabinet of Ministers of Ukraine Resolution no. 1349 “On the Unified System to Monitor and Evaluate Activities Targeted at the HIV Epidemic Spread Prevention” dated December 28, 2011). The governmental and non-governmental sectors share the views concerning the challenge and the strategy of response to the HIV epidemic in Ukraine. In pursuance of the National Program, sectoral strategies by all the types of services and detailed by-region disbursement computations were elaborated. Drafting the National and Regional Operational Plans for 2011-2013 widely involved representatives from governmental authorities, healthcare establishments, social services and the public, which turned out to be an innovative approach to planning, enabled “bottom-upwards” problem determination and provided for the real engagement of service providers into the planning process. An important achievement is Ukraine’s submission of an application for Round 10 of the Global Fund and winning the funding. The National Strategic Action Plan on HIV Prevention among Children and Youth from Most-at-risk and Vulnerable Populations and Care and Support for Children and Youth Affected by the Problem of HIV/AIDS” was developed. The National Strategy of Trilateral Cooperation in Response to HIV/AIDS in Labor for 2012-2017 is being drafted. Over the recent years the State has given greater priority to the treatment of PLWH. As a result, the epidemic incidence rates have reduced several times. Financial expenses made on arrangements

in response to HIV/AIDS in 2009-2010 were assessed.

What challenges remain in this area:

The strategic planning process is on the right track, yet there is always some room for improvement. Delays in getting the final findings of the Comprehensive External Evaluation (they were provided in the middle of 2009 only), unfortunately, made it impossible to fully avail of its recommendations in the planning of the National Program (the latter was drafted in 2008 and approved in early 2009). The financial crisis doesn't allow for the necessary funding of all the areas within the response to HIV/AIDS, which results in the insufficient scope and magnitude of prevention programs, in particular among the population at large, in terms of increasing the level of awareness concerning HIV and forming safe behavior. Given no funding by the State, prevention activities become possible only through attracting external funds, in particular under the Global Fund projects. The strategy on programs and services maintenance following the Global Fund financing completion has not been developed yet. There is a need to carry out the Comprehensive External Evaluation of the National Program performance.

A - II. POLITICAL SUPPORT AND LEADERSHIP

1. Do the following high officials speak publicly and favourably about HIV efforts in major domestic forums at least twice a year

A. Government ministers:

Yes

B. Other high officials at sub-national level:

Yes

1.1

(For example, promised more resources to rectify identified weaknesses in the HIV response, spoke of HIV as a human rights issue in a major domestic/international forum, and such activities as visiting an HIV clinic, etc.):

Yes

Briefly describe actions/examples of instances where the head of government or other high officials have demonstrated leadership:

In the address to the UN General Assembly on June 08, 2011, the President of Ukraine Victor Yanukovich fully endorsed the new Getting to Zero UNAIDS 2011-2015 Strategy, the Global Zero Action Plan to prevent new infections among children by 2015 and keeping their mothers alive, and the new Political Declaration of the High-Level Meeting. In December 2010 the new wording of the Law of Ukraine "On Counteracting Diseases Caused by the Human Immunodeficiency Virus (HIV), and the Legal and Social Status of People Living with HIV" was passed, which establishes more forward-looking and advanced conditions for introducing programs and services in response to HIV/AIDS. The support of the National TB and HIV/AIDS Council, officials from the Ministry of Health, the State Service on Counteraction to HIV/AIDS and Other Socially Dangerous Diseases throughout the development and working-out of Ukraine's application to the Global Fund (Round 10) enabled attracting funds and proved the readiness and capacity of the Ukrainian AIDS Center to become the Principal Recipient under the Global Fund project. The President of Ukraine V.F. Yanukovich ordered the Prime-minister M.Ya. Azarov to allocate funds for the procurement of medications for HIV-positive people in full in 2011. The Head of the State also ordered the Government to account for HIV-positive people's needs in medications while drafting the State Budget for 2012 and take all the necessary measures to deliver medications to those in need. In 2010 central executive authorities underwent complete reforming. Subsequently, the majority of ministries, committees and services were liquidated or re-shuffled. Still, the response to HIV/AIDS is a high-level priority in Ukraine and, therefore, a dedicated governmental body, the State Service on Counteraction to HIV/AIDS and Other Socially Dangerous Diseases, was established. Unlike the previous authority, the Committee, the State Service has a higher status, greater powers and a wider organizational chart. The Commission to Supervise the Preparation of Applications, Negotiations and Implementation of Programs Financed by the Global Fund to Fight AIDS, TB and Malaria was set up at the National TB and HIV/AIDS Council. The UNESCO Moscow Office Director Dendevid Badarch expressed his gratitude to the minister of education and science, youth and sports Dmytro Tabachnyk for arranging and holding the international round-table on prevention awareness-raising and policies related to HIV in the education system (on November 10-11, 2011) which engaged representatives from international organizations and UN agencies, ministers of education from Central Asia and Eastern Europe countries, and the non-governmental sector. Within the framework of Ukraine's preparation to EURO-2012 large-scale information campaigns on prevention, in particular "Red Card", "Fair Play", "Give no Chance to AIDS", etc., are held. In general, the preparation to EURO-2012 involved a lot of athletes and famous persons into information campaigns on HIV prevention and tolerant attitude formation. The year 2012 was announced to be the year of sports and healthy lifestyle.

2. Does the country have an officially recognized national multisectoral HIV coordination body (i.e., a National HIV Council or equivalent)?:

Yes

2.1. IF YES, does the national multisectoral HIV coordination body

Have terms of reference?:

Yes

Have active government leadership and participation?:

Yes

Have an official chair person?:

Yes

IF YES, what is his/her name and position title?:

Rayisa Bogatyriova, Vice-prime-minister of Ukraine, Minister of Health

Have a defined membership?:

Yes

IF YES, how many members?:

30

Include civil society representatives?:

Yes

IF YES, how many?:

10

Include people living with HIV?:

Yes

IF YES, how many?:

2

Include the private sector?:

Yes

Strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?:

Yes

3. Does the country have a mechanism to promote interaction between government, civil society organizations, and the private sector for implementing HIV strategies/programmes?:

Yes

IF YES, briefly describe the main achievements:

Representatives from international and non-governmental organizations are included as members of all the working groups established at the Ministry of Health of Ukraine and the State Service on Counteraction to HIV/AIDS and Other Socially Dangerous Diseases and take an active part in their activities. The Public Council was established at the State Service on Counteraction to HIV/AIDS and Other Socially Dangerous Diseases to study the public opinion, provide for wide discussions of resolutions and draft regulations. The implementation of the Global Fund Round 10 project in collaboration of three principal recipients from various sectors, namely the Ukrainian AIDS Center (governmental sector), the All-Ukrainian Network of PLWH and the International HIV/AIDS Alliance in Ukraine (non-governmental sector), is an example of tight cooperation. The Commission to Supervise the Development of Applications, Negotiations and Implementation of Programs Financed by the Global Fund to Fight AIDS, TB and Malaria was set up at the National TB and HIV/AIDS Council. There are representatives from international and non-governmental organizations among the Commission members. Experts from international and non-governmental organizations are engaged into the external assessment of state programs. Non-governmental organizations largely contribute to non-admission of services interruption, especially in case of antiretroviral therapy. Non-governmental organizations advocate, on a permanent basis, the reduction of prices on antiretroviral medications procured from the state budget. Tight cooperation between governmental bodies and non-governmental organizations has been created to implement prevention programs and to attract grant funds. There are qualitative advancements in partnerships at the regional level thanks to the activities of HIV/AIDS coordination councils. The culture and skills of HIV/AIDS monitoring and evaluation are well-developed among international and non-governmental organizations owing to their experience from the implementation of numerous programs and projects.

What challenges remain in this area:

Although in general non-governmental partners stick to the general strategy, in some cases there is insufficient coordination of activities of international and non-governmental organizations, which leads to duplication in their activities at the operational level. Recently it happened that non-governmental organizations had greater opportunities to develop their capacities and acquire experience in the management of large programs and projects (e.g., the projects under Global Fund Rounds 1 and 6), compared to respective state-run institutions. As a consequence, there has been a certain staff drain from state-run institutions to non-governmental organizations, and it is difficult to reverse this trend. There is insufficient involvement of, and interaction with, private businesses. There are positive, yet rare, examples of cooperation (O. Pinchuk Foundation, R. Akhmetov Foundation) that provide important, though focused, assistance. There is a need to improve the mechanism of interaction between the governmental sector and non-governmental organizations at the local level in particular regions of Ukraine, and at the level of districts and towns. There are weak capacities of local non-governmental organizations, in particular at the level of small towns and rural areas. The mechanism of the social request for services of non-governmental organizations at expense of the state budget is yet to be introduced. Some state-run entities still fail to incorporate into their operations positive experience and best international practices offered by international and non-governmental organizations, in particular in terms of monitoring.

4. What percentage of the national HIV budget was spent on activities implemented by civil society in the past year?:

0%

5.

Capacity-building:

No

Coordination with other implementing partners:

Yes

Information on priority needs:

Yes

Procurement and distribution of medications or other supplies:

No

Technical guidance:

Yes

Other [write in below]:

-

6. Has the country reviewed national policies and laws to determine which, if any, are inconsistent with the National HIV Control policies?:

Yes

6.1. IF YES, were policies and laws amended to be consistent with the National HIV Control policies?:

Yes

IF YES, name and describe how the policies / laws were amended:

In December 2010 the Verkhovna Rada of Ukraine passed the new wording of the Law of Ukraine "On Counteracting Diseases Caused by the Human Immunodeficiency Virus (HIV), and the Legal and Social Status of People Living with HIV".

Name and describe any inconsistencies that remain between any policies/laws and the National AIDS Control policies:

In order to ensure the full-fledged functioning of the new wording of the Law of Ukraine "On Counteracting Diseases Caused by the Human Immunodeficiency Virus (HIV), and the Legal and Social Status of People Living with HIV", one has to bring by-law regulations to compliance with it. This process requires certain time and experts' involvement. In order to exempt from taxation procurements under the Global Fund project, the relevant draft Law of Ukraine was developed (to be considered in 2012).

7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the political support for the HIV programme in 2011?:

7

Since 2009, what have been key achievements in this area:

In the address to the UN General Assembly on June 08, 2011, the President of Ukraine V.F. Yanukovich fully endorsed the new Getting to Zero UNAIDS 2011-2015 Strategy, the Global Zero Action Plan to prevent new infections among children by 2015 and keeping their mothers alive, and the new Political Declaration of the High Level Meeting. In December 2010 the new wording of the Law of Ukraine "On Counteracting Diseases Caused by the Human Immunodeficiency Virus (HIV), and the Legal and Social Status of People Living with HIV" was passed, which establishes more forward-looking and advanced conditions for introducing programs and services in response to HIV/AIDS. The support of the National TB and HIV/AIDS Council, officials from the Ministry of Health, the State Service on Counteraction to HIV/AIDS and Other Socially Dangerous Diseases throughout the development and working-out of Ukraine's application to the Global Fund (Round 10) enabled attracting funds and proved the readiness and capacity of the Ukrainian AIDS Center to become the Principal Recipient under the Global Fund project. The President of Ukraine V.F. Yanukovich ordered the Prime-minister M.Ya. Azarov to allocate funds for the procurement of medications for HIV-positive people in full in 2011. The Head of the State also ordered the Government to account for HIV-positive people's needs in medications while drafting the State Budget for 2012 and take all the necessary measures to deliver medications to those in need. At the backcloth of harshly limited resources the State has clearly defined priorities for funding from the state budget: HIV diagnostics, ART, mother-to-child transmission prevention, post-contact prevention. A great achievement against the background of the economic crisis was procuring ART medications from the state budget. In 2012 the state budget provisions 305 mln. UAH for the response to HIV/AIDS or almost 90 mln. UAH more than in 2011. Recent biddings for ART medications procurement from the state budget resulted in the procurement of medications at prices reduced by 25%. In 2012 these savings will allow the state budget to provide necessary medications to more than 5,000 extra HIV-positive people. In addition, medications will be procured under Global Fund Round 6. Thus, more than 13,000 extra patients will be reached with treatment. As of the end of 2011, ART medications were received by approximately 25,000 people. Ukraine proves its utmost commitment to substitution maintenance therapy programs and has the most advanced legal framework in this realm, as compared to other CIS countries. In December 2010 the new wording of the Law of Ukraine "On Counteracting Diseases Caused by the Human Immunodeficiency Virus (HIV), and the Legal and Social Status of People Living with HIV" was passed. According to it, one of the state guarantees established by it is the use of substitution maintenance therapy with a view of preventing HIV among drug users. In 2010 central executive authorities underwent complete reforming. Subsequently, the majority of ministries, committees and services were liquidated or re-shuffled. Still, the response to HIV/AIDS is a high-level priority in Ukraine and, therefore, a dedicated governmental body, the State Service on Counteraction to HIV/AIDS and Other Socially Dangerous Diseases, was established. Unlike the previous authority, the Committee, the State Service has a higher status, greater powers and a wider organizational chart. The Commission to Supervise the Development of Applications, Negotiations and Implementation of Programs Financed by the Global Fund to Fight AIDS, TB and Malaria was set up at the National TB and HIV/AIDS Council.

What challenges remain in this area:

Despite high-rank officials' declarations on the priority of the response to the HIV/AIDS epidemic, this sector remains to be underfunded. Reforming the system of governmental authorities is accompanied by certain organizational complications, including frequent changes in the top management of the State Service on Counteraction to HIV/AIDS and Other Socially Dangerous Diseases (3 heads in 2 years), the protracted staffing of the State Service on Counteraction to HIV/AIDS and Other Socially Dangerous Diseases, human resource development. Yet, it should be noted that, in general, the execution of the state strategy of the state policy hasn't been significantly affected by the reform. The State Social Service for Family, Children and Youth was liquidated in course of the reform of the system of governmental authorities. The functions on prevention that used to be performed by this Service were divided between three executive agencies (the Ministry of Education and Science, Youth and Sports; the Ministry of Social Policy; the State Service for Youth and Sports); these structures are still being formed and interaction between them is being arranged. Professional managers experienced in the response to HIV/AIDS have low motivation to work at governmental authorities and state-run institutions. A low priority is given to the problem of HIV/AIDS in

programs of political parties.

A - III. HUMAN RIGHTS

1.1

People living with HIV:

Yes

Men who have sex with men:

Yes

Migrants/mobile populations:

Yes

Orphans and other vulnerable children:

Yes

People with disabilities:

Yes

People who inject drugs:

Yes

Prison inmates:

Yes

Sex workers:

Yes

Transgendered people:

No

Women and girls:

Yes

Young women/young men:

No

Other specific vulnerable subpopulations [write in]:

-

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:

No

IF YES to Question 1.1. or 1.2., briefly describe the content of the/laws:

There is no specific framework anti-discrimination law in Ukraine, although over the recent years discussions concerning its adoption have been taking place. However, some Laws of Ukraine directly prohibit discrimination by various features, namely: The Law of Ukraine "On Counteracting Diseases Caused by the Human Immunodeficiency Virus (HIV), and the Legal and Social Status of People Living with HIV" prohibits discrimination based on person's belonging to the populations with higher risk of exposure to HIV. The Law of Ukraine "On Approving the National Program to Ensure Prevention, Treatment, Care and Support for Those Living with HIV and AIDS for 2009-2013" defines certain populations at risk of exposure to HIV, in particular men having sex with men, migrants, injecting drug users, people providing sexual services for remuneration. Thus, in accordance with the Law of Ukraine "On Counteracting Diseases Caused by the Human Immunodeficiency Virus (HIV), and the Legal and Social Status of People Living with HIV", the provisions on discrimination prohibition apply to the said populations. The Concept of Children's Rights Protection and the Law of Ukraine "On Counteracting Diseases Caused by the Human Immunodeficiency Virus (HIV), and the Legal and Social Status of People Living with HIV" prohibits discrimination of children, regardless their status (in particular, orphanage) and health condition. The Law of Ukraine "On the Fundamentals of the Social Protection of the Disabled in Ukraine" prohibits discrimination of people with limited capabilities, regardless of disease that caused the disability. The Criminal Enforcement Code of Ukraine prohibits discrimination of people serving a sentence, in particular at penal institutions. The Law of Ukraine "On Ensuring Equal Rights and Opportunities for Women and Men" prohibits gender-based discrimination.

Briefly explain what mechanisms are in place to ensure these laws are implemented:

The legislation doesn't set forth clear-cut mechanisms to counteract discrimination. In the event of discrimination, a person has the right to appeal to a court.

Briefly comment on the degree to which they are currently implemented:

Under the said legal acts the anti-discrimination provisions are applied as the general principle.

2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?:

No

IF YES, for which subpopulations?

People living with HIV:

No

Men who have sex with men:

No

Migrants/mobile populations:

No

Orphans and other vulnerable children:

No
People with disabilities:
No
People who inject drugs :
No
Prison inmates:
No
Sex workers:
No
Transgendered people:
No
Women and girls:
No
Young women/young men:
No
Other specific vulnerable subpopulations [write in below]:
-

Briefly describe the content of these laws, regulations or policies:

-

Briefly comment on how they pose barriers:

-

A - IV. PREVENTION

1. Does the country have a policy or strategy that promotes information, education and communication (IEC) on HIV to the general population?:

Yes

IF YES, what key messages are explicitly promoted?

Abstain from injecting drugs:

Yes

Avoid commercial sex:

Yes

Avoid inter-generational sex:

No

Be faithful:

Yes

Be sexually abstinent:

No

Delay sexual debut:

Yes

Engage in safe(r) sex:

Yes

Fight against violence against women:

Yes

Greater acceptance and involvement of people living with HIV:

Yes

Greater involvement of men in reproductive health programmes:

Yes

Know your HIV status:

Yes

Males to get circumcised under medical supervision:

No

Prevent mother-to-child transmission of HIV:

Yes

Promote greater equality between men and women:

Yes

Reduce the number of sexual partners:

Yes

Use clean needles and syringes:

Yes

Use condoms consistently:

Yes

Other [write in below]:

-

1.2. In the last year, did the country implement an activity or programme to promote accurate reporting on HIV by the media?:

Yes

2. Does the country have a policy or strategy to promote life-skills based HIV education for young people?:

Yes

2.1. Is HIV education part of the curriculum in

Primary schools?:

Yes

Secondary schools?:

Yes

Teacher training?:

Yes

2.2. Does the strategy include age-appropriate, gender-sensitive sexual and reproductive health elements?:

Yes

2.3. Does the country have an HIV education strategy for out-of-school young people?:

Yes

3. Does the country have a policy or strategy to promote information, education and communication and other preventive health interventions for key or other vulnerable sub-populations?:

Yes

Briefly describe the content of this policy or strategy:

The content and tools to implement the awareness-raising strategy are established according to the target populations. The content and scope of training on HIV in general schools are established in the standards on primary and complete general education. The content of awareness-raising campaigns among the population at large (in particular through mass-media, social advertisements, etc.) is defined for each campaign and is approved by a wide circle of stakeholders. For instance, within the framework of Ukraine's preparation to EURO-2012 large-scale information campaigns on prevention, namely "Red Card", "Fair Play", "Give no Chance to AIDS", etc., were launched. In general, the preparation to EURO-2012 involved a lot of athletes and famous persons into information campaigns on HIV prevention and tolerant attitude formation. The national healthy lifestyle logo, the "Constitution of a Healthy Human Being" and special awareness-raising programs were developed.

3.1. IF YES, which populations and what elements of HIV prevention does the policy/strategy address?

IDU	MSM	Sex workers	Customers of Sex Workers	Prison inmates	Other populations
Yes	Yes	Yes	Yes	Yes	general population
Yes	No	No	No	No	-
Yes	Yes	Yes	Yes	Yes	general population
Yes	No	No	No	No	-
No	No	No	No	Yes	general population
Yes	Yes	Yes	Yes	Yes	general population
Yes	Yes	Yes	No	Yes	-
No	No	No	No	No	-

3.2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate policy efforts in support of HIV prevention in 2011?:

5

Since 2009, what have been key achievements in this area:

HIV prevention was declared as the major priority in the state policy, and all the key line ministries are involved in the implementation of prevention programs. Primary prevention is based on the principles of a healthy lifestyle and family values. The national healthy lifestyle logo, the "Constitution of a Healthy Human Being" and special awareness-raising programs were developed. The year 2012 was announced to be the year of sports and healthy lifestyle. For instance, within the framework of Ukraine's preparation to EURO-2012 large-scale information campaigns on prevention, namely "Red Card", "Fair Play", "Give no Chance to AIDS", etc., were launched. In general, the preparation to EURO-2012 involved a lot of athletes and famous persons into information campaigns on HIV prevention and tolerant attitude formation. At the local level there is an understanding of the importance of prevention programs; thus, the local budgets find opportunities to allocate funds for awareness-raising activities. The issue of HIV prevention has been integrated into the education process. In spite of the lack of funding from the state budget, teachers are trained on HIV/AIDS prevention for compulsory school subject "Basics of health" and optional lessons with senior pupils, and publications with guidelines were provided for their work. The Ministry of Education and Science, Youth and Sports controls, on a permanent basis, the quality of HIV prevention studies at educational institutions and the level of teachers' training and qualifications; a special focused Order was issued by the Ministry. There are continuous activities carried out with a view of forming a tolerant attitude towards HIV-positive people. The Ministry of Education and Science, Youth and Sports jointly the Network of People Living with HIV prepared trainers on tolerant attitude to HIV-positive children formation to conduct trainings for teachers and heads of educational institutions from each oblast. Focused prevention among high-risk populations is carried out under the Global Fund project. Lower HIV incidence rates have

been traced among IDUs over the recent years, in particular thanks to NGOs' activities. In all the regions of Ukraine strong cooperation with non-governmental organizations implementing prevention programs at penal institutions is aligned. Certain standards and requirements to such cooperation have been set forth with some positive achievements already available. The magnitude of substitution maintenance therapy for HIV prevention among drug users has been expanded greatly. Prevention programs for IDUs under harm reduction strategies have been functioning in a stable way.

What challenges remain in this area:

Primary prevention: There is no budgetary funding for prevention programs, in particular those implemented in the realm of education. There is largely insufficient financing of science in terms of studying and introducing innovative prevention programs. The coverage of HIV/AIDS problems by mass-media, especially by commercial ones, doesn't suffice to provide for the necessary scope of prevention programs. Focused prevention: Prevention programs for IDUs insufficiently account for the changed HIV transmission way, i.e. from IDUs to their sexual partners. The coverage of IDUs' sexual partners with prevention programs is low. There are changes in the operation of social services arising from reforming the system of governmental authorities. The scope and magnitude of prevention programs among MSM and those implemented in prisons are insufficient. There is the red-tape attitude of some state-run entities to certain types of prevention activities, namely SMT and harm reduction programs. There is no appropriate strategy on blood donation and infection control.

4. Has the country identified specific needs for HIV prevention programmes?:

Yes

IF YES, how were these specific needs determined?:

They are determined within the framework of the National Program, sectoral and regional programs in pursuance of it, and in the National and Regional Operational Plans.

4.1. To what extent has HIV prevention been implemented?

Blood safety:

Disagree

Condom promotion:

Strongly Agree

Harm reduction for people who inject drugs:

Agree

HIV prevention for out-of-school young people:

Disagree

HIV prevention in the workplace:

Agree

HIV testing and counseling:

Strongly Agree

IEC on risk reduction:

Agree

IEC on stigma and discrimination reduction:

Agree

Prevention of mother-to-child transmission of HIV:

Agree

Prevention for people living with HIV:

Agree

Reproductive health services including sexually transmitted infections prevention and treatment:

Disagree

Risk reduction for intimate partners of key populations:

Disagree

Risk reduction for men who have sex with men:

Disagree

Risk reduction for sex workers:

Disagree

School-based HIV education for young people:

Agree

Universal precautions in health care settings:

Agree

Other[write in]:

-

5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in implementation of HIV prevention programmes in 2011?:

5

A - V. TREATMENT, CARE AND SUPPORT

1. Has the country identified the essential elements of a comprehensive package of HIV treatment, care and support services?:

Yes

If YES, Briefly identify the elements and what has been prioritized:

- HIV diagnostics; - Medical follow up, necessary laboratory tests; - Free-of-charge access to ART for patients; - Access to the diagnostics and treatment of opportunistic infections; - Social and psychological support - Palliative and hospice assistance; - HIV mother-to-child transmission prevention programs; - Providing information on living with HIV; - PLWH's access to reproductive health services

Briefly identify how HIV treatment, care and support services are being scaled-up?:

At the political level all the necessary conditions for the implementation of treatment, care and support for PLWH were established. Treatment, care and support for PLWH are the major objectives of the National Program for 2009-2013. Yet, at the operational level complications occur; they are related to public procurement procedures and lead to delays in treatment scale-up.

1.1. To what extent have the following HIV treatment, care and support services been implemented?

Antiretroviral therapy:
Agree

ART for TB patients:
Agree

Cotrimoxazole prophylaxis in people living with HIV:
Agree

Early infant diagnosis:
Agree

HIV care and support in the workplace (including alternative working arrangements):
Disagree

HIV testing and counselling for people with TB:
Agree

HIV treatment services in the workplace or treatment referral systems through the workplace:
Disagree

Nutritional care:
Disagree

Paediatric AIDS treatment:
Agree

Post-delivery ART provision to women:
Agree

Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):
Agree

Post-exposure prophylaxis for occupational exposures to HIV:
Agree

Psychosocial support for people living with HIV and their families:
Agree

Sexually transmitted infection management:
Agree

TB infection control in HIV treatment and care facilities:
Agree

TB preventive therapy for people living with HIV:
Agree

TB screening for people living with HIV:
Agree

Treatment of common HIV-related infections:
Agree

Other [write in]:
Reproductive health services for discordant pairs Hospice assistance

2. Does the government have a policy or strategy in place to provide social and economic support to people infected/affected by HIV?:

Yes

Please clarify which social and economic support is provided:

According to the new wording of the Law of Ukraine "On Counteracting Diseases Caused by the Human Immunodeficiency Virus (HIV), and the Legal and Social Status of People Living with HIV" passed on December 23, 2012, the State guarantees the social protection of PLWH and their family members and the provisioning of PLWH with healthcare and social services. So, PLWH, in addition to the rights and freedoms of a human being and a citizen, are also entitled to: 1) compensation for losses associated with the restriction of their rights resulting from the disclosure or release of information on their positive HIV status; 2) free-of-charge provisioning with ART medications and drugs for opportunistic infections treatment under the procedure established by the central executive authority in charge of health. Monthly financial allowance from the state is assigned to HIV-positive children and children who suffer from a disease caused by HIV. In the event that a disability is established, a person living with HIV has the right to a pension, as provided for by the law.

3. Does the country have a policy or strategy for developing/using generic medications or parallel importing of medications for HIV?:

Yes

4. Does the country have access to regional procurement and supply management mechanisms for critical

commodities, such as antiretroviral therapy medications, condoms, and substitution medications?:

Yes

IF YES, for which commodities?:

There is a regional mechanism for the management of procurement of some types of goods, i.e. condoms, medications for opportunistic infections treatment. Theoretically, ART medications can be procured at the regional level, although in practice, due to many reasons, they are not. Substitution therapy medications may not be procured at the regional level.

5. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in the implementation of HIV treatment, care, and support programmes in 2011?:

8

Since 2009, what have been key achievements in this area:

Over the recent years the State has given greater priority to the treatment of PLWH. As of the end of 2011, ART medications were received by approximately 26,000 people. A great achievement against the background of the economic crisis was procuring ART medications from the state budget. In 2012 the state budget provisions 305 mln. UAH for the response to HIV/AIDS or almost 90 mln. UAH more than in 2011. Recent biddings for ART medications procurement from the state budget resulted in the procurement of medications at prices reduced by 25%. In 2012 these savings will allow the state budget to provide necessary medications to more than 5,000 extra HIV-positive people. In addition, medications will be procured under Global Fund Round 6. Thus, more than 13,000 extra patients will be reached with treatment. More than 40,000 patients are to receive ART medications in 2012. Ukraine proves its utmost commitment to substitution maintenance therapy programs in practice and has the most advanced legal framework in this realm, as compared to other CIS countries. In December 2010 the new wording of the Law of Ukraine “On Counteracting Diseases Caused by the Human Immunodeficiency Virus (HIV), and the Legal and Social Status of People Living with HIV” was passed. According to it, one of the state guarantees established by it is the application of substitution maintenance therapy with a view of preventing HIV among drug users. The vertical transmission rate has reduced down to 4.7%. The project on HIV-positive women’s safe conception is being implemented in Ukraine. Significant progress has been traced in the expansion of the magnitude of treatment at penal institutions: As compared to 2010, the coverage with ART at penal institutions nearly doubled. Penitentiary system medical staff has sufficient capacities and experience for prescription of ART and treatment as such, for ART planning, laboratory test systems; medications and tests are procured. A number of ART schemes for penal institutions increased (7 schemes are planned). The process of treatment of HIV-positive prisoners’ opportunistic infections improved thanks to the target procurement of medications for this category of people (while earlier medications used to be planned for procurement and procured for all the prisoners). A 60-bed infectious disease ward for treatment of HIV-positive people from penal institutions was commissioned in Donetsk region. Another 80-bed ward is to be launched in Zhytomir oblast in 2012. There has been an essential decision to improve the healthcare servicing and ensure continuous SMT for HIV-positive prisoners, as the following joint orders is at the final stage of approval: MoH, the State Penitentiary Service – on the procedure of interaction of healthcare establishments, penal institutions and pretrial detention centers in medical follow-up, laboratory support and ART. MoH, Ministry of Internal Affairs, Ministry of Justice, State Drug Control Service – on the procedure of institutions interaction in ensuring uninterrupted SMT. The healthcare reporting system at penal institutions was brought to compliance with the requirements of the Ministry of Health.

What challenges remain in this area:

The insufficient coverage with ART is related to the insufficient funding of both ART medications, laboratory support of HIV-positive people and coverage of HIV-positive IDUs with substitution therapy programs. There is a deficit of funds for procuring sufficient amounts of medications for opportunistic infections treatment, and, thus, these expenses are covered mostly by patients. Complicated bureaucratic procedures for procurements from the state budget, and untimely budgetary funding sometimes lead to delays in the delivery of medications. There are cases of delays in the state budget procurement of systems for HIV testing and laboratory monitoring of HIV-positive persons. There is a need to advance the governmental procurement of ART medications, test systems, etc., to avert cases of deficits in medications. Requirements of financial institutions that inspect healthcare establishments with regard to planning and using medications make it impossible to fully solve the issue of forming a buffer stock of ART medications against possible delays in procurement or delivery. Laboratories equipment requires material and technical support, given an increase in the number of patients receiving ART. Yet, the funding for these expenses doesn’t increase proportionately. There is a need to intensify activities on forming adherence to ART. There is a need to improve and introduce, on a large-scale basis, the integrated approach to healthcare and social services for HIV-positive IDUs. Substitution maintenance therapy programs envision the funding for the procurement of medications only, without any allocations for patients’ social support. The National Program activities implemented by the State Penitentiary Service were underfunded by 13% as against the planned target. Given the continuously increasing number of HIV-positive people at penal institutions, the system of execution of penalties lacks due laboratory equipment, and lacks medical personnel experienced in HIV issues. Laboratory equipment in the system of execution of penalties is insufficient.

6. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?:

Yes

IF YES, is there an operational definition for orphans and vulnerable children in the country?:

Yes

IF YES, does the country have a national action plan specifically for orphans and vulnerable children?:

Yes

IF YES, does the country have an estimate of orphans and vulnerable children being reached by existing interventions?:

Yes

IF YES, what percentage of orphans and vulnerable children is being reached? :

20%

7. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts to

meet the HIV-related needs of orphans and other vulnerable children in 2011?:

6

Since 2009, what have been key achievements in this area:

The previously launched initiatives and programs aimed at solving problems of orphans and other vulnerable children are continued. The National Strategic Action Plan on HIV Prevention among Children and Youth from Risk Groups and Populations Vulnerable to HIV, Care and Support for Children and Youth Affected by the Problem of HIV/AIDS.

What challenges remain in this area:

There is a need to expand the scope and magnitude of comprehensive programs for street children which are targeted, inter alia, at preventing HIV.

A - VI. MONITORING AND EVALUATION

1. Does the country have one national Monitoring and Evaluation (M&E) plan for HIV?:

In Progress

Briefly describe any challenges in development or implementation:

Officials from governmental agencies do not possess a sufficient level of results-oriented management culture and understanding of monitoring and evaluation.

Briefly describe what the issues are:

-

2. Does the national Monitoring and Evaluation plan include?

A data collection strategy:
No

A data analysis strategy:
No

A data dissemination and use strategy:
No

A well-defined standardised set of indicators that includes sex and age disaggregation (where appropriate):
Yes

Guidelines on tools for data collection:
Yes

3. Is there a budget for implementation of the M&E plan?:

In Progress

4. Is there a functional national M&E Unit?:

Yes

Briefly describe any obstacles:

It is possible to define organizational and institutional obstacles faced by the national M&E Unit in its activities as follows: - the insufficient scope of unit's powers; - lack of personnel; - overload with other tasks having nothing common with monitoring and evaluation.

4.1. Where is the national M&E Unit based?

In the Ministry of Health?:
No

In the National HIV Commission (or equivalent)?:
No

Elsewhere [write in]?:
Ukrainian AIDS Prevention Center

Permanent Staff [Add as many as needed]

POSITION [write in position titles in spaces below]	Fulltime	Part time	Since when?
Head	1	-	2009
Regional monitoring and evaluation system development specialist	1	-	2009
Database specialist	1	-	2009
Surveys specialist	1	-	2009
Routine epidemiological surveillance specialist	1	-	2009
Epidemiological monitoring system improvement specialist	1	-	2009
Epidemiologist	1	-	2009
Assistant	1	-	2009

Temporary Staff [Add as many as needed]

POSITION [write in position titles in spaces below] Fulltime Part time Since when?

- - - -

4.3. Are there mechanisms in place to ensure that all key partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?:

Yes

Briefly describe the data-sharing mechanisms:

There are certain traditions of M&E data exchange between principal partners. The data exchange among governmental institutions is ensured by means of sending information requests. Requests are drawn up in the name of the Ukrainian State Service on Counteraction to HIV/AIDS and Other Socially Dangerous Diseases or the Ukrainian AIDS Center. As the need may be, the order is executed by the National TB and HIV/AIDS Council. Data exchange with international and non-governmental organizations is also ensured through sending requests and getting information upon their consent.

What are the major challenges in this area:

The mechanism of information and data exchange between various partners hasn't been formalized; it should be incorporated into the monitoring and evaluation system.

5. Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?:

Yes

6. Is there a central national database with HIV- related data?:

Yes

IF YES, briefly describe the national database and who manages it.:

The national database Devinfo is being developed and filled with data. UNICEF is helping for database development and maintenance, while Monitoring and evaluation Unit is in charge of data input.

6.1. IF YES, does it include information about the content, key populations and geographical coverage of HIV services, as well as their implementing organizations?:

Yes, but only some of the above

IF YES, but only some of the above, which aspects does it include?:

The database contains numerical values of all the Monitoring and evaluation National Plan indicators, including information on key populations and geographical coverage with services.

6.2. Is there a functional Health Information System?

At national level:

No

At subnational level:

No

IF YES, at what level(s)?:

-

7. Does the country publish an M&E report on HIV , including HIV surveillance data at least once a year?:

Yes

8. How are M&E data used?

For programme improvement?:

No

In developing / revising the national HIV response?:

No

For resource allocation?:

No

Other [write in]:

Official data release for information and results demonstration.

Briefly provide specific examples of how M&E data are used, and the main challenges, if any:

Ukraine has rather a well-developed monitoring system, in particular the system to collect, analyze and use statistical information. Yet, it should be stressed that the system of evaluation is by far less advanced.

9. In the last year, was training in M&E conducted

At national level?:

Yes

IF YES, what was the number trained:

9

At subnational level?:

Yes

IF YES, what was the number trained:

99

At service delivery level including civil society?:

Yes

IF YES, how many?:

Unaccessible information

9.1. Were other M&E capacity-building activities conducted` other than training?:

Yes

IF YES, describe what types of activities:

Organizational and methodical support is provided to regional monitoring and evaluation units, in particular by means of providing guidelines. Monitoring visits are made to regional monitoring and evaluation units, in particular for the purpose of consultations provision and advocacy of their interests among local authorities. Participation in conferences and other national and international events on monitoring and evaluation. Office appliances and computer hardware were purchased to back the operation of monitoring and evaluation units.

10. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the HIV-related monitoring and evaluation (M&E) in 2011?:

7

Since 2009, what have been key achievements in this area:

The Cabinet of Ministers of Ukraine approved the Resolution no. 1349 "On the Unified System to Monitor and Evaluate Activities Targeted at the HIV Epidemic Spread Prevention" dated December 28, 2011. There is rapid regional monitoring and evaluation system development: in 2009 monitoring and evaluation units operated in 11 oblasts only, while during the following two years such units were set up in all the 27 regions of Ukraine. The inter-agency approach was introduced thanks to the work of the group on monitoring and evaluation.

What challenges remain in this area:

The national and regional monitoring and evaluation plans require further elaboration. There is no in-depth scrutiny of monitoring and evaluation data for the purpose of further managerial decision-making. There is insufficient level of staffing with monitoring and evaluation personnel and its training, especially beyond the capital. As a rule, monitoring and evaluation functions are defined as additional ones. Thus, the system of monitoring and evaluation is not developing as a full-fledged and independent entity. Regional monitoring and evaluation units have insufficient equipment and supplies. The funding of necessary surveys is insufficient. The monitoring of NGOs' activities has to be improved.

B - I. CIVIL SOCIETY INVOLVEMENT

1. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?:

4

Comments and examples:

Civil society plays the key role in shaping commitment among lead managers via high-level meetings, meetings of stakeholders, advocacy campaigns and exchange of official correspondence. NGO representatives have been involved in all phases of government policy development. NGO representatives, specifically, PLWH, LGBT and HIV-service organisations are among members of the National TB and HIV/AIDS Council and its working bodies (the Committee for Regional Policies; the Committee on Programmatic Issues; the Commission for Supervision of Application Development, Negotiations and Implementation of Programmes Implemented with funds of the Global Fund to Fight AIDS, Tuberculosis and Malaria). In September 2011, a Public Council was established with the State Service of Ukraine for Countering HIV Infection/AIDS and Other Socially Dangerous Diseases (the State Service of Ukraine for Social Diseases); it united among its members the representatives of 27 NGO organizations. The mission of the Council is to provide for citizen participation in the managing of government matters, the exercising of public control over State Service of Ukraine for Social Diseases' operations and to take into account the public opinion during the formulation and implementation by the State Service of its statutory assignments. A greater number of NGO representatives are of opinion that public involvement is of predominantly formal nature and hence, has almost no effect on the efficiency of government policy implementation or scope of public funds earmarked to counteract HIV infection. The principal achievements related to civil society involvement in this direction are: 1) A revision of the Law of Ukraine to Counteract HIV Infection/AIDS Epidemics in Ukraine (1991) initiated; also, participation in the development of changes in that piece of legislation and support to the adoption of changes by the Verkhovna Rada of Ukraine. Consequently, the Law of Ukraine No. 2861-VI to Change the Law of Ukraine on Prevention of Acquired Immune Deficiency Syndrome (AIDS) and on Social Protection of the Population was adopted on 23 December 2010. The new law introduced a new name for the law to counteract HIV infection/AIDS epidemics changing it into the Law on Counteraction to Propagation of Diseases Conditioned by the Human Immunodeficiency Virus (HIV) and Legal and Social Protection of People Living with HIV the new version of which came into force as of 15 January 2011. One special feature of the Law is Clause 3 of Article 14 according to which "no discrimination against an individual based on availability of HIV infection in such individual or his/her belonging to groups with increased HIV risks shall be allowed". 2) Owing to a proactive involvement of the civil sector, Ukraine was able to receive the GFATM grant within Round 10 Grant on the AIDS component to implement its Programme of Development of a Viable System of Comprehensive Services on HIV/AIDS Prevention and Treatment and Care After and Support to Vulnerable Groups and PLWH. 3) The advocacy campaign on the allocation of funds for ARV medications procurement from the national budget. In 2011, owing to activities of the All-Ukrainian Charitable Organization "All-Ukrainian Network of People Living with HIV/AIDS" and the Advisory Community Council on Issues of Access to Treatment in Ukraine (UCAB) Charitable Fund it became possible to convince government officials in the need for 100% funding of treatment of HIV/AIDS patients. The initiated public action Help to Survive! resulted in the winning of President of Ukraine's sympathy towards the need for financing the procurement of medicines for HIV-infected individuals in 2011 and 2012 100% from the national budget. Thanks to that, the national budget provision for the treatment of HIV/AIDS patients has doubled. 4) Advocacy measures of the civil society had an impact on the motioning of legislative initiatives aimed at lowering discrimination against such group with high risk of HIV infection as MSM as well as people living with HIV for consideration of the Parliament. Specifically, advocacy appeals of the All-Ukrainian Union "Council of LGBT Organisations of Ukraine", the draft law No. 8487 effectively banning "any discrimination in the employment area on the grounds of [...] HIV/AIDS status [...] or sexual orientation" has been registered

with the Verkhovna Rada of Ukraine. 5) Owing to advocacy activities of gay community organisations (in particular, of the All-Ukrainian Charity Organisation “Gay Forum of Ukraine”), the State Statistics Service of Ukraine issued in July 2011 an official statement to notify discontinuation of statistic records of ‘homosexuals’, underage included, in Ukraine. 6) Active advocacy measures taken by non-governmental organisations (in particular, of the All-Ukrainian Union “Council of LGBT Organisations of Ukraine”, the All-Ukrainian Association of Public Organisations “Ukrainian Helsinki Union for Human Rights”, the ICF “International HIV/AIDS Alliance in Ukraine”, the AUCF “Coalition of HIV-Service Organisations”) have complicated prospects of outrageously wretched draft Law of Ukraine No. 8711, of 20 June 2011, to Change Certain Legislative Acts (As Regards the Protecting of Children’s Rights to Safe Information Environment) being adopted by the Verkhovna Rada of Ukraine. It should be noted that the draft law that suggests implementation of criminal responsibility for ‘propaganda of homosexuality’ and ‘the cult of homosexuality’ in Ukraine, if adopted, would render impossible a considerable proportion of information outreach measures on HIV infection prevention among MSM and that, with a view that it has not been scrapped from the agenda, its final rejection by the Parliament will require further efforts from the civil society. 7) Owing to proactive position of the civil society, a meeting between the Executive Director of the Global Fund to Fight AIDS, Tuberculosis, and Malaria Michael Kazachkin, the Prime Minister of Ukraine, the Minister of Public Health Protection of Ukraine and National TB and HIV/AIDS Council members took place in January 2012. 8) Owing to proactive position of the civil society on HIV/AIDS problems actualization, the State Service of Ukraine for Countering HIV Infection/AIDS and Other Socially Dangerous Diseases, the central body in charge of government anti-HIV/AIDS policy implementation was officially established in late 2010 (President of Ukraine Decree No. 1085, of 9 December 2010, on Optimisation of the System of Central Executive Bodies). 9) Active steps taken by non-governmental organisations have resulted in the implementation of standards of provision of social services to counteract HIV infection epidemics approved by the Joint Order of the Ministry of Ukraine for Family, Youth and Sports, the Ministry of Labour and Social Protection No. 3123/275/770, of 13 September 2010, to Approve Standards of Provision of Social Services to Risk Groups Representatives (registered with the Ministry of Justice of Ukraine on 8 October 2010 under No. 903/18198). The total of five standards have been approved: (1) Standard of the Provision of Social Services of Care and Support for People Living with HIV/AIDS; (2) Standard of the Provision of Social Services on HIV Infection Prevention Among People with High Risk of HIV through Sexual Transmission; (3) Standard of the Provision of Social Services to Patients with Concurrent TB and HIV Infection; (4) Standard of the Provision of Social Services to Patients with Triple (HIV infection/Tuberculosis/Addiction to substances) Diagnosis; (5) Standard of the Provision of Social Services to Individuals on Opioid Substitution Maintenance Therapy.

2. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on HIV or for the most current activity plan (e.g. attending planning meetings and reviewing drafts)?:

2

Comments and examples:

Civil sector representatives are involved in the planning and budgeting of the National (and local) plans and actions. The participation of representatives of the wide public in development of proposals, implementation of government policies, consolidated spending of funds and monitoring of HIV programmes implementation is provided through the introducing of public representatives into the membership of: - National TB and HIV/AIDS Council and its working bodies, - Local (regional/municipal/district) TB and HIV/AIDS councils, - Intersectoral working groups established with MoH. E.g., the National Programme for Prevention, Treatment, Care and Support for HIV-infected People and AIDS Patients for 2009–2013 was developed with involvement of national and regional public organizations and intersectoral working groups. Nevertheless, the government does not fully account for public proposals in its planning of national and local budget on HIV. The Programme budget is executed at less than 50% and NGOs have no practical effect on either its performance or supervision.

3.

a. The national HIV strategy?:

4

b. The national HIV budget?:

1

c. The national HIV reports?:

4

Comments and examples:

a). The National Strategy. The majority of measures taken by the civil society have been included into the National Strategy; however, this is only true for those measures funded from GF’s grants through the principal recipients. Measures by the civil sector performed outside the GF funding have not been included in the National Strategy. b). The National budget on HIV includes only budget provisions for measures implemented within the GF grants. The National Strategy does not provide for national-level funding of NGOs. There is no specific mechanism of counter-HIV measures implementation by NGOs at the expense of government funds. c). Civil society representatives proactively participate in writing national reports. The major reports are being largely prepared based on results of bio-behavioural surveys carried out by NGOs. Target groups for such surveys are mostly composed of clients of such NGOs. National reports are most often prepared with involvement of civil society professionals possessing information about hard-to-reach groups of the population. The 2009 National Report of Ukraine on the Follow-up to the Declaration of Commitment on HIV/AIDS was prepared and discussed during the meeting of stakeholders and partners. The Report was presented and approved at the meetings of the Working Group for Monitoring and Evaluation with participation of representatives of the central executive bodies, international and bilateral organisations, also of the All-Ukrainian Network of People Living with HIV.

4.

a. Developing the national M&E plan?:

4

b. Participating in the national M&E committee / working group responsible for coordination of M&E activities?

:

4

c. Participate in using data for decision-making?:

3

Comments and examples:

a) The Provisions of the Unified Monitoring and Evaluation System were approved by the Decree of the Cabinet of Ministers of Ukraine of 28.12.2011; the National M&E Plan was approved by the Order of the MoH of Ukraine of 09.02.2012 (the Order has been submitted to the Ministry of Justice of Ukraine for official registration). The documents were developed with active participation of public representatives, in particular, of the National M&E Group members. b) On 09.04.2009, the Ukrainian Centre for Monitoring and Evaluation of the Performance of program actions to counteract HIV-infection/AIDS was established. On 30.01.2010, an intersector working group on monitoring and evaluation of the efficiency of performance of programme actions to counteract HIV-infection/AIDS has been established by order of the MoH of Ukraine. The National M&E Unit and the National M&E Group operate with support from international institutions. Public representatives take an active part in the activities of the national M&E group. The members of the National M&E Group include representatives of international and Ukrainian organisations, research companies. Some NGO representatives are of opinion that National M&E Group activities are to a certain degree dependent on the support from international institutions. Hence, there is no actual feeling that its outputs are the national product. c) It should be noted that self-organising efforts of individual risk groups in Ukraine have led to the establishment of coordinating structures that are involved, both generally and at the level of individual experts, in the process of monitoring and evaluation of measures of response to HIV infection epidemic in Ukraine. This can be said, first and foremost, about the Standing Reference Group on LGBT Community and MSM-Service Projects (SRG Ukraine), an expert and advisory body that has been active for five years in Ukraine. Similar bodies are being established also at the local level (e.g., there is a Standing Reference Group on LGBT Community and MSM-Service Projects in Donetsk Oblast).

5. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is the civil society sector representation in HIV efforts inclusive of diverse organizations (e.g. organisations and networks of people living with HIV, of sex workers, and faith-based organizations)?:

4

Comments and examples:

Participation of the civil sector is both considerable and multifaceted ranging from delivery of services to policy-making. Representatives of PLWH and LGBT/MSM communities are the most active while CSWs are more passive ones. There is an opinion among experts that civil sector representation is related not to community category but rather to the lobbying of interests of HIV-service organisations financed by the Global Fund. More than 100 NGOs obtained grants from the AUCF “All-Ukrainian Network of PLWH” for implementation of care, support and treatment programmes in Ukraine; more than 100 NGOs received grants from the ICF “Alliance-Ukraine” for implementation of HIV prevention programmes in Ukraine. While community mobilisation (risk groups and PLWH) is one of the new activities in Ukraine, the following organisations have been already registered (legalized) and are now actively involved in the delivery of prevention, care and support services and/or making of respective policy: the All-Ukrainian Charitable Organization “All-Ukrainian Network of People Living with HIV/AIDS” (PLWH community); the All-Ukrainian League Charitable Organisation “Legalife” (CSW community); The All-Ukrainian Public Organization “The Association of Substitution Maintenance Therapy Participants of Ukraine” (the community of SMT clients); AUCO “Spilnota”; ICF “Vertikal”; the ICF “Club House Federation” (IDU community); Public ex-Prisoner Organisation “Podolannya”; the All-Ukrainian Union “The Council of LGBT Organisations of Ukraine”; the All-Ukrainian Public Organisation “Gay Alliance Ukraine”; the All-Ukrainian Public Organisation “Gay Forum of Ukraine”; the All-Ukrainian Charitable Organisation “Tochka Opory” (LGBT community/ MSM group) and 34 more LGBT organisations. In April 2011, a Coalition to Counter Discrimination (CCD) was established in Ukraine; as of 1 March 2012, the Coalition unites some 26 NGOs. The Coalition sees one of its tasks in the overcoming of health-status (specifically, HIV status)-based discrimination in Ukraine. Representation of religious and rehabilitation organisations is at the weakest; herewith one has to note that individual confession organisations and institutions aim at working with representatives of certain risk groups. E.g., one of the statutory objectives of the charitable institution - The Metropolitan Andriy Sheptytskyi Hospital with the Curia of L'viv Archdiocese of the Ukrainian Greek Catholic Church mentions “the provision of social help, protection and assistance [...] to sexual minorities”. It shall be also necessary to provide for more active involvement of the business sector, trade union movements, unions and coalitions.

6. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society able to access

a. Adequate financial support to implement its HIV activities?:

3

b. Adequate technical support to implement its HIV activities?:

3

Comments and examples:

Civil society representatives have access to financial and technical support of their actions against HIV exclusively within the context of assistance granted by international donor organisations (the Global Fund, the USAID, the Renaissance Foundation, GIZ and other). Such financial and technical support from donor institutions is mostly aimed at ART and SMT, care and support, prevention among vulnerable groups, community mobilization and advocacy. The viability of such projects is low and there is no mechanisms to secure sustainability of civil organizations beyond the assistance period. Consequently, in conditions of permanent reduction of the scope of financial and technical assistance from donor organisations for implementation of above measures the number of clients of their programmes will decrease and the quality of their services will go down. Civil organizations have no developed fundraising and social entrepreneurship skills.

The financial and technical assistance is almost not accessible at the level of smaller towns and local communities.

7. What percentage of the following HIV programmes/services is estimated to be provided by civil society?

People living with HIV:

51-75%

Men who have sex with men:

51-75%

People who inject drugs:

51-75%

Sex workers:

51-75%

Transgendered people:

>75%

Testing and Counselling:

25-50%

Reduction of Stigma and Discrimination:

25-50%

Clinical services (ART/OI)*:

25-50%

Home-based care:

51-75%

Programmes for OVC:**

25-50%

8. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to increase civil society participation in 2011?:

7

Since 2009, what have been key achievements in this area:

1. In 2010, Ukraine developed and submitted its application for Global Fund Round 10 grant under on AIDS Component. The three key recipient organisations were identified, two of them representing the non-governmental sector (the AUCF "All-Ukrainian PLWH Network" and the ICF "International HIV/AIDS Alliance in Ukraine") and one more being a public institution (the Ukrainian Centre for Prevention and Response to AIDS with the MoH of Ukraine). A component to enhance community systems was specifically outlined in the Programme. 2. On 03.11.2010, the Cabinet of Ministers of Ukraine adopted a decree "to provide for public involvement in the making and implementing of government policy" that approved the Procedure of Public Consultations on Issues of Government Policy Making and Implementation. The act also decreed the establishment of public councils with each individual Executive body. Such councils are platforms for dialogue between the government and the non-governmental sector. The Public Council was established with the State Service of Ukraine for Countering HIV Infection/AIDS and Other Socially Dangerous Diseases (in September 2011), and the membership in the Public Council with the Ministry of Public Health Protection of Ukraine was updated in October 2011. 2. A mechanism of National Council on Response to TB and HIV/AIDS member rotation has been implemented. 3. Operations of intersectoral working groups active in the field of counteraction to HIV continue; new groups are established and composition of the existing ones is updated. 4. Thanks to the meetings held with MoH representatives, members of the UCAB (the association of patients with the most socially dangerous pathologies for the protection of their interests) were included in the working groups of the MoH of Ukraine in charge of public procurement of ARV and anti-TB medications in 2012 as well as in the Coordination Council of the MoH of Ukraine on matters of OkhMatDyt National Specialised Clinic operation (the structural organization of the OkhMatDyt Children Clinic includes the Centre for Treatment of Children with HIV/AIDS and their parents).

What challenges remain in this area:

1. There is no system for civil society contracting for the delivery of services. 2. The system of government support to NGOs is lacking. 3. There is a mismatch between the national and regional levels of cooperation between the public and the non-governmental sector. 4. The performance of the National TB/HIV Council as a platform for forging consensus between the civil society and government structures is insufficient. 5. The decision-making process remains 'closed' from the civil society, particularly at the regional level. 6. The budgeting and fund disbursement is insufficiently transparent. 7. Public organisations have no casting votes in the National TB/HIV Council, which makes their participation in the Council rather formal. 8. The greater portion of services provided by the civil society is concentrated on the level of regional centres and bigger cities. 9. The scope, quality and intensity of HIV-prevention measures among the most vulnerable groups of population remain insufficient to effectively prevent HIV from spreading in these groups or limit its potential expansion onto the general population.

B - II. POLITICAL SUPPORT AND LEADERSHIP

1. Has the Government, through political and financial support, involved people living with HIV, key populations and/or other vulnerable sub-populations in governmental HIV-policy design and programme implementation?:

Yes

IF YES, describe some examples of when and how this has happened:

The involvement of representatives of PLWH communities and other key population groups in the process of government policy-making and national programme implementation in the HIV area has been predominantly at the national level, e.g.: 1)

Development of the National Strategy for 2009-2013; national expenditures planning. 2) Development of regional operational plans. 3) The work of committees and working groups on response to HIV. Experts are, however, sceptical in their evaluations of government's readiness to hear vulnerable group representatives. 4) There are one or two PLWH representatives among the National TB/HIV Council members. Under the Rules of Procedure of the National Council, the Council Chair shall have four deputies one of them being a representative of a public organization of people living with TB or HIV/AIDS (upon agreement).

B - III. HUMAN RIGHTS

1.1.

People living with HIV:

Yes

Men who have sex with men:

No

Migrants/mobile populations:

No

Orphans and other vulnerable children:

Yes

People with disabilities:

Yes

People who inject drugs:

No

Prison inmates:

No

Sex workers:

No

Transgendered people:

No

Women and girls:

Yes

Young women/young men:

No

Other specific vulnerable subpopulations [write in]:

-

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:

No

If YES to Question 1.1 or 1.2, briefly describe the contents of these laws:

In spite of the absence of a single general piece of legislation against discrimination, a number of regulations do expressly provide for the prohibition of discrimination. E.g., the prohibition of discrimination is envisaged in Article 24 of the Constitution of Ukraine: "Citizens shall enjoy equal constitutional rights and freedoms and shall be equal under the law. There may not be privileges or limitations on grounds of race, skin colour, political, religious or other convictions, sex, ethnic or social origin, ownership status, place of residence, language or other." Sadly, the above language in the Principal Law is not abreast of the challenges of today as it does not warrant effective protection from discrimination on the broadest possible grounds. For example, Article 24 of the Constitution does not mention such grounds for discrimination of relevance for the Ukrainian society as sexual orientation or disability. In April 2011, a Coalition to Counter Discrimination (CCD) was established in Ukraine that as of 1 March 2012 has united some 26 NGOs. The Coalition sees as one of its objectives the elimination of discrimination in Ukraine on the list of 22 grounds, among them health status, HIV status, sexual orientation and gender identity. The Coalition has developed a draft Law of Ukraine on Protection from Discrimination. There are plans to suggest the bill for consideration of subjects of legislative initiative for the purpose of its further official motioning for consideration of the Parliament. 1. There is a legal prohibition of discrimination of HIV-positive individuals on the ground of their status in Ukraine. The Law of Ukraine No. 1972-XII, of 12.12.1991, on the Prevention of the Spread of Diseases Conditioned by Human Immunodeficiency Virus (HIV) and Legal and Social Protection of People Living with HIV: • Article 14, Cl. 3: 'Any discrimination of a person on the grounds of HIV availability shall be prohibited. Discrimination shall be construed to mean action or inaction that directly or indirectly creates limitations or divests a person of his/her proper rights or degrades his/her human dignity on the basis of one or more grounds related to actual or possible availability of HIV or gives grounds for referring such person to groups of increased risk of HIV'. 2. A number of documents in Ukraine envision prohibition of discrimination in the employment area, moreover, the National Programme of HIV Prevention provides for measures aimed at overcoming discrimination at the work place, though without showing the planned allocation amount: • Section II. Prevention Measures: 'The providing for development of programmes of HIV/AIDS prevention at the work place for the purpose of avoidance of discrimination of HIV-infected persons in the area of labour relations; the carrying out of monitoring in this area'; 'The preparing and the providing for implementation of HIV/AIDS at work prevention techniques; also elimination of discrimination outbreaks in the area of labour relations.' The Law of Ukraine No. 1972-XII, of 12.12.1991, on the Prevention of the Spread of Diseases Conditioned by Human Immunodeficiency Virus (HIV) and Legal and Social Protection of People Living with HIV (new 2010 version): • Article 16: 'Dismissal or refusal from employment of individuals living with HIV on the ground of their HIV-positive status or limitation of the rights of their relatives on the above ground shall be prohibited.' Draft Labour Code of Ukraine (currently at the public hearings stage): • Volume One. General Provisions. Chapter 1. Main Provisions. Article 4. Prevention of Discrimination in the

Employment Area: 'Any discrimination in the area of employment, in particular, the breach of the equal rights and possibilities principle or direct or indirect limitation of the rights of employees depending on suspected or actual HIV/AIDS pathology shall be prohibited.' MoH Order No. 457, of 01.06.2009, to Approve the Action Plan of the Ministry of Education and Science of Ukraine to Implement the National Programme of HIV Prevention, Treatment, Care and Support of HIV-Infected and AIDS Patients for 2009 through 2013: • Clause 1.4 of the Action Plan: 'To supervise compliance with HIV/AIDS legislation in the employment area as regards the overcoming of discrimination of HIV-infected persons; to provide for implementation of on-the-job HIV/AIDS prevention techniques as well as to overcome manifestations of discrimination in the employment area.' 3. Discrimination of PLWH by health care services providers is legally prohibited in Ukraine. The Law of Ukraine No. 1972-XII, of 12.12.1991, on the Prevention of the Spread of Diseases Conditioned by Human Immunodeficiency Virus (HIV) and Legal and Social Protection of People Living with HIV (new 2010 version): • Article 16: 'Any refusal from admittance of individuals living with HIV on the ground of their HIV-positive status or limitation of the rights of their relatives on the above ground shall be prohibited.' 4. Discrimination of PLWH in the area of pre-school and school education is legally prohibited in Ukraine. • Article 16. of the Law of Ukraine No. 1972-XII, of 12.12.1991, on the Prevention of the Spread of Diseases Conditioned by Human Immunodeficiency Virus (HIV) and Legal and Social Protection of People Living with HIV (new 2010 version). • The Order of the MoH, the MES, the MFYS, the State Department of Corrections and the Ministry of Labour No. 740/1030/4154/321/614a, of 23.11.2007, on Measures of Organising Prevention of HIV Mother-to-Child Transmission, Medical Care and Social Support of HIV-infected Children and Their Families: The Instruction to the Procedure of Health and Social Care Delivery to HIV-infected Children, Clause 6.1: 'HIV-infected children shall attend pre-school, secondary, specialised and higher educational institutions of 1st through 4th accreditation levels on general grounds.' 5. The importance of implementation of measures of enhanced tolerance to PLWH is determined and provided for in Ukraine by a range of regulations. The Law of Ukraine No. 1972-XII, of 12.12.1991, on the Prevention of the Spread of Diseases Conditioned by Human Immunodeficiency Virus (HIV) and Legal and Social Protection of People Living with HIV (new 2010 version): • Article 4, Clause 1, Subclause 13: 'The State guarantees the enforcement of a consistent policy aimed at forming tolerant attitude towards people living with HIV.' • Article 4, Clause 1, Subclause 14: 'The State guarantees the implementation of information activities aimed at forming tolerant attitudes among the population towards, and avoiding discrimination of people living with HIV.' Law of Ukraine No. 1026-VI to Approve the National Programme of HIV Prevention, Treatment, Care and Support of HIV-infected persons and AIDS Patients for 2009 through 2013: • Section II. Preventive Measures: 'To contribute to the forming of tolerant attitude to HIV-infected persons and AIDS patients'. Planned financing at UAH700 thousand from the GF grant. 'Provision of informational and education activities on issues of tolerant attitude towards HIV-infected children.' Planned financing at UAH5,000 from the national budget. MoH Order No. 452, of 25.06.2009, to Approve the Action Plan to Implement the National Programme of HIV Prevention, Treatment, Care and Support of HIV-infected persons and AIDS Patients for 2009 through 2013: • Clause 6.3 of the Action Plan: 'To contribute to the forming of tolerant attitude towards HIV-infected and AIDS patients in cooperation with non-governmental organisations.' 6. The importance of implementation of measures of enhanced tolerance to risk groups is determined and provided for in Ukraine by a range of regulations. However, the National Programme does not mention the amount earmarked to fund the measures. Law of Ukraine No. 1972-XII, of 12.12.1991, the Prevention of the Spread of Diseases Conditioned by Human Immunodeficiency Virus (HIV) and Legal and Social Protection of People Living with HIV (new 2010 version): • Article 4, Clause 1, Subclauses 13 and 14 (please refer to Box 7 in this Form). Law of Ukraine No. 1026-VI to Approve the National Programme of HIV Prevention, Treatment, Care and Support of HIV-infected and AIDS Patients for 2009 through 2013. • Section II. Preventive Measures: Carrying out measures aimed at overcoming manifestations of discrimination on the part of employees of public health, labour and social protection authorities against risk group representatives.' MoH Order No. 452, of 25.06.2009, to Approve the Action Plan to Implement the National Programme on HIV Prevention, Treatment, Care and Support of HIV-infected persons and AIDS Patients for 2009 through 2013: • Clause 6.4 of the Action Plan: 'To provide for the execution of measures aimed at overcoming manifestations of discrimination on the part of employees of public health, labour and social protection authorities against risk group representatives.' 7. In Ukraine, laws and MES orders warrant the inclusion of the issue of tolerant attitude to PLWH into the school curricula. Law of Ukraine No. 1972-XII, of 12.12.1991, the Prevention of the Spread of Diseases Conditioned by Human Immunodeficiency Virus (HIV) and Legal and Social Protection of People Living with HIV (new 2010 version): • Article 4, Clause 1, Subclause 6: 'The State guarantees the inclusion of issues on inadmissibility of discrimination of such individuals [PLWH] and on the need of forming a tolerant attitude towards these through respective curricula for secondary, vocational and higher educational institutions.' MoH Order No. 457, of 01.06.2009, to Approve the Action Plan of the Ministry of Education and Science of Ukraine to Implement the National Programme on HIV Prevention, Treatment, Care and Support of HIV-Infected and AIDS Patients for 2009 through 2013: • Clause 4.2 of the Action Plan: To introduce an optional training course on HIV/AIDS prevention for the youth in secondary educational institutions. • Clause 4.5 of the Action Plan: To contribute to the forming of tolerant attitude towards HIV-infected persons and AIDS patients. To provide for informational and educational work on matters of shaping tolerant attitude towards HIV-infected children. 9. In Ukraine, the Ministry of Education and Science of Ukraine has included topics of tolerant attitude towards PLWH in the curricula of advanced training courses for pedagogical staff. MoH Order No. 457, of 01.06.2009, to Approve the Action Plan of the Ministry of Education and Science of Ukraine to Implement the National Programme of HIV Prevention, Treatment, Care and Support of HIV-Infected and AIDS Patients for 2009 through 2013 • Clause 3.6. of the Action Plan: To include the course on the Forming of Tolerant Attitude To HIV-positive Children into the System of Pre-School and School Education in the System of Advanced Training of Pedagogical Staff of Pre-School and Secondary Educational Institutions and Educational Managerial Staff.

Briefly explain what mechanisms are in place to ensure that these laws are implemented:

A range of laws are in need of review to make them compliant with the Law of Ukraine No. 1026-VI to Approve the National Programme of HIV Prevention, Treatment, Care and Support of HIV-infected and AIDS Patients for 2009 through 2013. There are no bylaws aimed at the enforcement of the new (as of 23.12.2010) version of the Law of Ukraine No. 1972-XII, of 12.12.1991, on the Prevention of the Spread of Diseases Conditioned by Human Immunodeficiency Virus (HIV) and Legal and Social Protection of People Living with HIV.

Briefly comment on the degree to which they are currently implemented:

It appears to be quite challenging a task to practically enforce the norms against discrimination envisaged in the new version of the anti-HIV law in absence of adopted bylaws. The legislation per se is barely able to change anything as the very legal culture and legal consciousness need to be changed. According to public opinion polls, a mere 3% of residents in Ukraine believe in due process and unbiased, uncorrupted courts. Hence, a new version of the anti-HIV law will hardly change anything if there is no one to comply with legal norms.

2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?:

Yes

2.1. IF YES, for which sub-populations?

People living with HIV:
Yes

Men who have sex with men:
No

Migrants/mobile populations:
Yes

Orphans and other vulnerable children:
No

People with disabilities:
No

People who inject drugs:
Yes

Prison inmates:
Yes

Sex workers:
Yes

Transgendered people:
Yes

Women and girls:
No

Young women/young men:
No

Other specific vulnerable subpopulations [write in]:
-

Briefly describe the content of these laws, regulations or policies:

• Medical assistance for ART administration is delivered on a territorial principle. • Pursuant to internal regulations of the correctional facilities and Code of Criminal Procedures norms, a syringe is the prohibited item that renders impossible the implementation of syringe exchange programmes on the territory of such facilities. There exists also the ban to the handing over of medications, ART medicines included, which creates additional problems with the shaping and the supporting of propensity and further complicates treatment and delivery of care and support services. • There is no legislative framework in place that would regulate continuation of substitution therapy in conditions of MIA and correctional facilities. This leads to disruptions in the treatment regimen already at the stage of temporary detention facility. • Insufficient SMT programmes scale up has been due, in particular, to the lack or improper quality of orders issued by regional Public Health Departments, also because of the absence of medication distribution schedules and fixed pharmacy units; non-compliance with MoH orders as to the number of SMT patients and the absence of prescription-based distribution of medications. • An outdated and incomplete legal regulatory framework that regulates the medical waste storage and disposal procedure together with the requirement of mandatory disinfection of used syringes imposed by supervisory authorities hampers activities of civil organizations related to the collection of used syringes. In the last 12 months the syringe collection rate saw a dramatic drop from 4,714,163 units in 2010 to 3,632,750, in 2011. • The new version of MoH of Ukraine Order No. 188/2000, of 29.07.2010, to Approve the Tables of Small, Big and Particularly Big Dimensions of Drug Substances, Psychotropic Substances and Precursors Found in Illegal Turnover provides for a considerable increase of the acetylated opium threshold that brings into effect criminal responsibility in Ukraine. Because of that, the level of criminalization of opioid consumers grew 20 times; the number of syringes returned for exchange dwindled twice thus leading to erosion in efficiency of prevention programmes for IDUs. • The problem with recognizing medications, medical products and lubricants purchased abroad by the Alliance and the PLWH Network to prevent and treat HIV/AIDS and TB cases in Ukraine in furtherance of respective agreements with the Global Fund remains high on the agenda. • A group of six members of parliament has submitted for consideration of the Verkhovna Rada of Ukraine a scandalous draft Law of Ukraine No. 8711, of 20 June 2011, to Change Certain Legislative Acts (on the Protection of the Rights of Children to Safe Information Environment) that suggests imposition of criminal responsibility for 'the propaganda of homosexuality' and 'the cult of homosexuality' in Ukraine. If adopted, the bill will effectively disallow a considerable proportion of information outreach measures of HIV prevention among MSM/LGBT

Briefly comment on how they pose barriers:

Limitation of access to ART, increased criminalization of IDU environment, deterioration of the performance of prevention programmes (in particular, the syringe exchange ones); stigmatization of drug users

3. Does the country have a policy, law or regulation to reduce violence against women, including for example, victims of sexual assault or women living with HIV?:

No

Briefly describe the content of the policy, law or regulation and the populations included:

4. Is the promotion and protection of human rights explicitly mentioned in any HIV policy or strategy?:

Yes

IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy:

The Law of Ukraine No. 1972-XII, of 12.12.1991, on the Prevention of the Spread of Diseases Conditioned by Human Immunodeficiency Virus (HIV) and Legal and Social Protection of People Living with HIV (new 2010 version): issues of propaganda and human rights protection have been defined in Section III. The Rights and Social Protection of Individuals Living with HIV and Their Family Members. Article 13. The right of individuals living with HIV to information. Protection of information about HIV-positive status of an individual from publication and third-party disclosure. Article 14. The equality under the law and the prohibition of discrimination of individuals living with HIV and those belonging to groups with increased risks of HIV. Article 16. Protection of the right to work and other social rights of individuals living with HIV, their relatives and nearest people. Article 17. Making good for the damage inflicted on the health of individual in the event of his/her infection with HIV. Article 18. Rights of parents of children infected with HIV and children suffering from HIV-conditioned diseases. Article 19. State support of HIV-infected children and children suffering from HIV-conditioned diseases. Article 15. Other rights of people living with HIV.

5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, key populations and/or other vulnerable sub-populations?:

Yes

IF YES, briefly describe this mechanism:

Neither the Criminal Code of Ukraine nor the Code of Administrative Offences of Ukraine explicitly provide for any responsibility for discrimination, and this is a serious hindrance to bringing to responsibility officials or other persons guilty of discrimination offence. Meanwhile, there is an implicit responsibility for discriminatory acts envisaged in Article 161 of the Criminal Code of Ukraine. Clause 1 of the above article mentions, among other grounds for criminal responsibility, "a direct or indirect limitation of rights or establishment of direct or indirect individual privileges for citizens based on race, skin colour, political, religious or other convictions, sex, ethnic and social origin, ownership status, place of residence, language or other characteristics". Nevertheless, there have been only isolated cases of efficient use of the Article in the judicial practice in Ukraine because of a range of practical barriers to its implementation. Such a mechanism is envisioned in the criminal and administrative law system. Documenting and accounting are being done by NGOs on an ad hoc basis. There are no special accounting/documenting facilities provided by government institutions. A number of projects to document discrimination cases and provide protection to persons on a case-by-case basis are implemented on the national level (e.g., projects Liga "Legalife" and "Our World"). The Know Your Rights manual containing the Section on Health Protection. Legal Protection of the Rights of AIDS Patients has been published.

6. Does the country have a policy or strategy of free services for the following?

Provided free-of-charge to all people in the country	Provided free-of-charge to some people in the country	Provided, but only at a cost
Yes	-	-
Yes	-	-
Yes	-	-

If applicable, which populations have been identified as priority, and for which services?:

The priority has been given to the following HIV-vulnerable groups: For testing and counselling: to pregnant women (despite the fact that all have access to free-of-charge services). HIV-prevention services: first of all, to IDUs; then to FSWs and MSMs. ART delivery: to PLWH; first of all, to children. Care and support in relation to HIV: to PLWH; first of all, to children.

7. Does the country have a policy or strategy to ensure equal access for women and men to HIV prevention, treatment, care and support?:

Yes

7.1. In particular, does the country have a policy or strategy to ensure access to HIV prevention, treatment, care and support for women outside the context of pregnancy and childbirth?:

Yes

8. Does the country have a policy or strategy to ensure equal access for key populations and/or other vulnerable sub-populations to HIV prevention, treatment, care and support?:

Yes

IF YES, Briefly describe the content of this policy/strategy and the populations included:

Legal regulations do not provide for either limited or privileged access to services; in particular, this is envisioned in the new (as of 23.12.2010) version of the Law of Ukraine No. 1972-XII, 12.12.1991, on the Prevention of the Spread of Diseases Conditioned by Human Immunodeficiency Virus (HIV) and Legal and Social Protection of People Living with HIV. However, there is no equal access to these in reality as prisoners and IDUs have only limited access. The National Strategy for 2009-2013 envisages the work with high-risk group representatives; however, it fails to account for all the key population groups (there is no mention of women having sex with women and transgender individuals).

8.1

8.1. IF YES, does this policy/strategy include different types of approaches to ensure equal access for different key populations and/or other vulnerable sub-populations?:

No

9. Does the country have a policy or law prohibiting HIV screening for general employment purposes (recruitment, assignment/relocation, appointment, promotion, termination)?:

No

10. Does the country have the following human rights monitoring and enforcement mechanisms?

a. Existence of independent national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions, watchdogs, and ombudspersons which consider HIV-related issues within their work:

No

b. Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts:

No

IF YES on any of the above questions, describe some examples:

-

11. In the last 2 years, have there been the following training and/or capacity-building activities

a. Programmes to educate, raise awareness among people living with HIV and key populations concerning their rights (in the context of HIV)?:

Yes

b. Programmes for members of the judiciary and law enforcement on HIV and human rights issues that may come up in the context of their work?:

No

12. Are the following legal support services available in the country?

a. Legal aid systems for HIV casework:

No

b. Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV:

No

13. Are there programmes in place to reduce HIV-related stigma and discrimination?:

Yes

IF YES, what types of programmes?

Programmes for health care workers:

Yes

Programmes for the media:

No

Programmes in the work place:

Yes

Other [write in]:

Raising public awareness on HIV/AIDS issues in schools and pre-school facilities to reduce stigmatisation and discrimination of HIV-positive children within the system of pre-school and secondary school education.

14. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2011?:

5

Since 2009, what have been key achievements in this area:

1. A new version of the Law on HIV has been adopted that is specifically targeted at: • Legal protection of people living with HIV and their nearest ambience (this is reflected not only in the new name of the Law but also in a number of its articles); • Counteraction to discrimination against PLWH and representatives of groups with increased risk of HIV infection; • Securing the right of access to HIV infection prevention, treatment, care and support. Nevertheless, the experts also comment on a certain declaratory nature of the language of that law that is related to the lack of proper mechanisms of their enforcement. 2. Carrying out a survey into the level of PLWH stigmatisation as part of a global initiative in various walks of life (labour relations, medical services, family and inner circle relations, educational area, self-stigmatisation). 3. Implementation of projects on protection of rights of vulnerable group representatives with support from the European Commission.

What challenges remain in this area:

- Lack of systemic work in absence of its institutionalization - Difficult situation at the local level; rights violations - High stigmatisation levels in smaller towns and villages - Absence of a mechanism to reveal rights violation cases and penalize health care institutions for failure to deliver proper medical services to PLWH (diagnosis and treatment should be fully financed from the national budget) - Absence of a national authority responsible for the monitoring of such activity - Corruption in the public procurement system - Criminalisation of drug addicts - Inaccessibility/discontinuation of SMT and TB treatment - Administrative persecution for prostitution; a draft law has been recently registered with the Parliament that aims at enhancing responsibility for prostitution; there is also another draft law, to Change Certain Legislative Acts (on Protection of the Right of Children to Safe Information Environment), that envisages criminal responsibility for the 'propaganda of homosexuality.'

15. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the effort to

implement human rights related policies, laws and regulations in 2011?:

5

Since 2009, what have been key achievements in this area:

Owing to the efforts of the civil society, it has been possible to secure extra budget allocations for the procurement of ART medicines Adoption of the new version of the Law on HIV

What challenges remain in this area:

Dishonesty and corruption of the judicial system and law enforcement agencies; tortures in the police. Breaches of rights of participants in harm reduction and substitution maintenance therapy programmes (also by medical personnel). Disclosure of information about HIV status and HIV morbidity rates; unauthorized collection of such information by government authorities. In spite of the adopting of some progressive pieces of legislation in the HIV sphere, the situation with rights observance has deteriorated since the change of government in 2010.

B - IV. PREVENTION

1. Has the country identified the specific needs for HIV prevention programmes?:

Yes

IF YES, how were these specific needs determined?:

-

1.1 To what extent has HIV prevention been implemented?

Blood safety:

Agree

Condom promotion:

Disagree

Harm reduction for people who inject drugs:

Agree

HIV prevention for out-of-school young people:

Disagree

HIV prevention in the workplace:

Disagree

HIV testing and counseling:

Agree

IEC on risk reduction:

Disagree

IEC on stigma and discrimination reduction:

Disagree

Prevention of mother-to-child transmission of HIV:

Agree

Prevention for people living with HIV:

Agree

Reproductive health services including sexually transmitted infections prevention and treatment:

Agree

Risk reduction for intimate partners of key populations:

Disagree

Risk reduction for men who have sex with men:

Agree

Risk reduction for sex workers:

Agree

School-based HIV education for young people:

Disagree

Universal precautions in health care settings:

Disagree

Other [write in]:

-

2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV prevention programmes in 2011?:

6

Since 2009, what have been key achievements in this area:

Prevention projects have been included in the application for Global Fund Round 10. Minimum service packages for IDUs, FSWs, and MSM have been identified. Implementation of harm reduction programmes that envisages motivation of risk group representatives to HIV testing has allowed a considerable improvement of HIV detection rates among IDUs, FSWs and street children. Years of joint efforts to overcome HIV epidemics secured a sustainable trend in the stabilization of epidemiological situation and the reduction of morbidity rates among the population in Ukraine. The official data of the Ukrainian Centre for AIDS Prevention and Control with the MoH of Ukraine attest to almost quadruple reduction of the infection prevalence rate on the national scale since the beginning of Global Fund's programmes implementation by the Alliance. When the number of new registered HIV cases in 2004 was 2,482 more compared with the previous year, the nation-wide growth in 2011 was only 687

new cases. The trend became possible, first of all, due to the impact on the population groups most vulnerable to HIV infection: IDUs, FSWs, and MSM. Results of routine and sentinel epidemiological surveillance confirm the considerable effect of prevention programmes on HIV prevalence among IDUs. The absolute majority of newly diagnosed HIV cases among IDUs stabilized at the 2006 level and has been showing a decreasing trend since 2009. The proportion of HIV-positives persons among IDUs has been on a steady decline since 2006, when the indicator was at 16.5%, to 11.3% in 2011. One most characteristic achievement to mention would be the suspension of epidemic growth rate among recent IDUs. It is this subgroup that indicates at HIV morbidity indicator. As results of the recent integrated bio-behavioural survey show, the HIV prevalence indicator for the subgroup of IDUs with up to three-year experience of drug use has decreased more than five times from 29.9% in 2004 to 5.5%, in 2011. The annual median HIV morbidity indicator for the IDU group fluctuates at 2% level

What challenges remain in this area:

Absence of government institutions that would be in charge of prevention programmes implementation in risk groups. Lack of coordination between the public and the civil sectors. Implementation of prevention programmes via non-governmental sector (civil organizations) for funds from donor organisations attests to their poor viability and sustainability after donor funding is terminated. While the government declares its prevention efforts in the system of school education, such prevention measures are mostly limited to lecturing activities that are hardly the most efficient ones. There are no signs of State's involvement in the work with risk groups. Criminalisation of drug abuse. Lack of budget financing or stability of prevention programmes. Absence of professional training for social workers from the target groups.

B - V. TREATMENT, CARE AND SUPPORT

1. Has the country identified the essential elements of a comprehensive package of HIV and AIDS treatment, care and support services?:

Yes

IF YES, Briefly identify the elements and what has been prioritized:

Within the reporting period, standards of provision of social services to counteract HIV infection epidemic approved by the Joint Order of the Ministry of Ukraine for Family, Youth and Sports, the Ministry of Labour and Social Protection No. 3123/275/770, of 13 September 2010, have been adopted, as follows: - Standard of the Provision of Social Services of Care and Support for People Living with HIV/AIDS; - Standard of the Provision of Social Services on HIV Infection Prevention Among People with High Risk of HIV Contraction through Sexual Transmission; - Standard of the Provision of Social Services to Patients with Concurrent TB and HIV Infection; - Standard of the Provision of Social Services to Individuals on Substitution Maintenance Therapy with Opioid Agonists. On 25.02.2010, the State Department of Ukraine for Corrections approved the Methodical Recommendations to the Provision of Social Care and Support Services to PLWH Staying in Correctional Facilities. The following documents have been developed and await approval: - Standard of Provision of Social Services to HIV-Infected Children Orphans and Children Destitute of Parental Care. - Standard of Primary Prevention of Tuberculosis, Risky Behaviour Towards Sexually Transmitted Infections, Including HIV Infection and Other Dangerous and Particularly Dangerous Infectious Diseases Among Children and Young People in Risk Groups. The main priorities of these documents include: early beginning of ART; forming and supporting of adherence to ART and medical services in general; support of families with children and prisoners (counselling, retrieval of documents, food packages, and referral to health care facilities). The Standards cover the most HIV-vulnerable groups of population (people with high risk of sexually transmitted infections, PLWH, AIDS/TB patients, triple-diagnosis AIDS/TB/IDU) patients; people receiving maintenance therapy) and aim at providing continuity of prevention, medical, social, legal, social and economic and information services to vulnerable groups of population. At preparing the Country Application for Financing within the framework of Global Fund round 10, the needs calculation was made on the basis of the above standards. Treatment of HIV patients is performed based on clinical protocols approved by the MoH. A new clinical protocol of antiretroviral therapy of HIV infection in adults and adolescents (MoH Order No. 551, of 12.07.2010) was approved in 2010. The protocol gives clear recommendations to medical staff as to the diagnosing of the clinical phase of HIV infection in patients, the scope of examination and treatment required in each individual case with application of various combinations of available modern antiretroviral medications. One of the experts drew attention to the fact that social services standards are little known and hence, poorly implemented.

Briefly identify how HIV treatment, care and support services are being scaled-up?:

The network of ART facilities has been expanded to include not only AIDS Centres but also TB dispensaries and central district hospitals. The government complies with the commitments it has assumed and provides treatment (15,000 individuals in 2010 and more than 20,000, in 2011). The broadening of treatment possibilities is being done in a non-uniform way and depends on the amount of allocations from the national budget. The scope of treatment services is being broadened owing to a twofold increase in the financing from the national budget as well as to funds from Global Fund Round 10. As of 01.01.2012, there were 27,542 individuals receiving Art in Ukraine; of these: 22,216, for funds from the national budget; 4,504, for funds from the GF Round 6 within the scope of implementation of the Programme to Support HIV and AIDS Prevention, Treatment and Care for the Most Vulnerable Populations in Ukraine. 822 individuals receive the treatment in correctional facilities for funds from the GF Round 6. Care and support projects are currently implemented exclusively by NGOs for funds from local donors. In 2011, care and support services were available to some 40,000 individuals. Consequently, the expansion of care and support services happens owing to activities of non-governmental organisations. Medical institutions are increasingly conscious of the great benefits brought by NGO activities and begin to actively collaborate with NGOs. Social services for family, children and youth, territorial social welfare centres, war veteran councils, and specialized public social support centres are the key social service providers among public institutions nationwide. However, their scope of work lacks specific HIV-related services; e.g., the Kyiv Social Services for Family, Children and Youth has been seeing its budget on a steady decrease since 2009, which renders impossible any broadening of the scope of service it provides.

□ 1.1. To what extent have the following HIV treatment, care and support services been implemented?

Antiretroviral therapy:

Disagree

ART for TB patients:

Disagree

Cotrimoxazole prophylaxis in people living with HIV:

Disagree

Early infant diagnosis:

Agree

HIV care and support in the workplace (including alternative working arrangements):

Disagree

HIV testing and counselling for people with TB:

Agree

HIV treatment services in the workplace or treatment referral systems through the workplace:

Strongly Disagree

Nutritional care:

Disagree

Paediatric AIDS treatment:

Agree

Post-delivery ART provision to women:

Agree

Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):

Agree

Post-exposure prophylaxis for occupational exposures to HIV:

Agree

Psychosocial support for people living with HIV and their families:

Agree

Sexually transmitted infection management:

N/A

TB infection control in HIV treatment and care facilities:

Agree

TB preventive therapy for people living with HIV:

Disagree

TB screening for people living with HIV:

Agree

Treatment of common HIV-related infections:

Disagree

Other [write in]:

-

1.2. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2011?:

7

Since 2009, what have been key achievements in this area:

The coverage of patients with ART and TB treatment services increased Almost a hundred-per cent coverage of children with ART reached Treatment accessibility enhanced owing to the twofold increase in ART sites The Care and Support Component included in the service package for PLWH Accessibility of care and support services in regions increased Despite progress achieved with increased budget allocations for ARV medicine procurement in late 2011, a range of issues arose throughout the year that affected the quality of life of PLWH. Tender procedures on procurement of ARV medicines were carried out of schedule, which led to their ill-timed supply to regions and from here, to disruptions in the treatment of patients. Disruptions were registered with IFA testing services, also among the pregnant women, and with CD4 diagnosis. Also, the lack of milk formulas and ARV medications for new-borns took place.

What challenges remain in this area:

Individual risk groups to HIV (IDUs, CSW and prisoners) continue being beyond the scope of treatment programmes. Issues with treatment services accessibility remain highly relevant for remote regions, smaller towns and villages. Care and support services are not in the range of services provided by public institutions. There are disruptions with therapy and problems with inaccessibility of hepatitis diagnosis and treatment, particularly in correctional facilities. The public procurement legislation is far from perfect.

2. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?:

Yes

2.1. IF YES, is there an operational definition for orphans and vulnerable children in the country?:

Yes

2.2. IF YES, does the country have a national action plan specifically for orphans and vulnerable children?:

Yes

2.3. IF YES, does the country have an estimate of orphans and vulnerable children being reached by existing interventions?:

No

2.4. IF YES, what percentage of orphans and vulnerable children is being reached? :

3. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2011?":

6

Since 2009, what have been key achievements in this area:

- Owing to civil sector efforts and advocacy campaigns, it became possible to actualise the problem of shortage of ARV medications. Thanks to the above activities, the President of Ukraine issued a respective commission order to the Government in late 2011 to secure 100% the need for ARV medications among those in need of such treatment. National budget allocations on treatment (ART) nearly doubled. - Budget savings allowed for lowering prices on ARV medications. Additional procurement of medicines for HIV-infected was carried out. - Prospects of broadening of treatment services thanks to the funds available from Global Fund round 10. - The network of ART facilities has been expanded to include not only AIDS Centres but also TB dispensaries and central district hospitals. The number of ART-providing sites has doubled. - Standards of social services adopted. - Collaboration between health care institutions and NGOs as regards the delivery of treatment, care and support services improved. - Coverage of patients with ART and TB treatment services increased. - Almost a hundred-per cent coverage of children with ART reached - The Care and Support Component included in the service package for PLWH - Accessibility of care and support services in regions increased

What challenges remain in this area:

In spite of greater treatment coverage overall, it is being done in a non-uniform way and depends on the amount of allocations from the national budget. A range of issues arose throughout 2011 that affected the quality of life of PLWH: - Disruptions in ARV medicines supply within the scope of the national programme led to disruptions in the treatment of patients. That was due to ill-timed handling of ARV medication procurement procedures. Disruptions were also registered with IFA testing services and with CD4 diagnosis. Also, the lack of milk formulas for new-borns took place. Experts draw attention to the following systemic problems affecting accessibility of treatment, care and support services: - Individual risk groups to HIV (IDUs, CSW and prisoners) continue being beyond the scope of treatment programmes; - Lack of access to hepatitis diagnosis and treatment, particularly in correctional facilities; - The public procurement legislation is far from perfect; - Issues with late HIV diagnosis and with accessibility of treatment services in remote regions, smaller towns and villages remain high on the agenda; - Not all prisoners have access to services or are able to receive them in full; - Care and support services are not in the range of services provided by public institutions. Problems with access to treatment, care and support services are relevant for prisoners, injecting drug users, female sex workers, children orphans raised in public educational institutions, disabled persons living in public welfare homes, people with physical disabilities affecting their ability to move, children and adolescents living in the street, victims of violence (irrespective of sex), low-income individuals, persons destitute of citizenship rights or without ID, illegal migrants and adolescents. IDUs and FSWs demonstrate both subjective personal barriers to access the services (distrust in the public health system in general; fear of being 'recorded'; failure to comprehend one's belonging to the IDU/FSW group) and systemic reservations (unsuitable working hours of health care facilities; their remote location far from the place of stay or residence; lack of residence permit; shortage of medicines that leads to preferential treatment of 'trouble-free' patients). Access problems for migrants, particularly, for illegal ones, are related to the lack of residence permit, language barriers and are due to the medicine accounting and reporting system in place in Ukraine. For prisoners, the access to treatment, care and support services is hampered by the closed nature of the correctional system overall as well as by the lack of statistically reliable data and sufficient amount of medicines and distrust in the support system.

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