

Survey Response Details

Response Information

Started: 1/26/2010 7:47:13 AM

Completed: 3/25/2010 8:07:00 AM

Last Edited: 3/31/2010 10:02:20 AM

Total Time: 58.00:19:46.6670000

User Information

Username: ce-UA

Email:

Response Details

Page 1

1) Country

Ukraine (0)

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

Cherenko Svitlana Oleksandrivna

3) Postal address:

5, Anri Barbusa street, Kyiv, 03150

4) Telephone:

Please include country code

+38044-287-87-20

5) Fax:

Please include country code

+38044-287-89-56

6) E-mail:

cherenko@moz.gov.ua

7) Date of submission:

Please enter in DD/MM/YYYY format

29/01/2010

Page 3

8) Describe the process used for NCPI data gathering and validation:

A number of experts – 3 to 5 for each section – were selected to answer the questions in each section of Part A (I. Strategic Plan, II. Political Support, III. Prevention, IV. Treatment, Care and Support, V. Monitoring and Evaluation). The answers of all participating experts were generalized. Validation of obtained results was based on the data triangulation method: • The experts

represented different institutions and provided the point of view of those institutions. Information provided by each expert was juxtaposed and checked against data provided by the others. • The experts' answers were assessed on the basis of analysis of relevant documents.

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

There were some discrepancies in the experts' answers to some questions. A generalized evaluation or opinion held by the majority of experts was used to eliminate these discrepancies. An arithmetic mean of the expert evaluations was applied for calculation of scale evaluations (trends).

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

There were no such concerns.

Page 4

11) **NCPI - PART A [to be administered to government officials]**

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 1	Committee on the Response to HIV/AIDS and Other Socially Dangerous Diseases at the Ministry of Health of Ukraine	Olena Yeshchenko, Deputy Chair of Committee	A.I, A.II, A.IV

12)

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 2	Ministry of Education and Science of Ukraine	Oleg Yeresko, Director, Department of Secondary and Pre-school Education	A.I, A.III
Respondent 3	Ministry of Defence of Ukraine	Oleg Zemtsov, Head of Sanitary and Epidemiological Department	A.I
Respondent 4	Ministry of Family, Youth and Sport of Ukraine	Bohdan Pidverbetsky, Head of Department for Prevention of Negative Phenomena in a Youth Environment at the Department for Promotion of Youth Social Development	A.II, A.III
Respondent 5	State Department for Adoption and Protection of Children's Rights at the Ministry of Family, Youth and Sport of Ukraine	Ludmila Volynets, Department Director	A.IV
Respondent 6	Ukrainian AIDS Prevention Centre, Ministry of Health of Ukraine	Natalia Nizova, Director	A.V

Respondent 7	Ukrainian AIDS Prevention Centre, Ministry of Health of Ukraine	Alla Shcherbinska, Deputy Director for Prevention Activities	A.IV, A.V
Respondent 8	Ukrainian AIDS Prevention Centre, Ministry of Health of Ukraine	Ludmila Storozhuk, Deputy Director	A.IV
Respondent 9	State Social Service for Family, Children and Youth at the Ministry of Family, Youth and Sport of Ukraine	Olena Sviatiuk, Head of Department of Social and Prevention Work at the Department for Methodological Support to Social Work	A.I, A.II, A.III, A.V
Respondent 10	State Penitentiary Department of Ukraine	Yury Kulchinsky, Head of Department for Organization of Treatment and Prevention Work with Personnel of the Department for Humanitarian Issues and Health Care	A.I, A.II, A.III, A.IV
Respondent 11	Chief Health Care Department, Mykolayiv Oblast Public Administration	Svitlana Khotina, Head of Department	A.I, A.II
Respondent 12			
Respondent 13			
Respondent 14			
Respondent 15			
Respondent 16			
Respondent 17			
Respondent 18			
Respondent 19			
Respondent 20			
Respondent 21			
Respondent 22			
Respondent 23			
Respondent 24			
Respondent 25			

13)

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

	Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 1	Charitable Christian Fund "Solidarity"	Andriy Mykytin, Board Chairman	B.I, B.II, B.III, B.IV

14)

	Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 2	All-Ukrainian Charitable Organization "All-Ukrainian Network of PLHA"	Dmytro Sherembey,	B.I, B.II, B.III, B.IV
Respondent 3	All-Ukrainian Charitable Foundation "Coalition of HIV-service Organizations"	Natalia Pidlisna ,	B. I, B. II, B. III
Respondent 4	All-Ukrainian Charitable Foundation "Coalition of HIV- service Organizations"	Olena Davis Kuzmivna, Board Chair	B.I, B.II, B.III, B.IV
Respondent 5	Cherkassy Oblast Branch of ACO "All-Ukrainian Network of PLHA"	Olena Stryzhak, Board Chair	B. I, B. II, B. III, B. IV
Respondent 6	International Charitable Foundation "International HIV/AIDS Alliance in Ukraine"	Serhiy Filippovych, Head of Treatment, Procurement and Supply Management	B.IV
Respondent 7	International Charitable Foundation "International HIV/AIDS Alliance in Ukraine"	Pavlo Skala, Manager of Policy and Advocacy Programmes	B. I, B. II, B. III, B. IV
Respondent 8			
Respondent 9			
Respondent 10			
Respondent 11			
Respondent 12			
Respondent 13			
Respondent 14			
Respondent 15			
Respondent 16			
Respondent 17			
Respondent 18			
Respondent 19			
Respondent 20			
Respondent 21			
Respondent 22			
Respondent 23			

Respondent
24
Respondent
25

Page 5

15)

Part A, Section 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 (0)

Page 716) **Part A, Section I: STRATEGIC PLAN****Question 1 (continued)****Period covered:**

2009-2013

17)

1.1 How long has the country had a multisectoral strategy?**Number of Years**

5

18)

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

	Included in strategy	Earmarked budget
Health	Yes	Yes
Education	Yes	Yes
Labour	Yes	Yes
Transportation	No	No
Military/Police	Yes	Yes
Women	No	No
Young people	Yes	Yes
Other*	Yes	Yes

Page 819) **Part A, Section I: STRATEGIC PLAN**

Question 1.2 (continued)

If "Other" sectors are included, please specify:

State Penitentiary Department of Ukraine,

20)

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?

Until 2009 programme activities were financed by the Global Fund to Fight AIDS, Tuberculosis and Malaria. Funds and technical support were also provided by international organizations such as UN agencies and charities (e.g., Olena Franchuk "AntiAIDS" Foundation). The national programme for 2009–2013 envisages a specific budget; however, state budget funds for the Education and Youth components were not provided in 2009.

Page 9

21)

Part A, Section I: STRATEGIC PLAN

1.3 Does the multisectoral strategy address the following target populations, settings and crosscutting issues?

Target populations	
a. Women and girls	Yes
b. Young women/young men	Yes
c. Injecting drug users	Yes
d. Men who have sex with men	Yes
e. Sex workers	Yes
f. Orphans and other vulnerable children	Yes
g. Other specific vulnerable subpopulations*	Yes
Settings	
h. Workplace	Yes
i. Schools	Yes
j. Prisons	Yes
Cross-cutting issues	
k. HIV and poverty	No
l. Human rights protection	Yes
m. Involvement of people living with HIV	Yes
n. Addressing stigma and discrimination	Yes
o. Gender empowerment and/or gender equality	Yes

22)

1.4 Were target populations identified through a needs assessment?

Yes (0)

Page 10

23)

Part A, Section I: STRATEGIC PLAN**Question 1.4 (continued)****IF YES, when was this needs assessment conducted?**

Please enter the year in yyyy format

2009

Page 11

24)

Part A, Section I: STRATEGIC PLAN**1.5 What are the identified target populations for HIV programmes in the country?**

People living with HIV/AIDS, students, children and adolescents from risk groups, pregnant women, military servicemen, prisoners and detainees, IDU, MSM, FSW, general population. Additionally the following target populations have been identified for education and professional development: social workers, health care workers, etc.

25)

1.6 Does the multisectoral strategy include an operational plan?

Yes (0)

26)

1.7 Does the multisectoral strategy or operational plan include:

a. Formal programme goals?	No
b. Clear targets or milestones?	Yes
c. Detailed costs for each programmatic area?	Yes
d. An indication of funding sources to support programme?	Yes
e. A monitoring and evaluation framework?	No

27)

1.8 Has the country ensured “full involvement and participation” of civil society* in the development of the multisectoral strategy?

Active involvement (0)

Page 12

28)

Part A, Section I: STRATEGIC PLAN**Question 1.8 (continued)****IF active involvement, briefly explain how this was organised:**

Representatives of non-governmental organizations have been involved in all activity areas and are

members of all working groups, councils, etc. The International HIV/AIDS Alliance in Ukraine and the All-Ukrainian Network of People Living with HIV/AIDS together with their sub-grantees are included as implementing partners in the National Programme to Ensure HIV Prevention, Treatment, Care and Support to HIV Infected People and AIDS Patients for 2009–2013.

29)

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

Yes (0)

30)

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

Yes, all partners (0)

Page 14

31)

Part A, Section I: STRATEGIC PLAN

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 (0)

Page 15

32)

Part A, Section I: STRATEGIC PLAN

2.1 IF YES, in which specific development plan(s) is support for HIV integrated?

a. National Development Plan	Yes
b. Common Country Assessment / UN Development Assistance Framework	Yes
c. Poverty Reduction Strategy	Yes
d. Sector-wide approach	Yes
e. Другие: [впишите]	

33)

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

HIV-related area included in development plan(s)	
HIV prevention	Yes
Treatment for opportunistic infections	Yes

Antiretroviral treatment	Yes
Care and support (including social security or other schemes)	Yes
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
Women's economic empowerment (e.g. access to credit, access to land, training)	Yes
Другие: [впишите]	

Page 16

34)

Part A, Section I: STRATEGIC PLAN

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

Yes (0)

Page 17

35)

Part A, Section I: STRATEGIC PLAN

3.1 IF YES, to what extent has it informed resource allocation decisions?

3 (3)

36)

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 (0)

Page 18

37)

Part A, Section I: STRATEGIC PLAN

4.1 IF YES, which of the following programmes have been implemented beyond the pilot stage to reach a significant proportion of the uniformed services?

Behavioural change communication	Yes
Condom provision	Yes
HIV testing and counselling	Yes
Sexually transmitted infection services	Yes
Antiretroviral treatment	Yes
Care and support	No

Другие: [впишите]

Page 19

38)

Part A, Section I: STRATEGIC PLAN**Question 4.1 (continued)**

If HIV testing and counselling is provided to uniformed services, briefly describe the approach taken to HIV testing and counselling (e.g, indicate if HIV testing is voluntary or mandatory etc):

HIV testing is mandatory for military personnel and officers of the penitentiary system and police who are blood donors, and for servicemen sent on assignment to or returning from peacekeeping missions. For all other military servicemen of the Armed Forces of Ukraine, officers of the penitentiary system and police officers, HIV testing is voluntary and is performed in accordance with VCT guidelines established by WHO.

39)

5. Does the country have non-discrimination laws or regulations which specify protections for most-at-risk populations or other vulnerable subpopulations?

Yes (0)

Page 20

40)

Part A, Section I: STRATEGIC PLAN**5.1 IF YES, for which subpopulations?**

a. Women	Yes
b. Young people	Yes
c. Injecting drug users	No
d. Men who have sex with men	No
e. Sex Workers	No
f. Prison inmates	Yes
g. Migrants/mobile populations	No

Другие: [впишите]

41)

IF YES, briefly explain what mechanisms are in place to ensure these laws are implemented:

According to Ukrainian legislation, there are legally authorized institutions and individuals whose functional duties are to ensure implementation of these laws. They include the Verkhovna Rada (parliament) of Ukraine, High Commissioner on Human Rights (Ombudsman) of the Verkhovna Rada, Cabinet of Ministers, authorized central executive bodies and local governments, citizens' associations, etc. Other mechanisms to ensure expert implementation of respective laws include subordinate legislation, methodological guidelines on implementation of laws, information and

education campaigns for the general population ensuring human rights protection in the judicial system, etc.

42)

Briefly comment on the degree to which these laws are currently implemented:

According to the experts, the laws exist in Ukraine but they are often not supported by subordinate legislation. The methodological base for their introduction is also not sufficiently detailed. The situation often arises when the provisions of one law contradict those of another. This leads to a situation when laws exist formally but are not enforced, while representatives of risk groups face discrimination in their attempts to receive health care, education, employment, etc.

Page 21

43)

Part A, Section I: STRATEGIC PLAN

6. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for most-at-risk populations or other vulnerable subpopulations?

No (0)

Page 23

44)

Part A, Section I: STRATEGIC PLAN

7. Has the country followed up on commitments towards universal access made during the High-Level AIDS Review in June 2006?

Yes (0)

Page 24

45)

Part A, Section I: STRATEGIC PLAN

7.1 Have the national strategy and national HIV budget been revised accordingly?

Yes (0)

46)

7.2 Have the estimates of the size of the main target populations been updated?

Yes (0)

Page 25

47)

Part A, Section I: STRATEGIC PLAN

7.3 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 (0)

48)

7.4 Is HIV programme coverage being monitored?

Yes (0)

Page 26

49)

Part A, Section I: STRATEGIC PLAN

Question 7.4 (continued)

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

Yes (0)

50)

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

Yes (0)

Page 27

51)

Part A, Section I: STRATEGIC PLAN

Question 7.4 (b) (continued)

IF YES, for which population groups?

Children, adults, blood donors, pregnant women, representatives of risk groups – IDU, MSM, FSW, prisoners

52)

Briefly explain how this information is used:

This information is used for planning activities, improving work and identifying funding needs, as well as for analysis and projections of the epidemic's development.

Page 28

53) **Part A, Section I: STRATEGIC PLAN**

Question 7.4 (continued)

(c) Is coverage monitored by geographical area?

Yes (0)

Page 29

54)

Part A, Section I: STRATEGIC PLAN**Question 7.4 (c) (continued)****IF YES, at which geographical levels (provincial, district, other)?**

Region level

55)

Briefly explain how this information is used:

It is used for the planning of activities and funding allocation.

56)

7.5 Has the country developed a plan to strengthen health systems, including infrastructure, human resources and capacities, and logistical systems to deliver drugs?

Yes (0)

Page 30

57)

Part A, Section I: STRATEGIC PLAN**Question 7.5 (continued)****Overall, how would you rate strategy planning efforts in the HIV programmes in 2009?**

6 (6)

58)

Since 2007, what have been key achievements in this area:

- A network of AIDS Prevention Centres (currently 40 centres) and Drop-in Centres (637 “Trust Rooms”) has been created and is supported in all regions of Ukraine; in-patient and palliative care is ensured for all patients in need.
- A Reference Laboratory is functioning; since 2008 it has been housed in special premises in the National Children’s Specialized Hospital “Okhmatdyt” under the Ministry of Health (MOH) of Ukraine.
- A specialized national clinic to treat children with HIV/AIDS has been created and is functioning within NCSH “Okhmatdyt”.
- National and regional monitoring centres have been set up, which perform epidemiological monitoring of HIV/AIDS response activities.
- Every year the number of HIV tests is growing (in 2008 more than 3.2 million people, or 7% of the population of Ukraine, were tested for HIV). Throughout the country 123 laboratories are performing HIV screening tests.
- During implementation of national HIV/AIDS prevention programmes, coverage with antiretroviral therapy has increased 57 times, from 250 treatment courses in 2004 to 14,260 treatment courses by 1 November 2009, including over 13,000 people receiving treatment funded by the state budget.
- Treatment of opportunistic infections in HIV positive people has been organized (during 9 months of 2009, 14,583 treatment courses were

provided with medicines purchased with funds from the World Bank; 11,574 people with sexually transmitted infections (STIs) were treated funded by the Global Fund). • HIV testing of donated blood has been ensured – 100% of blood donations are tested in order to prevent HIV transmission through blood transfusion. 54 HIV diagnostic laboratories are functioning at blood transfusion stations. • Prevention of mother-to-child transmission of HIV is a priority area. It has helped to quarter the level of HIV infection of children by their HIV positive mothers, from 27.5% in 2000 to 7% in 2008. All pregnant women have access to testing for HIV antibodies and in case of a positive diagnosis of HIV can receive medical examination at AIDS Prevention Centres, have their immune status monitored, and receive ARV drugs to prevent transmission of infection to their children. • Early HIV diagnosis in children (up to 6 months) born to HIV positive mothers is performed with the PCR DNA method. • Access to harm reduction programmes for the most-at-risk groups has been ensured – 192,000 people were covered with such services in 2008. • Access to rehabilitation programmes through resocialization centres for patients with drug addiction, as well as access to substitution maintenance therapy (SMT) has been ensured (by 15 November 2009 the total number of patients who received SMT financed by the Global Fund was 4865 people (857 with buprenorphine, 4008 with methadone) at 102 health care facilities in 26 regions of Ukraine). • Legislation in the area of decriminalization of HIV/AIDS has been changed through the introduction of SMT programmes, which is a significant achievement for Ukraine and in international best practice. • Control over the achievement of goals of the Declaration of Commitment on HIV/AIDS was established and national reports (2004, 2005 and 2008) on follow-up to the UNGASS Declaration of Commitment were developed; this report was recognized as one of the best submitted to the UN General Assembly. • In order to attract additional funds for implementation of the national programme, a programme financed by the Global Fund to Fight AIDS, Tuberculosis and Malaria was initiated, and in September 2009 a grant for an additional US\$ 100 million for the next 3 years was confirmed; these funds will be primarily spent on prevention programmes for risk groups. • Ukraine has created a powerful and operational network of civil society organizations working in HIV response; their work ensures the implementation of activities aimed at HIV prevention and care for HIV positive people.

59)

What are remaining challenges in this area:

The key obstacle to an effective epidemic response is the reduction of funding for programme activities due to the impact of the global financial crisis: in 2009 the programme was only 62% funded. Starting from 2008, equipment to detect HIV drug resistance, diagnose HIV infection and monitor treatment efficiency has not been purchased. The lack of funds does not permit external monitoring of the quality of research that is being conducted. Ukraine also faces another problem – a real threat of the spread of drug-resistant strains of HIV. It is possible to note the low efficiency of first-line ART regimens (which are cheaper) due to development of drug resistance in the virus to respective ARV drugs. However, Ukraine does not carry out research into drug resistance due to insufficient funding, and treatment failure is only registered by clinical manifestations and laboratory data. Some patients interrupt ART due to low adherence. More active efforts are needed to develop treatment adherence, and not only by health care workers but also by non-governmental organizations applying peer education methods and attracting psychologists and social workers to provide support. Experts also note insufficient professional training of personnel, and lack of quality standards in the social services provided to representatives of most-at-risk groups.

Page 31

60)

Part A, Section II: POLITICAL SUPPORT

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

President/Head of government	Yes
Other high officials	Yes
Other officials in regions and/or districts	Yes

61)

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

Yes (0)

Page 32

62)

2.1 IF YES, when was it created?

Please enter the year in yyyy format

2007

63)

2.2 IF YES, who is the Chair?

Name	Vice-Prime Minister of Ukraine
Position/title	Ivan Vasyliovych Vasiunyk

64)

2.3 IF YES, does the national multisectoral AIDS coordination body:

have terms of reference?	Yes
have active government leadership and participation?	Yes
have a defined membership?	Yes
include civil society representatives?	Yes
include people living with HIV?	Yes
include the private sector?	Yes
have an action plan?	Yes
have a functional Secretariat?	Yes
meet at least quarterly?	Yes
review actions on policy decisions regularly?	Yes
actively promote policy decisions?	Yes
provide opportunity for civil society to influence decision-making?	Yes
strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?	Yes

Page 33

65)

Part A, Section II: POLITICAL SUPPORT

Question 2.3 (continued)

If you answer "yes" to the question "does the National multisectoral AIDS coordination body have a defined membership", how many members?

Please enter an integer greater than or equal to 1

30

66)

If you answer "yes" to the question "does the National multisectoral AIDS coordination body include civil society representatives", how many?

Please enter an integer greater than or equal to 1

12

67)

If you answer "yes" to the question "does the National multisectoral AIDS coordination body include people living with HIV", how many?

Please enter an integer greater than or equal to 1

2

Page 34

68)

Part A, Section II: POLITICAL SUPPORT

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 (0)

Page 35

69)

Part A, Section II: POLITICAL SUPPORT

Question 3 (continued)

IF YES, briefly describe the main achievements:

In September 2009 the National Council approved the "Procedures of multisectoral coordination of activities of government bodies and non-governmental organizations and of control over the HIV/AIDS and TB response on central and regional levels", which established principles of collaboration between the government, non-governmental and international organizations and all other partners. Non-governmental organizations that are principal recipients of Global Fund grants are included as implementing partners in the national HIV/AIDS programme, and now also bear responsibility for the introduction of certain programme activities and are supposed to submit their reports in the same way as governmental institutions.

70)

Briefly describe the main challenges:

Ukraine still does not have political stability which results in frequent restructuring of executive power bodies and rapid staff turnover in ministries and institutions. Due to low salary levels and lack of social guarantees, significant staff turnover is also observed among health care professionals both in the governmental and non-governmental sectors.

71)

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

Please enter the rounded percentage (0-100)

0

72)

5. What kind of support does the National AIDS Commission (or equivalent) provide to civil society organizations for the implementation of HIV-related activities?

Information on priority needs	Yes
Technical guidance	No
Procurement and distribution of drugs or other supplies	Yes
Coordination with other implementing partners	Yes
Capacity-building	Yes
Другие: [впишите]	

73)

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

Yes (0)

Page 36

74)

Part A, Section II: POLITICAL SUPPORT

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

Yes (0)

Page 37

75)

Part A, Section II: POLITICAL SUPPORT

Question 6.1 (continued)

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

1. Law of Ukraine "On prevention of Acquired Immune Deficiency Syndrome (AIDS) and on social

protection of the population” On 25.11.2009 the Cabinet of Ministers of Ukraine approved the draft new version of the law and submitted it to the Verkhovna Rada of Ukraine for review. Discriminatory provisions on the entry of HIV positive people to the country and on written notifications of confirmation were cancelled. 2. Law of Ukraine “On social work with families, children and youth” The Verkhovna Rada of Ukraine adopted Law № 878-IV “On amendments to the Law of Ukraine “On social work with families, children and youth” as of 15.01.2009 The law “On social work with families, children and youth” adopted in 2001 stipulated social work only with children and youth; the new version of the law also regulates social work with families. In addition to previously approved models of social support provision, according to which a person could turn to social service centres, two new approaches are being introduced: namely, services should be provided: • when social service centres for family, children and youth, or other government bodies, charity or civil society organizations of concerned citizens inform about it; • when a social worker makes a direct visit to the family to examine the situation and provide support. Another important aspect is the introduction and definition of the responsibilities of a “professional social worker” and “evaluation of the needs of a family in a difficult situation”, which envisages the need to define: • the degree of fulfilment of parental duties; • whether the child’s needs are being met; • whether the family is functionally capable, i.e., what is its material and income status, what are the relations in the family.

76)

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

Experts indicate the need to further develop the legal and regulatory base for providing HIV/AIDS diagnosis and treatment, and introducing substitution maintenance therapy in penitentiary institutions of Ukraine.

Page 38

77)

Part A, Section II: POLITICAL SUPPORT

Question 6.1 (continued)

Overall, how would you rate the political support for the HIV programmes in 2009?

6 (6)

78)

Since 2007, what have been key achievements in this area:

1. On 21 October 2009 the Cabinet of Ministers of Ukraine issued resolution №1263-p “On approval of the action plan to implement the national programme ‘National Action Plan to implement the UN Convention on the Rights of Child’ for the period till 2016” in 2010”. 2. On 5 November 2008 the Cabinet of Ministers of Ukraine adopted Resolution №976 “On approval of procedures to promote civil society examination of the activities of executive power institutions”. 3. The first government information campaign on HIV/AIDS prevention is being developed. Campaign development is coordinated by the Ministry of Health of Ukraine with technical support from the German technical cooperation agency Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ). 4. A public hearing was conducted to discuss the standards of social services and methodological guidelines on service provision in the area of HIV/AIDS response. 5. The Third National Conference on substitution maintenance therapy was conducted. 6. Draft concept of the “Government Targeted Programme of Information and Prevention Activities to Respond to HIV/AIDS among the General Public” was developed and assessed at a public hearing. 7. Methodological guidelines on “Substitution maintenance therapy for patients with opioid dependence syndrome” were developed.

79)

What are remaining challenges in this area:

1. Lack of funding. 2. The need to train and retrain personnel. 3. Lack of information and prevention activities for the general population.

Page 39

80)

Part A, Section III: PREVENTION

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

Yes (0)

Page 40

81)

Part A, Section III: PREVENTION

1.1 IF YES, what key messages are explicitly promoted?

Check for key message explicitly promoted (multiple options allowed)

- a. Be sexually abstinent (0)
- b. Delay sexual debut (0)
- c. Be faithful (0)
- d. Reduce the number of sexual partners (0)
- e. Use condoms consistently (0)
- f. Engage in safe(r) sex (0)
- h. Abstain from injecting drugs (0)
- i. Use clean needles and syringes (0)
- j. Fight against violence against women (0)
- k. Greater acceptance and involvement of people living with HIV (0)
- o. Prevent mother-to-child transmission of HIV (0)

82)

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

Yes (0)

Page 41

83)

Part A, Section III: PREVENTION

2. Does the country have a policy or strategy promoting HIV-related reproductive and sexual health education for young people?

Yes (0)

84)

2.1 Is HIV education part of the curriculum in:

primary schools? Yes
secondary schools? Yes
teacher training? Yes

85)

2.2 Does the strategy/curriculum provide the same reproductive and sexual health education for young men and young women?

Yes (0)

86)

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

Yes (0)

87)

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

Yes (0)

Page 42

88)

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

Check which specific populations and elements are included in the policy/strategy

Targeted information on risk reduction and Injecting drug user, Men having sex with men, Sex workers,

HIV education	Clients of sex workers, Prison inmates, Other populations
Stigma and discrimination reduction	Injecting drug user, Men having sex with men, Sex workers, Prison inmates, Other populations
Condom promotion	Injecting drug user, Men having sex with men, Sex workers, Clients of sex workers, Prison inmates, Other populations
HIV testing and counselling	Injecting drug user, Men having sex with men, Sex workers, Prison inmates
Reproductive health, including sexually transmitted infections prevention and treatment	Injecting drug user, Men having sex with men, Sex workers, Prison inmates, Other populations
Vulnerability reduction (e.g. income generation)	
Drug substitution therapy	Injecting drug user
Needle & syringe exchange	Injecting drug user

Page 43**89) Part A, III. PREVENTION****Question 3.1 (continued)**

You have checked one or more policy/strategy for "Other populations". Please specify what are "other populations".

School-aged children

Page 44

90)

Part A, III. PREVENTION**Question 3.1 (continued)**

Overall, how would you rate the policy efforts in support of HIV prevention in 2009?

6 (6)

91)

Since 2007, what have been key achievements in this area:

- The national programme for 2009–2013 for the first time envisages funding of training on HIV/AIDS prevention for educators, including provision with information and methodological materials; it also envisages introduction of the optional training course "HIV/AIDS Prevention" and provision of training and methodological materials to secondary schools.
- The first national information campaign on HIV/AIDS prevention "Don't Give AIDS a Chance" is being developed.
- A draft "National Strategic Action Plan for HIV prevention among children and youth vulnerable to HIV, care and support for children and youth affected by HIV/AIDS" has been developed.
- Ukraine has an understanding of the need to develop standards of service provision to representatives of different target populations.

92)

What are remaining challenges in this area:

- lack of appropriate funding;
- lack of national information campaigns with the active participation of the State Committee for TV and Radio Broadcasting of Ukraine;
- the need to develop uniform curricula on HIV and AIDS issues.

Page 45

93)

Part A, III. PREVENTION**4. Has the country identified specific needs for HIV prevention programmes?**

Yes (0)

Page 46

94)

Part A, III. PREVENTION**Question 4 (continued)****IF YES, how were these specific needs determined?**

These specific needs were determined: • for education: through discussion with civil society organizations, in consultation with experts and international organizations, and through interviews with the principals of general education institutions (secondary schools); • for penitentiary facilities: on the basis of statistical calculations for previous years and on the basis of projections; • for prevention among most-at-risk groups: through the evaluation of risk group size and modelling of HIV/AIDS epidemic development with the application of EPP software.

95)

4.1 To what extent has HIV prevention been implemented?

The majority of people in need
have access

HIV prevention component

Blood safety	Agree
Universal precautions in health care settings	Agree
Prevention of mother-to-child transmission of HIV	Agree
IEC* on risk reduction	Agree
IEC* on stigma and discrimination reduction	Don't agree
Condom promotion	Agree
HIV testing and counselling	Don't agree
Harm reduction for injecting drug users	Don't agree
Risk reduction for men who have sex with men	Don't agree
Risk reduction for sex workers	Don't agree
Reproductive health services including sexually transmitted infections prevention and treatment	Agree
School-based HIV education for young people	Agree
HIV prevention for out-of-school young people	Don't agree
HIV prevention in the workplace	Don't agree
Другие: [впишите]	

Page 47

96)

Part A, III. PREVENTION

Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2009?

6 (6)

97)

Since 2007, what have been key achievements in this area:

- HIV/AIDS-related education and prevention activities and development of healthy lifestyles at secondary schools within the compulsory education subject “Health Basics” covered school students in 8–9 grades.
- School students in 8–9 grades were fully provided with textbooks on “Health Basics”.
- An information and prevention campaign and rapid HIV testing of students were conducted with the involvement of 41 higher education institutions, including vocational training schools.
- Advanced training (postgraduate) course curricula for all categories of teachers and managers of education institutions included lectures on HIV prevention among students.
- The number of trained teachers increased to 15,000.
- A training module for teachers on a tolerant attitude towards HIV positive children was developed.
- The indicator of coverage of most-at-risk populations with prevention programmes, including with substitution maintenance therapy and harm reduction programmes, has grown; a number of activities were initiated to ensure access of most-at-risk populations to diagnosis and treatment of STIs.
- New methods of work with target populations, such as PDI (peer-driven interventions), were introduced.
- Information and education activities among young people and the general public became more active.
- HIV testing of donor blood was ensured – 100% of blood donations were tested to prevent HIV transmission. 54 HIV diagnostic laboratories are functioning at blood transfusion stations.
- Prevention of mother-to-child transmission of HIV is a priority area. It has helped to reduce the level of HIV infection of children by their HIV positive mothers by 4 – from 27.5% in 2000 to 7% in 2008. All pregnant women have access to testing for HIV antibodies, and in case of an HIV positive diagnosis have access to follow-up services at AIDS Prevention Centres, where their immune status and viral load are monitored and where they can receive ARV drugs to prevent transmission of the virus to their children.
- People with drug dependence have access to rehabilitation programmes through resocialization centres, and access to substitution maintenance therapy (by 1 November 2009 SMT programmes had covered 4800 patients).
- The Ministry of Family, Youth and Sport of Ukraine, supported by the UN Children’s Fund (UNICEF) in Ukraine initiated and maintained development of the National Strategic Action Plan to prevent HIV among children and youth from most-at-risk populations and vulnerable to HIV, to ensure care and support to children and youth affected by HIV/AIDS for 2009–2013. This document was developed by the multisectoral working group in the Ministry of Family, Youth and Sport of Ukraine, and included representatives of this ministry, State Social Service for Family, Children and Youth, State Department for Adoption and Protection of Children’s Rights, Ministry of Health of Ukraine, Ministry of Education and Science of Ukraine, Ministry of Internal Affairs of Ukraine, State Penitentiary Department of Ukraine, civil society and international organizations. To date, the above document has been submitted to the Secretariat of the National Council on Response to TB and HIV/AIDS with the request to include it in review at the nearest meeting in order to approve it according to established procedures.
- A powerful network of civil society organizations working in HIV response has been created and is operating in Ukraine; it ensures the implementation of HIV prevention, care and support activities.

98)

What are remaining challenges in this area:

• Insufficient number of specially trained teachers to conduct information and prevention work among school students. • Insufficient coverage of education facilities with optional courses on prevention of risk behaviour and HIV/AIDS. • Lack of appropriate funding to perform more efficient and large-scale activities to prevent HIV among children and youth. • Lack of insurance for social workers who perform duties related to HIV infection. • High turnover of staff working in the area of AIDS service. • Insufficient information activities aimed at the general public. • Insufficient coverage of vulnerable groups with prevention services. • Insufficient coverage of the representatives of populations most vulnerable to HIV, including IDU, FSW and MSM, with prevention services. Ukraine still does not cover 60% of these populations in order to change the situation for the better.

Page 48

99)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

1. Does the country have a policy or strategy to promote comprehensive HIV treatment, care and support? (Comprehensive care includes, but is not limited to, treatment, HIV testing and counselling, psychosocial care, and home and community-based care).

Yes (0)

Page 49

100)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

1.1 IF YES, does it address barriers for women?

Yes (0)

101)

1.2 IF YES, does it address barriers for most-at-risk populations?

Yes (0)

102)

2. Has the country identified the specific needs for HIV treatment, care and support services?

Yes (0)

Page 50

103)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Question 2 (continued)

IF YES, how were these determined?

In the process of developing the new National Programme to Ensure HIV Prevention, Treatment, Care and Support to HIV Infected People and AIDS Patients for 2009–2013 (approved by law of Ukraine № 1026-Y1, 19.01.2009) the multisectoral working group, on the basis of statistical data

on the growth rate of patient numbers and estimated numbers of PLHA and patients in need of ART, determined a tentative number of HIV positive people in need of treatment, care and support services until 2013 (split by years). The group used SPECTRUM software (of the reported number of HIV cases), and calculated the amount of funds needed to implement these activities. Specialists from the Ukrainian AIDS Prevention Centre in cooperation with international and non-governmental organizations made HIV/AIDS-related estimates for Ukraine using methodology recommended by the UNAIDS/ WHO Working Group on Global HIV/AIDS and STI Surveillance within development of the UNAIDS 2009 Report on the Global AIDS Epidemic. Evaluation tools included two software programmes: the Estimation and Projection Package (EPP) developed by UNAIDS/WHO, and SPECTRUM software to project the impact of the AIDS epidemic (version 3.40). These estimates were approved at the National Council on the Response to TB and HIV/AIDS meeting on 10.09.2009.

104)

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

	The majority of people in need have access
HIV treatment, care and support service	
Antiretroviral therapy	Don't agree
Nutritional care	N/A
Paediatric AIDS treatment	Agree
Sexually transmitted infection management	Don't agree
Psychosocial support for people living with HIV and their families	Agree
Home-based care	Agree
Palliative care and treatment of common HIV-related infections	Agree
HIV testing and counselling for TB patients	Agree
TB screening for HIV-infected people	Agree
TB preventive therapy for HIV-infected people	Agree
TB infection control in HIV treatment and care facilities	Agree
Cotrimoxazole prophylaxis in HIV-infected people	Agree
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	Agree
HIV treatment services in the workplace or treatment referral systems through the workplace	Agree
HIV care and support in the workplace (including alternative working arrangements)	Don't agree
Другие: [впишите]	

Page 51

105)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

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

Yes (0)

106)

4. Does the country have access to *regional* procurement and supply management mechanisms for critical commodities, such as antiretroviral therapy drugs, condoms, and substitution drugs?

No (0)

Page 53

107)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Overall, how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2009?

6 (6)

108)

Since 2007, what have been key achievements in this area:

- ART coverage has significantly grown. The number of HIV positive people receiving ART has almost doubled (7657 people received ART in 2007 compared to 14,256 in 2009). The process of decentralization of ART provision has started. 94% of patients receive treatment funded by the state budget.
- The life span of patients on ART has increased compared to the respective indicator for 2007, which is evidence of the greater efficiency of treatment programmes for people living with HIV/AIDS in Ukraine.
- Treatment of opportunistic infections is available for HIV positive people. During 9 months of 2009 treatment was provided to 14,583 people with funds provided by the World Bank, and 11,574 people were treated for STIs funded by the Global Fund.
- A comprehensive approach to the provision of health services to HIV positive people, primarily on the basis of AIDS Prevention Centres, is envisaged.
- 15 laboratories are fully equipped (to perform CD4 and viral load tests).
- Early diagnosis for newborn babies has been introduced.

109)

What are remaining challenges in this area:

- The rate of scaling up the ARV treatment programme for HIV positive people is still behind the rate of growth of people in need of ART, which is explained by limited funding.
- Due to the lack of funding, the extent of substitution maintenance therapy services and efforts to meet the diagnostic needs to treat opportunistic infections are insufficient.
- Inefficient use of funds for procurement of medicines due to imperfect legislation.
- There is a need to review ART guidelines taking into account international recommendations.

Page 54

110)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

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

No (0)

Page 57

111)

Part A, Section V: MONITORING AND EVALUATION**1. Does the country have *one* national Monitoring and Evaluation (M&E) plan?**

Yes (0)

Page 58

112)

1.1 IF YES, years covered:**Please enter the start year in yyyy format below**

2009

113)

1.2 IF YES, was the M&E plan endorsed by key partners in M&E?

No (0)

114)

1.3 IF YES, was the M&E plan developed in consultation with civil society, including people living with HIV?

Yes (0)

115)

1.4 IF YES, have key partners aligned and harmonized their M&E requirements (including indicators) with the national M&E plan?

Yes, but only some partners (0)

Page 60

116)

Part A, Section V: MONITORING AND EVALUATION**2. Does the national Monitoring and Evaluation plan include?**

a data collection strategy	Yes
a well-defined standardised set of indicators	Yes
guidelines on tools for data collection	Yes
a strategy for assessing data quality (i.e., validity, reliability)	Yes
a data analysis strategy	Yes
a data dissemination and use strategy	Yes

Page 61

117)

Part A, Section V: MONITORING AND EVALUATION**Question 2 (continued)**

If you check "YES" indicating the national M&E plan include a data collection strategy, then does this data collection strategy address:

routine programme monitoring	Yes
behavioural surveys	Yes
HIV surveillance	Yes
Evaluation / research studies	Yes

118)

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

No (0)

Page 64

119)

4. Are M&E priorities determined through a national M&E system assessment?

Yes (0)

Page 65

120)

Part A, Section V: MONITORING AND EVALUATION**Question 4 (continued)**

IF YES, briefly describe how often a national M&E assessment is conducted and what the assessment involves:

In 2007, at the request of the Government of Ukraine, 30 international experts performed an External Evaluation of the national epidemic response. This was the first such evaluation to be performed anywhere. The evaluation was comprehensive and covered the following key areas: coordination and management of the national programme, intersectoral collaboration and institutionalization, prevention, diagnostics, treatment, care and support, monitoring and evaluation, etc. The evaluation results have been taken into account in the activities of the National M&E Unit and in development of the National M&E Plan. During 2009 a basic evaluation and inventory was performed at regional M&E centres which were supposed to be created in accordance with Order of the MOH of Ukraine №33 and within the National Programme to Ensure HIV Prevention, Treatment, Care and Support to HIV Infected People and AIDS Patients for 2009–2013. The basic evaluation included analysis of the implementation status of existing legal and regulatory documents that envisage creation of regional M&E centres and the study of key obstacles and challenges that hinder the creation of such centres in the regions.

121)

5. Is there a functional national M&E Unit?

Yes (0)

Page 66

122)

5.1 IF YES, is the national M&E Unit based

in the National AIDS Commission (or equivalent)?
 in the Ministry of Health? Yes
 в другом месте?

123) **Number of permanent staff:**

Please enter an integer greater than or equal to 0

7

124) **Number of temporary staff:**

Please enter an integer greater than or equal to 0

3

Page 67

125)

Part A, Section V: MONITORING AND EVALUATION**Question 5.2 (continued)****Please describe the details of all the permanent staff:**

	Position	Full time/Part time?	Since when? (please enter the year in yyyy format)
Permanent staff 1	Unit director	Full time	2009
Permanent staff 2	Specialist in sociological research	Full time	2009
Permanent staff 3	Specialist in epidemiological research	Full time	2009
Permanent staff 4	Specialist in monitoring of medical programmes	Full time	2009
Permanent staff 5	Specialist in development of a regional M&E system	Full time	2009
Permanent staff 6	Specialist in database management	Full time	2009
Permanent staff 7	Assistant	Full time	2009
Permanent staff 8	Physician-epidemiologist	Part time	2009
Permanent staff 9	Physician-epidemiologist	Part time	2009

Permanent staff 10	Computer specialist	Part time	2009
Permanent staff 11			
Permanent staff 12			
Permanent staff 13			
Permanent staff 14			
Permanent staff 15			

Page 68

126)

Part A, Section V: MONITORING AND EVALUATION

5.3 IF YES, are there mechanisms in place to ensure that all major implementing partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?

Yes (0)

Page 69127) **Part A, Section V: MONITORING AND EVALUATION****Question 5.3 (continued)****IF YES, briefly describe the data-sharing mechanisms:**

According to Order of the Ministry of Health of Ukraine №280 as of 17.05.2006 on data collection by national indicators, all key ministries involved in the epidemic response are obliged to collect data by indicators. Data are submitted to the Committee on the Response to HIV/AIDS and Other Socially Dangerous Diseases. Key institutions responsible for collection of M&E data on the national level are the Ministry of Health of Ukraine and its structural divisions, the Ukrainian AIDS Prevention Centre, and other institutions. Currently a computer data collection and sharing system is being developed. Today the main data sharing mechanisms include: • the working group coordinated by the Committee on the Response to HIV/AIDS and Other Socially Dangerous Diseases in the MOH of Ukraine and the National M&E Unit; • working group on M&E that includes representatives of international organizations, NGOs, research organizations and governmental institutions; • annual M&E conferences; • workshops; • meetings, etc.

128)

What are the major challenges?

One single system to collect and share data is lacking. The specific features of sectoral reporting make it difficult or even impossible to receive data for regional indicators.

Page 70

129)

Part A, Section V: MONITORING AND EVALUATION

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

Yes, meets regularly (0)

130)

6.1 Does it include representation from civil society?

Yes (0)

Page 71

131) Part A, Section V: MONITORING AND EVALUATION

Question 6.1 (continued)

IF YES, briefly describe who the representatives from civil society are and what their role is:

This group includes representatives of the International HIV/AIDS Alliance in Ukraine, All-Ukrainian Network of People Living with HIV, Coalition of AIDS-Service Organizations, research NGOs and international organizations (USAID Regional Mission to Ukraine, Moldova, Belarus; USAID/HIV/AIDS Service Capacity Project in Ukraine; WHO Regional Office for Europe; The Joint United Nations Programme on HIV/AIDS (UNAIDS)). The role of civil society representatives in the activities of the group includes provision of proposals on M&E activities and methods, help in reaching target groups, collecting and validating data, etc.

132)

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

No (0)

Page 73

133)

7.3 Is there a functional* Health Information System?

At national level	Yes
At subnational level	Yes

Page 74

134) Part A, Section V: MONITORING AND EVALUATION

For Question 7.2, you have checked "Yes, but only some of the above", please specify what the central database has included.

For Question 7.3, you have indicated "Yes" to "subnational level", please specify at what level(s)?

24 oblasts, AR Crimea, Sevastopol and Kiev cities

135)

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

Yes (0)

136)

9. To what extent are M&E data used

9.1 in developing / revising the national AIDS strategy?:

3 (3)

137)

Provide a specific example:

The national HIV/AIDS programme for 2009–2013 was developed on the basis of M&E data, including epidemiological surveillance data, to make decisions on treatment and prevention activities. The country application to the Global Fund for extension of funding within the Round 6 grant was also developed on the basis of M&E data.

138)

What are the main challenges, if any?

The lack of one national system for data collection and analysis. M&E operational standards have not been introduced in the regions of Ukraine. Not all AIDS Prevention Centres have their own M&E groups.

Page 75

139) **Part A, Section V: MONITORING AND EVALUATION**

9.2 To what extent are M&E data used for resource allocation?

3 (3)

140)

Provide a specific example:

During development of the national programme for 2009–2013 the amounts of state budget funds needed to cover the population with diagnostic and treatment services were calculated on the basis of data about the number of patients and forecast indicators.

141)

What are the main challenges, if any?

There are no funds allocated for full-scale organization of this work in accordance with M&E goals. There is a poor understanding of the priority character of this problem on the regional level, which is why funds from local budgets are allocated neither for prevention, care and support

programmes, nor for M&E activities.

Page 76

142)

Part A, Section V: MONITORING AND EVALUATION

9.3 To what extent are M&E data used for programme improvement?:

3 (3)

143)

Provide a specific example:

M&E data were used for development of new approaches to prevention among IDUs.

144)

What are the main challenges, if any?

Insufficient level of intersectoral partnership in implementation of programmes, traditional delegation of responsibility for programme activities to the health care system.

Page 77

145) **Part A, Section V: MONITORING AND EVALUATION**

10. Is there a plan for increasing human capacity in M&E at national, subnational and service-delivery levels?:

No (0)

Page 78

146)

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

At national level?	Yes
At subnational level?	Yes
At service delivery level including civil society?	Yes

Page 79

147) **Part A, Section V: MONITORING AND EVALUATION**

Question 10.1 (continued)

Please enter the number of people trained at national level.

Please enter an integer greater than 0

15

148) Please enter the number of people trained at subnational level.

Please enter an integer greater than 0

55

149) Please enter the number of people trained at service delivery level including civil society.

Please enter an integer greater than 0

267

Page 80**150)****Part A, Section V: MONITORING AND EVALUATION****10.2 Were other M&E capacity-building activities conducted other than training?**

Yes (0)

Page 81**151) Part A, Section V: MONITORING AND EVALUATION****Question 10.2 (continued)****IF YES, describe what types of activities:**

Equipment was purchased for the National M&E Unit and oblast M&E centres and groups. Financial support for this was provided by UNAIDS, WHO, International HIV/AIDS Alliance in Ukraine, USAID and others. Additional active advocacy for the creation of oblast M&E centres was performed through raising this issue at meetings of Regional HIV/AIDS Coordination Councils. The All-Ukrainian Network of People Living with HIV/AIDS provided technical support to its sub-grantees on monitoring project activities, including organization of information flows, filling in primary documents, report writing, data analysis, etc. Sub-grantees were provided with specifically designed guidelines "Instruction on Organization of Internal Monitoring of Care and Support Projects". USAID/HIV/AIDS Service Capacity Project in Ukraine provided technical and financial support to 9 regional M&E centres and M&E groups in AR Crimea, Odessa, Mykolayiv, Kherson, Donetsk, Dnipropetrovsk and Cherkassy oblasts, as well as in Kiev and Sevastopol cities. The International HIV/AIDS Alliance in Ukraine provided technical support to regional M&E specialists on development of regional operational plans (115 people participated in the workshops) and on implementation of bio-behavioural surveillance among IDU (32 people were trained), among FSW (32 people) and among prison inmates (33 people).

Page 82**152) Part A, Section V: MONITORING AND EVALUATION****Question 10.2 (continued)****Overall, how would you rate the M&E efforts of the HIV programme in 2009?**

7 (7)

153)

Since 2007, what have been key achievements in this area:

Creation of the National M&E Unit. Analysis of M&E resources in Ukraine, development of proposals on introduction of one computerized data collection system. Training of M&E specialists. Improvement of methodology for evaluation of the HIV/AIDS situation in Ukraine and size of risk groups, as well as regular performance of such evaluations and their alignment with the representatives of civil society, risk groups, government institutions and international organizations.

154)

What are remaining challenges in this area:

Lack of trained staff for M&E, especially on the regional level. Some oblasts still have not created M&E centres or groups. There is a lack of understanding of the need for and essence of monitoring and evaluation on the part of local and regional leaders, as well as their personal role in the decision-making process. Also, there is a problem with accountability and subordination in the process of collection of sectoral and regional indicators. All M&E activities in the country are financed by donors, particularly by the Global Fund. State budget or local budget funds are not allocated for M&E activities.

Page 83

155)

Part B, Section I: HUMAN RIGHTS

1. Does the country have laws and regulations that protect people living with HIV against discrimination? (including both general non-discrimination provisions and provisions that specifically mention HIV, focus on schooling, housing, employment, health care etc.)

Yes (0)

Page 84

156)

Part B, Section I. HUMAN RIGHTS

1.1 IF YES, specify if HIV is specifically mentioned and how or if this is a general nondiscrimination provision:

The rights and freedoms of people, including those living with HIV, are protected by a number of regulatory acts of Ukraine, including general documents such as the Constitution of Ukraine (article 24), which ensures protection of rights and freedoms of people and prohibits discrimination, and the Law of Ukraine "Basic Principles of Legislation on Health Care", article 6 of which envisages protection from all forms of discrimination. There are also several specific regulatory documents related to the protection of rights of people living with HIV. In particular, the Law of Ukraine "On prevention of Acquired Immune Deficiency Syndrome (AIDS) and on Social Protection

of the Population” (Section 4, article 17) specifically states that HIV positive people and AIDS patients shall enjoy all rights and freedoms envisaged by the Constitution of Ukraine. This law also envisages compensation of losses incurred due to disclosure of information about an individual’s HIV status; free provision of medicines, and free transportation to and from treatment facilities. This law was adopted in 1991 and has since been positively amended. In addition, a number of sectoral regulations have been adopted by ministries and institutions which contain separate provisions on protection of the rights of people living with HIV. Separate provisions on the rights of people living with HIV are included in the Law of Ukraine “On Information” and the Criminal and Civil Codes of Ukraine. However, some experts point out the lack of a systematic approach and integrity in legislation and regulations. One significant drawback is the declarative character of many legal provisions and the lack of funding to ensure implementation of specific activities.

157)

2. Does the country have non-discrimination laws or regulations which specify protections for most-at-risk populations and other vulnerable subpopulations?

Yes (0)

Page 85

158)

Part B, Section I. HUMAN RIGHTS

2.1 IF YES, for which subpopulations?

a. Women	Yes
b. Young people	Yes
c. Injecting drug users	No
d. Men who have sex with men	No
e. Sex Workers	No
f. prison inmates	No
g. Migrants/mobile populations	No
Другие: [впишите]	

159)

IF YES, briefly explain what mechanisms are in place to ensure these laws are implemented:

Experts highlight the following existing mechanisms for the protection of rights and freedoms of vulnerable groups: judicial protection; application of the above-mentioned legal and regulatory acts; practice of appeal to the European Court of Human Rights; possibility to receive relevant rulings from the Plenum of the Supreme Court of Ukraine (although there are still no rulings on these categories of cases); establishment of successful precedents for the most typical human rights violations and broad coverage of them in the media; training for judges and lawyers, and provision of free legal support to affected people. The violated rights of women, children, disabled people and pensioners (not related to HIV/AIDS) may be protected during pre-trial procedures (through turning to the militia (police), public prosecutor’s office, etc.), or directly in court.

160)

Briefly describe the content of these laws:

The Constitution of Ukraine declares equal rights for women and men. The Government of Ukraine has ratified the following international documents: Convention on the Elimination of All Forms of Discrimination against Women; Convention on the Political Rights of Women; Convention on the Rights of the Child, and Convention Against Transnational Organized Crime. Having adopted the Law of Ukraine “On Ensuring Equal Rights and Opportunities for Women and Men”, the Declaration on Basic Principles of State Family Policy and the Family Code of Ukraine, the government guarantees universal equal rights for women and men and ensures additional legal, financial and moral protection to women with children. At the same time, article 22 of the Law of Ukraine “On Prevention of Acquired Immune Deficiency Syndrome (AIDS) and Social Protection of the Population” guarantees protection of rights of mothers with HIV positive children up to 16 years of age, and provision of an annual vacation in summer or at another suitable time. The government social programme “Youth of Ukraine” for 2009–2015 stipulates protection of the rights of young people. Regulatory documents envisage protection of the right to health care, education and labour, and redress of losses incurred due to discriminatory acts by officials and other individuals.

161)

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

In general, the efficacy of legal and regulatory acts to prevent discrimination of vulnerable groups is assessed as low. NGO representatives consider vulnerable groups have a poor awareness of the laws that are supposed to protect their rights. There is no active network of human rights organizations that would monitor observance of human rights on a regular basis. Some individual organizations perform ad-hoc monitoring of human rights violations. Some sociological research, such as “Evaluating the Vulnerability of People Living with HIV and AIDS in Ukraine”, implemented at the behest of the United Nations Development Programme (UNDP) in 2007, have been performed. Most NGO representatives say that regulatory documents are predominantly declarative and are not enforced to their full extent. The number of successful legal suits related to discrimination is very low (1 case in the last 2 years).

Page 86

162)

Part B, Section I. HUMAN RIGHTS

3. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for most-at-risk populations and other vulnerable subpopulations?

Yes (0)

Page 87

163)

Part B, Section I. HUMAN RIGHTS

3.1 IF YES, for which subpopulations?

a. Women	No
b. Young people	No
c. Injecting drug users	Yes
d. Men who have sex with men	No
e. Sex Workers	No

f. prison inmates	No
g. Migrants/mobile populations	No
Другие: [впишите]	

164)

IF YES, briefly describe the content of these laws, regulations or policies:

Obstacles to efficient prevention among injecting drug users and female sex workers include, respectively, articles 309 and 303 of the Criminal Code of Ukraine and article 185 of the Administrative Code of Ukraine, the Law of Ukraine “On Response to Illicit Drug Circulation...” and the Law “On the Militia”. Criminal responsibility for possession of small amounts of drugs hinders the efficient implementation of prevention programmes, introduction of harm reduction programmes and factually puts drug dependent people on the same footing as criminals. HIV prevention among sex workers remains complicated, although criminal responsibility for prostitution has been replaced with administrative responsibility. Legal and normative acts that regulate the penitentiary system create significant obstacles for NGOs to implement prevention activities at penitentiary facilities and do not allow monitoring of policy on prevention or of budget expenses. “Guidelines for Voluntary Counselling and Testing for HIV Infection” (Protocol), approved by Order of the Ministry of Health (MOH) №415 of 19.08.2005, regulate procedures for the provision of pre- and post-test counselling services. The order, which was published in 2005, does not meet today’s realities and grants the right to perform primary post-test counselling exclusively to physicians, although legislation in the majority of industrially developed countries (e.g. Canada) allows specially trained nurses and social workers to perform screening tests with rapid test-kits, provide pre- and post-test counselling and give rapid test results. Current legislation contains regulatory obstacles to testing adolescents for HIV. The current legislative environment, in particular Order of the MOH № 286 as of 07.06.2004 “On Improvement of STI-Related Care to the Population of Ukraine” does not stipulate syndromic management of sexually transmitted infections and significantly reduces access of representatives of vulnerable groups to timely STI treatment. The activities and licensing of mobile clinics that in particular provide HIV and STI diagnostic services are not regulated by current legislation

165)

Briefly comment on how they pose barriers:

Strict legislation on counteraction to illicit drug circulation poses barriers to HIV prevention for people with substance dependence. The requirement to register such people in health care facilities and with the militia, and criminal responsibility for possession of a small amount of drugs for personal use, hamper the implementation of harm reduction and substitution maintenance therapy programmes. Administrative responsibility for prostitution contributes to violations on the part of law enforcement bodies (violence, brutal treatment, illegal arrests), which creates obstacles to the prevention of HIV among sex workers. Inconsistency with European norms and the restricted nature of the penitentiary system create problems for HIV/AIDS prevention and treatment among prison inmates and hinders monitoring of the prevention efforts carried out by the State Penitentiary Department. The MSM subgroup is not included in the sphere of responsibility of any ministry and hence exists outside the legal environment. The government pays very limited attention to this subgroup and targeted funds for specific HIV prevention among MSM are accordingly not allocated. Some representatives of law enforcement bodies perceive MSM behaviour as deviant, and their resulting prejudiced and discriminatory attitude creates barriers to prevention programmes implemented by NGOs. The existing protocol on VCT restricts the effective provision of outreach VCT services to most-at-risk populations. Finally, NGO representatives emphasize that the country has a significant base of legal and regulatory acts intended to ensure the equality of all citizens of Ukraine, including people living with HIV. The key problem is violation or non-enforcement of current legislation.

166) Part B, Section I. HUMAN RIGHTS

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

Yes (0)

Page 89

167)

Part B, Section I. HUMAN RIGHTS**Question 4 (continued)**

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

The Law of Ukraine "On Prevention of Acquired Immune Deficiency Syndrome (AIDS) and on Social Protection of the Population" (Section IV) envisages provision of social support to people living with HIV, AIDS patients and their families. Article 17 of this law directly states that "people living with HIV and AIDS enjoy all rights and freedoms envisaged by the Constitution and the Laws of Ukraine". In addition to common rights, the law also ensures the right to: • compensation for losses incurred due to limitation of their rights which occurred due to disclosure of information about their HIV positive status; • free provision of medicines needed to treat any diseases that these people may have; • free provision of personal prevention means; • psychosocial support; • free transportation to and from a treatment facility at the expense of the treatment facility that provided referral to treatment; • a separate living room. The law specifically prohibits refusal to provide health care services or to employ people due to their HIV positive status. Law of Ukraine № 1026 (the national programme) as of 19.02.2009 envisages provision of legal support among other care and support services to people living with HIV. However, there is no detailed description of these services in the law.

168)

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

No (0)

Page 90

169)

6. Has the Government, through political and financial support, involved people living with HIV, most-at-risk populations and/or other vulnerable subpopulations in governmental HIV-policy design and programme implementation?

Yes (0)

Page 91

170)

Part B, Section I. HUMAN RIGHTS

Question 6 (continued)

IF YES, describe some examples:

People living with HIV and representatives of other vulnerable groups are included in the National Council on the Response to Tuberculosis and HIV/AIDS at the Cabinet of Ministers of Ukraine and in the Coordination Council on HIV/AIDS, Tuberculosis and Drug Use under the President of Ukraine, as well as in regional councils involved in development and approval of national and regional programmes. They are involved in expert panels in those ministries that are developing and amending current legislation related to HIV/AIDS. The National Council has approved a civil society organization as the second Principal Recipient of the Round 6 Global Fund programme. Representatives of the PLHA community are included, with the right to vote, in the National Council. Representatives of the non-governmental sector participated in development of the National Programme on Prevention of HIV Infection, Care and Treatment of HIV Infected People and AIDS Patients for 2009–2013. Representatives of people living with HIV and AIDS-service organizations that represent the interests of other vulnerable populations participated in development of the new version of the Law of Ukraine “On Prevention of AIDS and on Social Protection of the Population”. However, some experts from civil society organizations say that representatives of vulnerable groups have an insignificant influence on financial planning and distribution of funds at government level. Availability of funds to work with vulnerable groups is predominantly restricted to the influence of international organizations providing financial assistance to Ukraine.

171)

7. Does the country have a policy of free services for the following:

a. HIV prevention services	Yes
b. Antiretroviral treatment	Yes
c. HIV-related care and support interventions	Yes

Page 92

172)

Part B, Section I. HUMAN RIGHTS

Question 7 (continued)

IF YES, given resource constraints, briefly describe what steps are in place to implement these policies and include information on any restrictions or barriers to access for different populations:

Primary HIV prevention services are provided by the government through the education system and Centres for Social Services for Children, Family and Youth. However, state budget funding of these services has been practically non-existent in recent years. HIV prevention services for most-at-risk groups have been mostly provided with financial support from the programme funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria, and with support from other international donors. HIV testing is mostly performed for free, though some NGO representatives say that sometimes regional drop-in centres abuse their authority by charging for tests. On the basis of article 49 of the Constitution of Ukraine and article 17 of the Law of Ukraine “On Prevention of Acquired Immune Deficiency Syndrome (AIDS) and on Social Protection of the Population”, Ukraine has provided free antiretroviral therapy (ART) to 13,013 HIV positive people (by 01.07.2009), while over 20,000 people are still in need of ART. This situation changed for the better at the end of 2008 with

partial state budget funding of ART previously financed by the Global Fund. However, physicians demand payment for ARV treatment or HIV tests in some regions. Free care and support services are provided primarily with funds provided by the Global Fund and other international donor organizations, and are being implemented by NGOs on the basis of AIDS Prevention Centres, community centres, TB clinics and at home. The state policy on care and support is not decisive and the capabilities of the state resource system for care and support are not utilized to their full extent. In some cases care and support services including diagnosis and treatment of opportunistic infections are provided on a paid basis for people living with HIV.

173)

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

Yes (0)

Page 93

174)

Part B, Section I. HUMAN RIGHTS

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

Yes (0)

175)

9. Does the country have a policy to ensure equal access for most-at-risk populations and/or other vulnerable subpopulations to HIV prevention, treatment, care and support?

Yes (0)

Page 94

176)

Part B, Section I. HUMAN RIGHTS

Question 9 (continued)

IF YES, briefly describe the content of this policy:

The targeted national programme guarantees equal access for all most-at-risk populations to prevention, treatment, care and support programmes. Specific characteristics of treatment for vulnerable populations are described in special protocols for the treatment of co-morbidities typical for these groups (such as co-infection with TB, viral hepatitis, STIs, drug dependence and mental disorders). In addition, Ukraine submitted its application to the Round 6 grant of the Global Fund to Fight AIDS, Tuberculosis and Malaria with a special focus on treatment, care and support to marginalized and especially vulnerable populations. The grant was approved and the programme is now being implemented. It prioritizes provision of services to prison inmates, drug users and HIV patients with TB or hepatitis co-infections. At the same time, state budget funding for HIV prevention in vulnerable populations is practically non-existent. Funding from national and local budgets covers only 30% of implementation of the national programme, making it difficult to draw conclusions about the efficacy of such policy.

177)

9.1 IF YES, does this policy include different types of approaches to ensure equal access for different most-at-risk populations and/or other vulnerable sub-populations?

Yes (0)

Page 95

178)

Part B, Section I. HUMAN RIGHTS**Question 9.1 (continued)**

IF YES, briefly explain the different types of approaches to ensure equal access for different populations:

For this purpose it envisages programmes to perform outreach work, improve tolerance, create self-help groups and community centres and other activities implemented by NGOs within the grant provided by the Global Fund to Fight AIDS, Tuberculosis and Malaria. For example, social services are provided to injecting drug users and include distribution of clean disposable injecting equipment and individual protection means, provision of substitution maintenance therapy to develop adherence to ARV therapy, and rehabilitation services. Children and adolescents receive HIV prevention services. However, this policy is not supported by the state system for prevention, support and treatment, and is in fact implemented only by non-governmental organizations funded by international donors.

179)

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

Yes (0)

180)

11.Does the country have a policy to ensure that HIV research protocols involving human subjects are reviewed and approved by a national/local ethical review committee?

No (0)

Page 97

181)

– 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

Yes (0)

182)

– Focal points within governmental health and other departments to monitor HIV-

related human rights abuses and HIV-related discrimination in areas such as housing and employment

No (0)

183)

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

No (0)

Page 98

184)

Part B, Section I. HUMAN RIGHTS

Question 12 (continued)

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

The Committee on Human Rights at the Verkhovna Rada (Parliament) of Ukraine supervises observance of human rights. The National Council on the Response to Tuberculosis and HIV/AIDS at the Ministry of Health of Ukraine and oblast, district and city Coordination Councils on the Response to Tuberculosis and HIV/AIDS are involved in monitoring human rights. Civil society councils at the Ministry of Family, Youth and Sport are dealing, among other things, with control over HIV-related violation of human rights and discrimination in such areas as housing, education, employment, etc. Though the Ombudsman does not specialize in protection of the human rights of people living with HIV, he does deal with the observance of rights of PLHA and other HIV-vulnerable population groups. NGOs, communities and informal associations actively participate in the monitoring of human rights of people living with HIV and their close ones. Monitoring the observance of rights of drug users and FSW is performed by separate national and regional projects.

Page 99

185)

Part B, Section I. HUMAN RIGHTS

13. In the last 2 years, have members of the judiciary (including labour courts/ employment tribunals) been trained/sensitized to HIV and human rights issues that may come up in the context of their work?

No (0)

186)

– Legal aid systems for HIV casework

No (0)

187)

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

No (0)

188)

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

Yes (0)

Page 100

189)

Part B, Section I. HUMAN RIGHTS

Question 15 (continued)

IF YES, what types of programmes?

Media	Yes
School education	Yes
Personalities regularly speaking out	Yes
Programmes implemented by NGOs funded by international donors;	Yes

Page 101

190)

Part B, Section I. HUMAN RIGHTS

Question 15 (continued)

Overall, how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2009?

4 (4)

191)

Since 2007, what have been key achievements in this area:

A number of legal and regulatory documents improving the legal status of vulnerable groups were adopted, including the following: • Law of Ukraine № 1026-17 (as of 19.02.2009) "On Approval of the National Programme on Prevention of HIV Infection, Treatment, Care and Support to HIV Infected People and AIDS Patients for 2009–2013" was adopted; • changes were made to the Law of Ukraine "On Prevention of AIDS and on Social Protection of the Population" to ensure equal rights of fathers and mothers of HIV positive children; • several orders of the MOH of Ukraine that regulate introduction of substitution maintenance therapy (SMT) were issued; • methadone was included in the List of Essential Medicines by the Cabinet of Ministers of Ukraine in 2008; • the Coordination Council on HIV/AIDS, Drug Use and Tuberculosis under the President of Ukraine, which includes people living with HIV, was established.

192)

What are remaining challenges in this area:

In spite of some progress in the adoption of legal and regulatory documents that have improved the legal status of vulnerable groups, some issues remain unresolved: • HIV testing for vulnerable populations on the basis of NGOs; • no government contracts for NGO services for vulnerable populations and people living with HIV; • no systematic monitoring and evaluation of policy implementation and protection of human rights of PLHA and vulnerable populations; • an inadequately high level of criminalization of drug users; • a lack of non-discriminatory regulations on FSW and MSM; • failure to observe the provisions of current legislation. The rights of people living with HIV are still not observed or are violated. A number of legal and regulatory acts need to be updated within the context of the HIV epidemic; • people whose rights are violated in relation to HIV do not want to disclose their status in court procedures; • amounts envisaged for funding the National Programme on Prevention of HIV, Treatment, Care and Support to HIV Infected People and AIDS Patients for 2009–2013 do not meet the needs of the HIV/AIDS epidemic response in Ukraine. Currently planned funding is insufficient and needs to be reviewed and increased; • the opinions of NGO representatives are ignored by government officials in the course of legislative work, while the motivation of government officials to resolve HIV-related problems remains low, according to some NGO representatives; • some NGO representatives complain that motivation of government service providers can be achieved only through their involvement in implementation of projects funded by donor organizations, which implies additional payment to these officials at project expense. This makes these services dependent on donor organizations, creates distrust among stakeholders as to the transparency of the system and the seriousness of state intentions to respond to HIV/AIDS. Some NGO representatives perceive government activities as “gestures towards international organizations to improve the image of Ukraine”.

Page 102

193)

Part B, Section I. HUMAN RIGHTS

Question 15 (continued)

Overall, how would you rate the efforts to enforce the existing policies, laws and regulations in 2009?

4 (4)

194)

Since 2007, what have been key achievements in this area:

- the Verkhovna Rada of Ukraine has adopted and is actively implementing the National Programme on Prevention of HIV, Treatment, Care and Support to HIV Infected People and AIDS Patients for 2009–2013;
- a new Coordination Council on HIV/AIDS, Drug Use and Tuberculosis under the President of Ukraine, which includes representatives of PLHA and other leading non-governmental organizations, is operating;
- PLHA and representatives of vulnerable groups participate in the work of regional Coordination Councils on HIV/AIDS;
- in 2008 SMT programmes with methadone were initiated; a number of MOH orders were issued regulating SMT;
- in December 2008 ARV treatment of 6080 PLHA was transferred to the state. A total of 16,000 people are receiving ART;
- tens of HIV positive children were adopted or placed with foster families;
- a person affected by HIV has won a court case.

195)

What are remaining challenges in this area:

- funds envisaged by the national programme are not sufficient for an adequate national response to the HIV/AIDS epidemic. There is also a problem with underfinancing of budget lines;
- regional (oblast, district and city) programmes for prevention of HIV, treatment, care and support to people living with HIV/AIDS for 2009–2013 are practically not funded;
- provisions of current legislation in the area of HIV/AIDS are simply not fulfilled or are violated;
- human rights of PLHA, IDU, FSW and MSM are violated by health care workers and law enforcement officers;
- obstacles to the implementation of harm reduction and substitution therapy programmes are created by the militia: for instance, people in temporary detention or imprisonment cannot take their SMT;
- activities to develop a tolerant public attitude towards people living with HIV are insufficient;
- annual education programmes to develop a tolerant attitude towards HIV positive people at government level in the judicial, executive, health and education sectors are non-existent;
- there is a low awareness among the population of their rights and the means to protect them. People are afraid to turn to courts;
- insufficient monitoring of the human rights of PLHA and vulnerable populations.

Page 103

196)

Part B, Section II: CIVIL SOCIETY* PARTICIPATION

1. To what extent has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?

4 (4)

197)

Comments and examples:

The key driving force of all anti-HIV/AIDS epidemic activity is civil society, in particular, charitable organizations and foundations representing people living with HIV, AIDS-service organizations, and institutions researching public health policy. Representatives of the PLHA community and AIDS-service organizations are included, with voting rights, in the National Council on the Response to Tuberculosis and HIV/AIDS at the Ministry of Health and in oblast, district and city Councils on the Response to Tuberculosis and HIV/AIDS. These organizations took active part in the development of amendments to the Law of Ukraine "On Prevention of AIDS and on Social Protection of the Population" and in planning the National Programme on HIV Prevention, Treatment, Care and Support to HIV Infected People and AIDS Patients for 2009–2013. Thanks to their efforts, a social contracting mechanism was included in the programme, which gives civil society organizations the right to provide social services funded by state and local budgets. Also, thanks to the efforts of civil society organizations, an additional subgroup of people discharged from prisons was included in the programme. However, some NGO representatives are sceptical about the role of NGOs in the development of national strategy and in strengthening the commitment of political leaders. They say that often the real influence of NGOs is limited to government statements, is declarative only and does not lead to implementation of proposed policies and national strategy.

Page 104

198)

Part B, Section II. CIVIL SOCIETY PARTICIPATION

2. To what extent 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)?

3 (3)

199)

Comments and examples:

Representatives of the PLHA community and AIDS-service organizations are included, with voting rights, in the National Council on the Response to Tuberculosis and HIV/AIDS. Their representatives are also included in oblast, district and city Councils on the Response to Tuberculosis and HIV/AIDS. On national and regional levels, representatives of the PLHA community, charitable and other civil society organizations participated in budget planning for 2011–2013, and in development of the national action plan. Budget planning and development of the work plan for the Global Fund grant was as transparent as possible and involved all stakeholders, including international organizations, expert groups, and representatives of vulnerable communities, governmental and non-governmental organizations. However, the opportunity for NGOs to control allocation of public funds and implementation of planned activities remains an important but unresolved issue. The approval of plans and budgets remains non-transparent, and some NGO representatives say they do not have enough information about who approves or disapproves their proposals to plans and budgets, or by what criteria. According to some NGOs, the predominant involvement of national organizations and the insufficient involvement of local NGOs in the planning process creates a “closed system” which is not responsive to regional needs.

Page 105

200)

a. the national AIDS strategy?

3 (3)

201)

b. the national AIDS budget?

1 (1)

202)

c. national AIDS reports?

3 (3)

203)

Comments and examples:

a. National AIDS strategy: • Treatment, care and support services, as well as comprehensive HIV/AIDS and STI prevention services among vulnerable populations (IDU, FSW, MSM, prison inmates and street children) and substitution maintenance therapy provided by charitable organizations, are included in the national programme, because these organizations are Principal Recipients of the Global Fund to Fight AIDS, Tuberculosis and Malaria grant. • In addition to most-at-risk populations, people who were discharged from prisons, migrants and homeless people have been included in the national strategy, but prevention, treatment, care and support services for them are not funded either from the state budget or from the Global Fund grant in the national programme. b. National AIDS budget: • Budget lines for treatment, care and support services were significantly reduced in the national budget for 2009 and even in this reduced form are not fully funded; therefore services provided by NGOs are financed by the Global Fund programme. • The

national budget does not envisage funds for prevention, including for the most vulnerable groups. NGO representatives view this as evidence of the prevailing medical approach to solution of the problem. Major national budget funds will be allocated for the purchase of medicines and equipment and creation of specialized centres. Prevention activities for vulnerable groups will be performed by regional NGOs financed by the Global Fund. • The care and support component is not financed from the national budget. c. National AIDS reports: • NGO activities in national AIDS reports are mostly related to the national NGOs who are Principal Recipients of the Global Fund. Reports do not pay sufficient attention to services provided by faith-based and youth organizations and trade unions. • Representatives of the PLHA community and other national charitable organizations take active part in the development of national HIV/AIDS reports, but indicate that government organizations do not always invite their participation in report development.

Page 106

204)

a. developing the national M&E plan?

2 (2)

205)

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

3 (3)

206)

c. M&E efforts at local level?

2 (2)

207)

Comments and examples:

Though there is no national monitoring and evaluation plan in the country, the involvement of civil society in monitoring and evaluation (M&E) of HIV response activities in Ukraine is significant. First of all, this is because civil society organizations are Principal Recipients of the key donor (Global Fund) funds provided to respond to the HIV epidemic in Ukraine. The Global Fund grant is the key source of funding in the country for development of the national M&E system (in addition to programme monitoring within this grant), and technical support to the National M&E Centre, established in 2009, is provided with these funds. Thus, civil society organizations are not only involved but often initiate national activities in the area of M&E of the HIV/AIDS epidemic response. It is worth noting that the national Working Group on M&E is one of the most effective consultation mechanisms in the area of HIV/AIDS response in Ukraine. In addition to representatives of the public sector and international organizations, the Working Group on M&E includes representatives of NGOs, including research centres that have been registered as civil society organizations. In most regions where regional M&E systems are being introduced, respective centres are being created and M&E groups have been established at the oblast/city Coordination Councils that include civil society representatives. However, working groups on M&E have not been organized in all regions, and NGO involvement in their work is often sporadic and strongly depends on the competence of NGOs. Some NGO representatives say that M&E activities now being implemented are mostly related to monitoring Global Fund projects and are funded by its Principal Recipients, and according to some NGOs cannot be considered independent.

Page 107**208) Part B, Section II. CIVIL SOCIETY PARTICIPATION**

5. To what extent is the civil society sector representation in HIV efforts inclusive of diverse organizations (e.g. networks of people living with HIV, organizations of sex workers, faith-based organizations)?

4 (4)

209)

Comments and examples:

Representation of civil society in the National Council on the Response to Tuberculosis and HIV/AIDS includes members of communities of people living with HIV, organizations that provide services to sex workers, drug users, prison inmates and people discharged from prisons; LGBT and associations of health care workers. Representatives of religious confessions are also members. At the local level, AIDS-service organizations and representatives of communities of people living with HIV are included in oblast Coordination Councils. Some NGO experts consider that civil society is represented in the HIV epidemic response only by AIDS-service NGOs and not by all civil society sectors. They feel that the participation of many organizations is purely demonstrative with the aim of reporting on spending of donor funds, and cannot have an effective impact on the HIV/AIDS epidemic.

Page 108

210)

a. adequate financial support to implement its HIV activities?

2 (2)

211)

b. adequate technical support to implement its HIV activities?

2 (2)

212)

Comments and examples:

a. On adequate financial support to implement its HIV activities: • Financial support to NGOs is mostly provided by the Global Fund (within the Round 6 grant “Support for HIV and AIDS Prevention, Treatment and Care for Most Vulnerable Populations in Ukraine”), USAID and some other international donors. Funding from local budgets and the private sector is very limited and provided only in a few oblasts. Some local NGO representatives complain of lack of transparency in the system of funds distribution by the Principal Recipients, pointing out the scarcity of information about opportunities to receive financial support. They believe that the system of funds distribution is closed and therefore may be accused of abuses and protectionism. b. On adequate technical support to implement its HIV activities: Organizations implementing projects within the Global Fund grant have access to regular technical support for project implementation and organizational development. Principal Recipients of the Global Fund Round 6 grant organize workshops and training seminars for their sub-recipients to build the professional capacity of project leaders and employees. Since 2009 they have initiated systematic distance education for social workers on the basis of NGOs. During the reporting years they also developed over fifty

methodological guidelines, training manuals and information materials to strengthen NGO organizational and programmatic capacity and increase the quality of prevention programme implementation among vulnerable groups. NGO representatives say that the employees of civil society organizations operating on the local level are hired sporadically and often include programme clients who need further training. Low threshold training for social workers with the provision of state certificates could help to use resources more efficiently and support the stable functioning of NGOs. The lack of modular training courses to improve skills and ensure social protection of harm reduction employees leads to high employee turnover in these NGOs. According to some experts, NGOs are afraid to speak out about drawbacks because they are under pressure to fulfil indicators specified in the country application to the Global Fund. The government does not provide any state financial or technical support to representatives of civil society organizations.

Page 109

213) Part B, Section II. CIVIL SOCIETY PARTICIPATION

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

Prevention for youth	25-50%
Prevention for most-at-risk-populations	
- Injecting drug users	51-75%
- Men who have sex with men	>75%
- Sex workers	>75%
Testing and Counselling	<25%
Reduction of Stigma and Discrimination	>75%
Clinical services (ART/OI)*	<25%
Home-based care	>75%
Programmes for OVC**	<25%

Page 110

214)

Part B, Section II. CIVIL SOCIETY PARTICIPATION

Question 7 (continued)

Overall, how would you rate the efforts to increase civil society participation in 2009?

4 (4)

215)

Since 2007, what have been key achievements in this area:

Civil society organizations have established partnerships with the government at both national and regional level. Coordination of service provision between organizations providing health and social services, and with social services, has improved. The quality of provided services has also improved. • Thanks to the HIV prevention programme for vulnerable groups implemented with the support of the Global Fund grant, NGOs actively collaborate with government-owned health care facilities. This has helped to significantly scale up services and improve access to them. Services include HIV testing with rapid tests, testing and treatment for STIs, mobile clinics and opioid substitution therapy. IDU with opioid dependence are receiving substitution maintenance therapy

in all administrative regions of Ukraine. By 1 January 2010 SMT was being provided to 5078 patients. • During recent years expert groups on HIV prevention among IDU, FSW and MSM have been actively functioning; they participate in planning activities and budgets for programmes implemented with Global Fund support. • Active mobilization of HIV-vulnerable communities during the last 2 years has resulted in the following: □ the self-established charitable organization of sex workers “Legalife” League was registered, which unites sex workers and fights for their rights; □ two LGBT conferences were conducted; □ an association of SMT clients was registered. • Coverage was essentially increased and the range of services for groups most vulnerable to HIV (IDU, FSW, MSM, prison inmates) was scaled up. • The involvement of civil society in prevention activities became broader. • A single national (as well as oblast) system of monitoring and evaluation of the epidemic response is being introduced. • Starting from 2007 the first signs of stabilization of the HIV epidemic among injecting drug users appeared. Triangulated data from different sources indicate a reduction in HIV prevalence, which is confirmed by the increase in indicators of coverage and quality of harm reduction services. • A number of activities and initiatives to introduce systematic changes and build a supportive political environment for the further effective introduction of prevention and treatment programmes at both national and regional levels are being implemented. • During this period representatives of the PLHA community have actively drawn attention to corruption in the procurement of ARV drugs at the Ministry of Health of Ukraine. In autumn 2009 they organized an event called “Fashionable Corruption”, after which the problem of abuse of power caused certain questions to be asked in the Public Prosecutor’s Office of Ukraine. In addition the PLHA community in cooperation with other charitable organizations continued advocacy activities to promote the introduction of substitution therapy programmes in the regions of Ukraine. Now they are working hard to encourage public perception of substitution therapy as a social and medical issue rather than a political one.

216)

What are remaining challenges in this area:

- Although legal regulation of social contracts and approval of minimum standards for social services for vulnerable groups, as a mechanism to raise budget funds, are included in the national programme for 2009–2013, the process of developing specific mechanisms and signing government contracts with civil society organizations for provision of social services is very slow. An attempt was made to introduce licensing of service-providing NGOs, which would contain high-threshold requirements on the qualification of those social workers directly working with clients from most-at-risk populations. This poses a risk of staff deficit for the large-scale implementation of prevention services for those who need them most. • There is a problem with corruption in the system of funds distribution and financing from government sources, as well as a lack of control over these processes. NGOs are limited in their influence on the process of control over distribution and spending of national and local budget funds. • Dependence on one significant funding source in Ukraine – i.e., the Global Fund grant – poses a threat to sustainability of programmes and services. Limitations in funding lead to competition instead of partnership between NGOs. • Significant politicization of aspects of social and medical activities attracts attention to existing problems in these areas while often resulting in distortion of public information, creating a need to implement further information and education work with the public. For instance, introduction or prohibition of SMT programmes in Donetsk oblast and Sevastopol city was used by the representatives of various political parties to attract potential voters. • Local government does not provide sufficient support to AIDS-service NGOs. For example opportunities to rent premises on preferential terms are not provided in most regions of Ukraine; in most cases NGOs have to pay business rates. • There is no government funding for prevention programmes for risk groups and for care and support services for PLHA through contracting of regional AIDS-service NGOs (through the mechanism of social contracts). • The issue of utilizing used syringes collected by NGOs within harm reduction programmes has not been resolved.

Page 111

217)

Part B, Section III: PREVENTION**1. Has the country identified the specific needs for HIV prevention programmes?**

Yes (0)

Page 112

218)

Part B, Section III: PREVENTION**Question 1 (continued)****IF YES, how were these specific needs determined?**

Strategic needs for HIV prevention are specified in the National Programme on HIV Prevention, Treatment, Care and Support to HIV Infected People and AIDS Patients for 2009–2013. A more detailed description and substantiation of these needs, split by oblasts of Ukraine, will be provided in the National Operational Plan for the National Programme for 2011–2013. The plan development process provides an opportunity to evaluate the real regional needs for additional financial support to respond to HIV/AIDS and to substantiate grant applications to international donors. Previously needs evaluation for HIV prevention programmes was performed in accordance with evaluation of the size of most-at-risk groups. Now for the first time it was done during development of a road map to ensure universal access to HIV prevention, treatment, care and support services. Several estimates were made after this, and as a result the estimated size of risk groups was determined more precisely, which helped to expand the coverage of HIV prevention programmes.

219)

1.1 To what extent has HIV prevention been implemented?

	The majority of people in need have access
HIV prevention component	
Blood safety	Agree
Universal precautions in health care settings	Don't agree
Prevention of mother-to-child transmission of HIV	Agree
IEC* on risk reduction	Don't agree
IEC* on stigma and discrimination reduction	Don't agree
Condom promotion	Agree
HIV testing and counselling	Don't agree
Harm reduction for injecting drug users	Don't agree
Risk reduction for men who have sex with men	Don't agree
Risk reduction for sex workers	Don't agree
Reproductive health services including sexually transmitted infections prevention and treatment	Don't agree
School-based HIV education for young people	Don't agree
HIV prevention for out-of-school young people	Don't agree
HIV prevention in the workplace	Don't agree
Другие: [впишите]Prevention for migrants and homeless people	Don't agree

Page 113

220)

Part B, Section III: PREVENTION**Question 1.1 (continued)****Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2009?**

5 (5)

221)

Since 2007, what have been key achievements in this area:

- Civil society organizations in cooperation with the State Department for Adoption and Protection of the Rights of the Child at the Ministry of Family, Youth and Sport of Ukraine conduct training on prevention for specialists working with street children. Training has been provided to principals, psychologists, methodologists and tutors of shelters, psychosocial rehabilitation centres, schools and vocational training schools for social rehabilitation.
- Scaling up substitution therapy for opioid injecting drug users. Data about coverage with syringe exchange programmes demonstrate broad coverage of injecting drug users, including involvement of a significant number of clients from harm reduction programmes in SMT programmes. IDU with opioid dependence can receive substitution maintenance therapy in all administrative regions of Ukraine.
- Significantly increased access to STI diagnostic and treatment services.
- Coverage of target groups including IDU/FSW/MSM/prison inmates increased in 2008 and 2009.
- Representatives of vulnerable groups receive a comprehensive package of services aimed at information, development of safer behaviour, and overcoming stigma and discrimination inside communities vulnerable to HIV. Over the last 2 years the range of services has expanded. For example, HIV and STI testing became available for all clients of harm reduction projects (IDU, FSW, MSM). Project clients now have access to a broader range of disposable materials of higher quality.
- Innovative approaches to the coverage of most-at-risk populations with prevention services have been introduced and are widely applied:
 - VCT with the use of rapid HIV tests has been introduced as a key prevention service;
 - regional NGOs have begun active work with stimulant users;
 - 14 mobile clinics were purchased and are now being operated by regional NGOs to provide health and counselling services and testing for HIV and STI;
 - a new method (peer-driven interventions or PDI) for involving IDU and FSW clients in harm reduction projects has been introduced;
 - active prevention work with representatives of most-at-risk groups is being conducted through pharmacies. To date 108 pharmacies are providing prevention services in 14 regions of Ukraine;
 - work with female IDU has started;
 - distance education of social workers and training through regional knowledge hubs has been introduced;
 - the Coordination Centre for STI Diagnosis and Treatment for most-at-risk populations has been established.

222)

What are remaining challenges in this area:

- local NGOs are not included as implementing partners in the national programme for 2009–2013;
- testing for HIV with rapid tests among most-at-risk populations on the basis of NGOs and centres for social services is limited;
- HIV prevention programmes for vulnerable populations are financed only by the Global Fund programme and international donors, and cover only 30% of vulnerable populations (this estimate is considered rather dubious by some NGO representatives);
- creation of a national M&E system to evaluate the impact and plan the epidemic response at national and oblast/city levels has not been completed.

Page 114

223)

Part B, Section IV: TREATMENT, CARE AND SUPPORT**1. Has the country identified the specific needs for HIV treatment, care and support services?**

Yes (0)

Page 115

224)

Part B, Section IV: TREATMENT, CARE AND SUPPORT**Question 1 (continued)****IF YES, how were these specific needs determined?**

These needs were determined on the basis of calculation and alignment in the process of consultation with stakeholders. The Road Map for Universal Access to Prevention, Treatment, Care and Support, developed on the basis of evaluation of the size of groups with low and high risk of infection, stipulates treatment provision for 50,000 patients to ensure care and support to 30% of people living with HIV/AIDS, and to provide at least 80% of PLHA with antiretroviral therapy by 2010. Second and third evaluations were then conducted to obtain a more precise estimate of the size of the population in need of treatment. The following needs were determined: • medical, social and psychological support for ART for adults with the triple problem of HIV/TB/IDU; • medical, social and psychological support for ART for adults; • non-medical and home-based care for PLHA; • palliative care for patients with HIV/TB; • community centres for PLHA and their close ones; • development of self-help groups for PLHA in small towns and villages; • medical, social and psychological support for ART for children; • care and support for children born to HIV positive parents and their close ones; • medical, social and psychological support for HIV positive pregnant women and women who have recently given birth, and further follow-up for infants born to HIV positive mothers; • development of the self-help movement for HIV positive MSM; • care and support for HIV positive prison inmates at penitentiary facilities; • introduction of social and psychological support programmes for reproductive health and family planning for PLHA and discordant couples. In criticizing the government system to determine the needs for treatment, care and support, NGO representatives point out that Ukraine tends to rely on the size of an officially registered clinical group (of HIV infected people) and not on estimates of the size of groups in need of services. This does not contribute to rapid scale up of therapy and services. Also, a specific feature of the budgeting process means that the health care budget is allocated only for existing registered patients and not for the estimated number of infection and disease cases. As a result, experts cannot reach a consensus on the real needs for ART, care and support services, while the low level of HIV detection due to poorly-equipped health care facilities with diagnostic test-kits does not permit development of precise needs projections. This is especially true of sub-populations such as prison inmates and detained people, migrants, and others.

225)

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

The majority of people in need
have access

HIV treatment, care and support service

Antiretroviral therapy	Don't agree
Nutritional care	Don't agree
Paediatric AIDS treatment	Agree
Sexually transmitted infection management	Don't agree
Psychosocial support for people living with HIV and their families	Don't agree
Home-based care	Don't agree
Palliative care and treatment of common HIV-related infections	Don't agree
HIV testing and counselling for TB patients	Don't agree
TB screening for HIV-infected people	Don't agree
TB preventive therapy for HIV-infected people	Don't agree
TB infection control in HIV treatment and care facilities	Don't agree
Cotrimoxazole prophylaxis in HIV-infected people	Don't agree
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	Agree
HIV treatment services in the workplace or treatment referral systems through the workplace	N/A
HIV care and support in the workplace (including alternative working arrangements)	N/A
Treatment of viral hepatitis co-infections Substitution therapy for opioid dependence	Don't agree

Page 116

226)

Part B, Section IV: TREATMENT, CARE AND SUPPORT**Question 1.1 (continued)**

Overall, how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2009?

5 (5)

227)

Since 2007, what have been key achievements in this area:

- Since 2007 the key achievement is adoption of the National Programme for HIV Prevention, Treatment, Care and Support to HIV Infected People and AIDS Patients for 2009–2013, which was developed with the participation of NGO representatives. Within the Round 1 Global Fund programme, ART was provided to 6070 people living with HIV/AIDS and their uninterrupted treatment was ensured at the expense of the state budget after completion of Round 1 funding in December 2008. Treatment for patients on ART before the beginning of the global financial crisis that affected Ukraine in general, and the health care budget in particular, was continued. Global Fund support ensured procurement of ARV drugs for PMTCT, and after completion of Round 1 these drugs have been procured at the expense of the national budget. NGO representatives underline the following achievements in care and support:
 - care and support services are provided in 25 oblasts of Ukraine by 83 civil society organizations for 34% of people officially registered by the health care system;
 - in 2008–2009 projects covered 24,250 adult clients and 4246 children with services in 14 areas;
 - introduction of the project run by the All-Ukrainian Information Centre on Adherence and Social and Psychological Support helped specialists from all oblasts of Ukraine (physicians, social workers, psychologists and peer educators) to improve their theoretical skills for providing social and psychological support and development of adherence to ART. Employees

of the Information Centre conducted training and mentoring activities. A new area of activity was introduced: training for psychologists on supervision to prevent professional burn-out of employees working in care and support to PLHA, on the basis of the Gestalt Therapy method; • within the project on support and improvement of the National HIV/AIDS Hotline, professional infectious-disease physicians, psychologists and peer counsellors were involved in providing telephone counselling. Thanks to their work people from all over Ukraine could receive professional counselling on HIV/AIDS, be directed to relevant services and receive support in stressful situations; • funding of regional programmes increased sevenfold: from USD 418,372 in 2004 to USD 3,170,238 in 2009; • multisectoral partnership networks were created. They include 33 AIDS Prevention Centres, 16 TB clinics, 25 correctional facilities and 20 maternity hospitals; • More than 30 NGOs are implementing comprehensive projects that include secondary prevention, care and support services for PLHA; • Over 900 jobs were created within project implementation; • Over 40% of organizations working in care and support projects are headed by HIV positive people, who hire personnel from among their clients; • Care and support programmes in Ukraine were implemented simultaneously with the development of civil society organizations; • Access to substitution maintenance therapy for opioid dependence was expanded.

228)

What are remaining challenges in this area:

The remaining challenges in the area of treatment include: • difficulties with expansion of treatment in the face of an economic crisis and budget deficit; • problems with scaling up and institutionalization of substitution therapy for opioid dependence; • after Ukraine's admission to the WTO and in the process of signing free trade agreements with Europe and North America, access to generic drugs, including ARV drugs, has become significantly more complicated; • HIV positive people have limited access to treatment, care and support services in small towns and villages due to the lack of an appropriate local infrastructure. Challenges in care and support areas: • Provision of multidisciplinary support to HIV positive children remains challenging. As there are no schools or educational facilities in hospitals, children fall behind their peers in education due to time spent in hospital, which has a further emotional impact on children and their parents. • 50% of child patients in the OKHMATDYT clinic are orphans. Children are hospitalized without the care of mothers or guardians. Often these children come from children's homes, orphanages, boarding schools and crisis families. • Evaluation of the intellectual and mental development of clinic patients indicates that the most frequent manifestations of disorders include delayed speech development. Clinics do not have the opportunity to correct this. • The clinic's cadre of paramedical personnel is very limited. • There are difficulties in provision of regular paediatric TB services to patients. • There are problems with provision of help to children abandoned at birth: not enough paramedical personnel, nurses and social workers to ensure care for HIV positive orphaned children in hospital; no separate medical unit to care for orphaned children from orphanages. • All this indicates the need to strengthen team activities and expand the range of specialists in order to increase access to the services of teachers, speech therapists, paediatric reanimatologists, paediatric TB physicians, psychologists, social workers and nannies for newborn children. Regional challenges: • low professional qualification and competence of AIDS centre staff; • no system to diagnose HIV infection in children by clinical and epidemiological symptoms; • lack of specialized in-patient clinics and hospices for children and adults; • limited access of pregnant women to SMT at maternity hospitals.

Page 117

229)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

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

No (0)