

**UKRAINE**

**NATIONAL REPORT ON MONITORING PROGRESS TOWARDS THE  
UNGASS DECLARATION OF COMMITMENT ON HIV/AIDS**

*Reporting period:  
January 2008–December 2009*

Kyiv 2010

**Foreword**  
**to Ukraine's Country Progress Report**  
**on the follow-up to the Declaration of Commitment on HIV/AIDS**

On behalf of the Ministry of Health as the designated central executive authority charged with management, state regulation and interagency coordination on combating AIDS, I have the honour of demonstrating Ukraine's commitment on HIV/AIDS.

Ukraine's Country Progress Report on the follow-up to the Declaration of Commitment on HIV/AIDS (reporting period: January 2008–December 2009) demonstrates Ukraine's progress in counteracting HIV/AIDS.

Ukraine today is implementing its National Strategy for Overcoming HIV/AIDS through realization of the National Programme of Prevention, Treatment, Care and Support for HIV-infected People and AIDS Patients for 2009–2013, adopted for the first time ever as a Law of Ukraine. This fact is striking confirmation that control of HIV/AIDS is a priority for state policy on health care and social development. Attention paid to this challenge by the President, Parliament and Government of Ukraine proves that HIV/AIDS as a global problem concerns society in its entirety and each citizen individually. The State regards active primary HIV/AIDS prevention and substantially increased financing of HIV/AIDS counteraction measures as priority activities towards overcoming the HIV/AIDS epidemic in Ukraine.

To implement planned objectives and activities, more funding from the state and local budgets is envisaged. The amount of state budget funding for the current programme is seven times greater than for the previous programme completed in 2008. The programme provides 3,651,847.7 hryvnia total funding, including 2,905,938.3 from the state budget, 267,336.4 from local budgets, and 478,572.9 from other sources.

Ukraine highly appreciates the contributions made by individuals and charitable and international organizations, primarily the Global Fund to Fight AIDS, Tuberculosis and Malaria, the United Nations, the U.S. Agency for International Development, the European Commission and EU Member States, to the cause of overcoming HIV in Ukraine. As a result of close cooperation between the Ministry of Health and its key partners (the International HIV/AIDS Alliance in Ukraine, the All-Ukrainian Network of People Living with HIV, UNAIDS), we now see reduced AIDS-related mortality, better access to prevention, treatment and care, and higher quality and intensity of prophylactic interventions.

This country report is a culmination of joint efforts aimed at counteracting the HIV epidemic in Ukraine. It should act as a guide to determining priorities in HIV/AIDS epidemic control policy and appropriate decision-making to achieve the Millennium Development Goals of reducing and slowing down the spread of HIV/AIDS.



**Zinovii Mytnyk**  
**Minister of Health of Ukraine**

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## Acronyms and Abbreviations

<b>AIDS</b>	Acquired immunodeficiency syndrome
<b>ART</b>	Antiretroviral therapy
<b>BCC</b>	Behaviour change communication
<b>Committee</b>	Committee on the Prevention of HIV/AIDS and Other Socially Dangerous Diseases, Ministry of Health of Ukraine
<b>Country Progress Report</b>	Country Progress Report on the follow-up to the Declaration of Commitment on HIV/AIDS
<b>CSW</b>	commercial sex workers
<b>FSW</b>	Female sex worker
<b>Global Fund (GFATM)</b>	Global Fund to Fight AIDS, Tuberculosis, and Malaria
<b>HIV</b>	Human immunodeficiency virus
<b>IDU</b>	Injecting drug user
<b>LGBT</b>	Lesbian, gay, bisexual, transsexual
<b>M&amp;E</b>	Monitoring and Evaluation
<b>MoH</b>	Ministry of Health of Ukraine
<b>MSM</b>	Men who have sex with men
<b>NCPI</b>	National Composite Policy Index
<b>NGO</b>	Non governmental organisation
<b>PLH</b>	People living with HIV/AIDS
<b>SES</b>	second generation HIV surveillance
<b>SMT</b>	substitution maintenance therapy
<b>STI</b>	Sexual transmitted infection
<b>SW</b>	Sex worker
<b>UNAIDS</b>	Joint United Nations Programme on HIV/AIDS
<b>UNGASS</b>	United Nations Special Session on HIV/AIDS
<b>UNICEF</b>	United Nations Children's Fund
<b>USAID</b>	United States Agency for International Development
<b>VCT</b>	voluntary HIV counselling and testing
<b>WHO</b>	World Health Organization

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## SECTION II. STATUS AT GLANCE

In 2010, Ukraine submits to the UNAIDS Secretariat its fourth Country Progress Report (for the period from January 2008 to December 2009) on the follow-up to the Declaration of Commitment on HIV/AIDS, which was unanimously adopted by the UN General Assembly in 2001. Like previous reports, it is also the most complete and comprehensive review of development of the response to the HIV/AIDS epidemic, which is made up of 25 indicators recommended by the Guidelines on Construction of Core Indicators for all 191 UN member states.

Some goals of the Declaration relate to countries which have a generalized HIV/AIDS epidemic. Therefore, Ukraine does not cover the following three indicators in its 2010 report:

Indicator 10 “Percentage of orphans and vulnerable children whose households received free basic external support in caring for the child”. Ukraine provides no data because this indicator requires monitoring given a generalized epidemic.

Indicator 12 “Current school attendance among orphans and among non-orphans aged 10–14” does not apply to Ukraine because, according to Ukrainian legislation, general secondary education is mandatory for all children regardless of their health or social status.

Indicator 22 “Percentage of young women and men aged 15–24 who are HIV-infected” applies to countries with a generalized epidemic, whereas the epidemic in Ukraine is still in a concentrated stage.

Some indicators were calculated on the basis of data taken from existing sources of statistical reporting. To calculate other indicators, special sociological and epidemiological surveys were conducted among both the general population and groups vulnerable to HIV infection.

In order to secure quality and possible comparative analysis of the situation in various countries, data were collected using standardized methods recommended by UNAIDS.

### **A) Inclusiveness of stakeholders in the report-writing process**

Executive Order of the Cabinet of Ministers of Ukraine No. 890-p dated 13 December 2004 required central executive authorities to implement monitoring and evaluation of the efficiency of activities to control the status of the HIV/AIDS epidemic by national indicators. In pursuance of the executive order, the Ministry of Health of Ukraine (MoH) issued an order approving a list of national indicators for monitoring and evaluation of the efficiency of activities in response to the HIV/AIDS epidemic according to UNAIDS recommendations.

Primary responsibility for monitoring and evaluation of compliance with the Declaration of Commitment on HIV/AIDS lies with the national executive authorities. According to the Law of Ukraine “On Prevention of Acquired Immunodeficiency Syndrome (AIDS) and on Social Protection”, the Ministry of Health of Ukraine is the dedicated executive authority responsible for coordination of the national response to the HIV/AIDS epidemic. The Committee for Counteraction to HIV/AIDS and Other Socially Dangerous Diseases in the MoH of Ukraine (hereinafter referred to as the committee) is responsible for coordinating the process of drafting and submitting the UNGASS Country Progress Report as well as for approval of indicators by central executive authorities and the Government of Ukraine.

Four key central executive authorities are responsible for data and reporting in Ukraine: the Ministry of Health, the Ministry of Family, Youth and Sports, the Ministry of Education and Science, and the State Penitential Department. They approve values of those indicators for which they are responsible.

The Ukrainian AIDS Centre under the MoH of Ukraine was directly involved in preparation of the 2010 report. Technical assistance was provided by the Working Group for Monitoring and Evaluation under the National Council for the Response to Tuberculosis and HIV/AIDS, by ICF “International HIV/AIDS Alliance in Ukraine” within the framework of the programme “Overcoming the HIV/AIDS Epidemic in Ukraine” supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria, by UNAIDS Ukraine in cooperation with WHO and UNICEF, and by the Health Policy Initiative (Terms of Reference 1) Project implemented by Constella Futures with financial support from the U.S. Agency for International Development (USAID).

The data and findings in this report represent the consensus view of an extensive range of partners involved in the national response to the HIV/AIDS epidemic in Ukraine and have been approved by the Government of Ukraine. In accordance with recommendations provided in the Guidelines on Construction of Core Indicators, the report was developed and discussed at a meeting of stakeholders and partners. Data for specific indicators were reviewed by experts from governmental, non-governmental and international organizations. Pursuant to UNAIDS recommendations, each of the national indicators and the draft of Ukraine’s UNGASS Country Progress Report were presented, discussed and approved at meetings of the Working Group for Monitoring and Evaluation involving representatives of central executive authorities, public, international and bilateral organizations including the Network of People Living with HIV. A preliminary draft of the report was circulated among all members of the Working Group for Monitoring and Evaluation, with their comments and suggestions considered in preparation of the final report. According to recommendations, the final report was presented by the Ministry of Health of Ukraine to a broad forum of stakeholders on 26 February 2010. The forum involved almost a hundred participants.

### **B) The status of the epidemic**

The epidemiological characteristics of the HIV/AIDS epidemic constitute an important component of the national monitoring and evaluation system and are necessary to develop an adequate national response.



Since identification of the first HIV case in Ukraine in 1987 until 2009, 161,119 HIV infection cases were officially recorded among Ukrainian citizens, including 31,241 AIDS cases and 17,791 deaths caused by AIDS-related diseases.

In 2009, 19,840 new HIV infection cases were recorded in the country (43.2 per 100,000 population). Although the number of newly recorded HIV cases has been growing annually since 1999 (see Fig. 1), reduction in the growth rate of this indicator was observed during 2006–2009: 16.8%, 10.5%, 7.6%, and 5.7% respectively.

It should be noted that the number of HIV tests in Ukraine also increased by 136,000 (4.2%) in 2009 compared to 2008; among them, the number of tests financed by local budgets increased by almost 146,000 (13.0%). In a concentrated epidemic, the number of HIV cases identified by laboratory methods directly depends on the number of tests.

At the same time, according to results of serum epidemiological monitoring of HIV-infected people in Ukraine, the HIV infection rate among Ukrainian citizens in 2009 decreased slightly compared to 2008, from 1.16% to 1.11%.

All the above data indicates some stabilization of the HIV epidemic situation in the country.

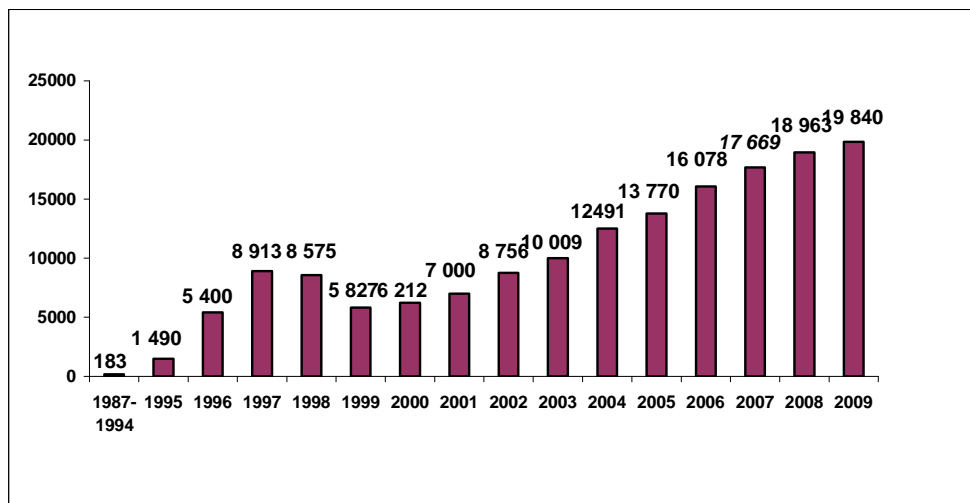
According to official data, HIV infection was diagnosed in 54 people, AIDS was diagnosed in 12 people, and seven people died of AIDS-related diseases every day in 2009.

Of all officially recorded HIV cases among Ukrainian citizens since the beginning of the epidemic, 101,182 people were under medical observation as of 1 January 2010 (220.9 per 100,000 population) including 11,827 diagnosed with AIDS (25.8 per 100,000 population).

It is universally recognized that official data do not reflect the real scale of the HIV/AIDS epidemic in Ukraine, particularly the real number of HIV-infected people. The data only provide information on people who received an HIV antibody test, in whom HIV infection was found, and who were entered into the official national register of HIV infection cases. A considerably larger number of Ukrainians may be infected but are not aware of their status.

Updated HIV/AIDS estimates for Ukraine indicate that 360,000 HIV-infected people aged 15 and over were living in Ukraine at the beginning of 2010. This figure differs from official statistics of the number of people living with HIV/AIDS and under medical observation in specialized health facilities (101,182) at the beginning of 2010. The difference between these indicators proves that only 28%, or every fourth person living with HIV in Ukraine, received an HIV test and knows his or her HIV-positive status.

The data is a result of the latest national assessment of the HIV/AIDS situation in Ukraine as of early 2009. A considerable number of national and international organizations involved in HIV/AIDS epidemic monitoring in Ukraine contributed to generation of this assessment, which became a component of the global assessment of HIV/AIDS as of the end of 2009.



**Fig. 1. History of officially registered new HIV cases among Ukrainian citizens by years, 1987-2000**

The number of AIDS patients in Ukraine increased every year up to a record level of 4723 cases in 2006. Due to implementation of large-scale antiretroviral therapy (ART), a slight decrease in the number of AIDS patients was recorded for the first time in Ukraine in 2007 (see Fig. 2). Although the number of people diagnosed with AIDS is approximately the same during 2007–2009 (4573, 4380, and 4437; or 9.8, 9.5, and 9.7 per 100,000 population), AIDS remains a serious challenge for Ukraine’s health care system. AIDS treatment is still very expensive.

During the entire period of epidemiological HIV surveillance in Ukraine, the number of deaths caused by AIDS-related diseases increased. In 2009, for the first time compared with the previous year, the number of AIDS-related deaths decreased from 2710 to 2591 (from 5.8 to 5.6 per 100,000 population, or by 2.6%), which is the first weighty evidence of the positive impact of large-scale antiretroviral therapy (ART) implementation in Ukraine (see Fig. 2).

However, expansion rates of access to antiretroviral therapy in Ukraine remain low so far. According to recent estimates, almost 23,000 patients needed antiretroviral medication in 2009 whereas 15,871 received it.

The rate of treatment of active injecting drug users remains limited (according to 2009 data, only 7.5% of the total number of those receiving ART) because of insufficient availability of substitution maintenance therapy, and hence problems with forming adherence to ART.

The growth in recent years of the number of HIV-infected people identified due to clinical indications should also be taken into account. According to serum epidemiological monitoring results, almost 22% of all positive cases in 2009 were identified among people examined due to clinical indications. Of 4437 AIDS cases recorded in 2009, 2182, or 49%, were already in advanced HIV phase (i.e. AIDS) when firstly taken under observation.

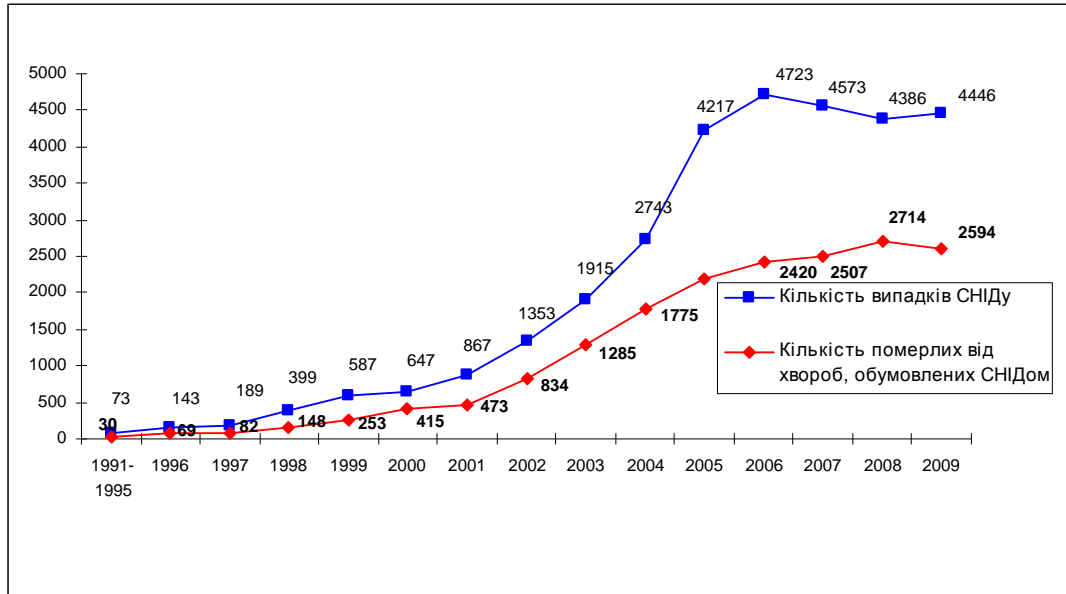


Fig. 2. Number of new AIDS cases and AIDS-related deaths among Ukrainian citizens, 1991-2009

In 2009, over 77% of HIV-infected Ukrainian citizens were of reproductive and working age (15–49 years).

However, the share of HIV cases in the 15–24 age group among all new recorded HIV cases has gone down over recent years: 16% in 2006, 15% in 2007, 13% in 2008, and 12% in 2009. This also indicates some overall stabilization of the HIV epidemiological situation owing to young people’s shift to less risky behaviours.

As before, there are considerable variations in HIV prevalence between regions of Ukraine. The highest HIV prevalence indicators, based on dispensary follow-up data, are recorded in the southeast regions of Ukraine (see Fig. 3): Dnipropetrovsk, Donetsk, Mykolaiv, Odesa and Kherson oblasts, Kyiv and Sevastopol, and the AR of Crimea (512.7–223.7 per 100,000 population) where this indicator considerably exceeds the country average of 220.9 per 100,000 population as of 1 January 2010.

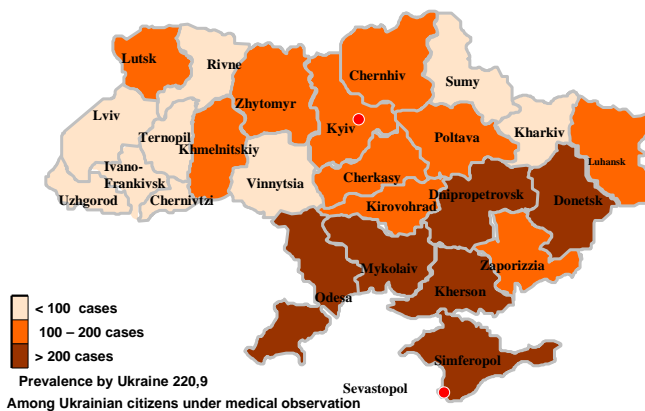


Fig. 3. Prevalence of recorded HIV cases among adults and children by region, end of 2007\* (per 100 000 population)

Parenteral transmission, mainly by injection of narcotic substances, was the main type of HIV transmission in Ukraine from 1995 to 2007. In 2008, for the first time since 1995, a change occurred: the percentage of parenteral transmission fell below that of sexual transmission. In 2009, the share of people infected by sexual transmission continued to grow and reached almost 44% (see Fig. 4). Parenteral transmission accounted for 36%. However, the HIV epidemic still remains concentrated in most-at-risk groups (injecting drug users and their sexual partners) in terms of HIV infection.

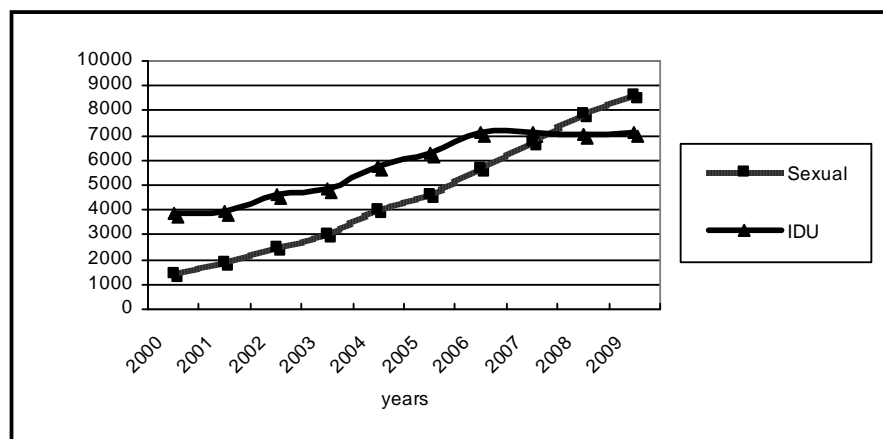


Fig. 4. Changes in ways of HIV transmission in Ukraine, 2000–2009

It is important to emphasize that between 1999 and 2006 the absolute number of injecting drug users (IDUs) among new HIV infection cases grew whereas the IDU percentage among the total number of new HIV cases decreased annually. In 2006–2009, almost the same absolute number of new HIV cases among injecting drug users was recorded while the percentage of IDUs continued to decrease (see Fig. 5). These dynamics may indicate the first signs of the impact of prevention programmes implemented for this vulnerable group.

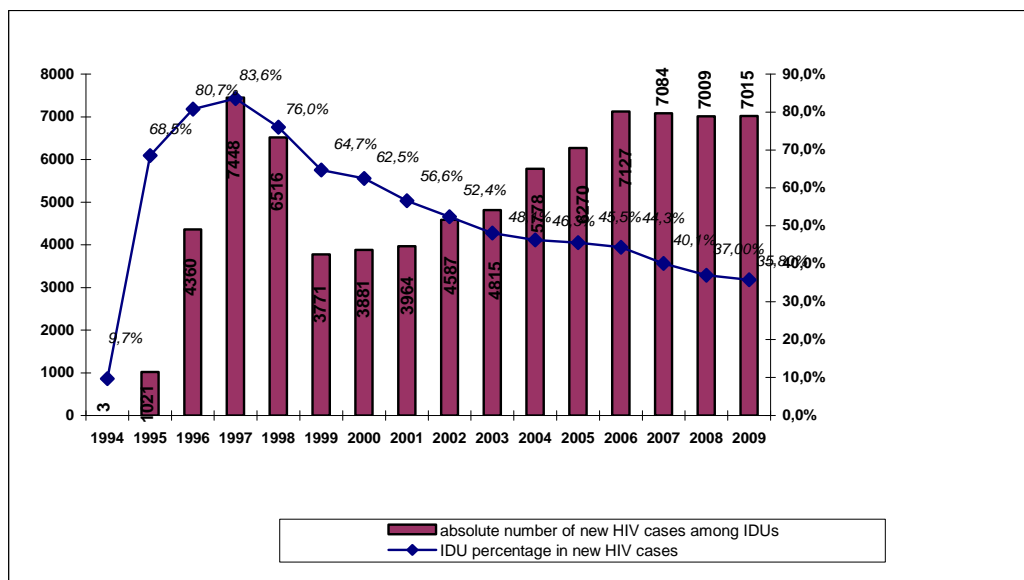


Fig. 5. Officially recorded HIV-infected IDUs by years, 1994–2009

Men who have sex with men (MSM) are another group at high risk of HIV infection. Between 2005 and 2009, an increasing absolute number of new HIV cases among representatives of this group was officially recorded annually: 20, 35, 48, 65, and 94, including AIDS cases. We can assume that there is substantial underestimation of HIV infection cases connected with sexual relations between men because they are included in a different population group.

Ukraine does not register HIV infection cases among commercial sex workers because this group can hardly be extracted from all sexual transmission cases. However, data of sentinel epidemiological surveillance indicate a broad and growing epidemic among this population.

The number and percentage of sexual HIV transmission cases has increased since the late 1990s. In particular, the percentage of heterosexual infection cases is growing quickly and reached 43.5% in 2009 (see Fig. 4). This trend

indicates the growing impact of heterosexual HIV transmission. At the same time, this growth is closely connected with the risky sexual behaviour of injecting drug users.

The increase of heterosexual transmission and the increasing number of HIV-infected women of child-bearing age has promoted a gradual increase in the number of infants born to HIV-infected mothers (see Fig. 6). Although these infants initially test positive for HIV antibodies, most of them are HIV-negative in reality. Newborn infants whose positive HIV-status is not confirmed at the age of 18 months (except for a percentage of infants in whom the mother antibodies disappear a little later) must be de-registered from dispensary follow-up for HIV-infected people.

The rate of mother-to-child HIV transmission in Ukraine in 2007 is estimated at 6.2%. Although there has been progress in prevention of mother-to-child transmission in the country, the total number of infants with confirmed HIV-status continues to grow. As of 1 January 2010, 2418 children with confirmed HIV status were under observation, including 575 AIDS patients and 6222 in the stage of HIV diagnosis confirmation.

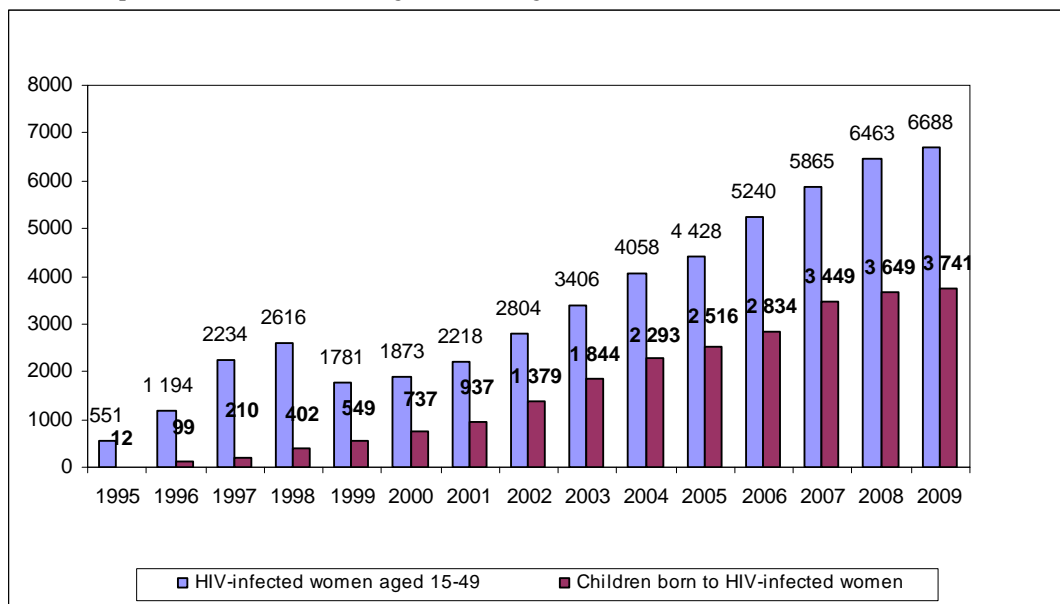


Fig. 6. Numbers of HIV-infected women in child-bearing age and infants born to HIV-infected mothers in Ukraine, 1995-2009

Since there is no evidence indicating that sexual transmission among the general population is the cause of most new HIV infection cases, Ukraine is still among countries where the epidemic is mainly concentrated in most-at-risk population groups (512.7–223.7 per 100,000 population).

### C) The policy and programmatic response

During the reporting period of 2008–2009, some progress began to show in Ukraine in policy and programmatic activities aimed at counteracting the HIV/AIDS epidemic.

A functioning network of 40 AIDS Prevention and Control Centres and 737 Kabinet Dovira (Trust Rooms) was established in all regions of Ukraine; in particular, in-patient and palliative care was provided to patients who require it.

A reference laboratory is operating and was provided with premises in 2008 at the OKHMATDYT National Children’s Specialized Hospital of the Ministry of Health (MoH).

A national-level specialized clinic for treatment of children with HIV/AIDS was created and is functioning.

The Monitoring and Evaluation Centre within the MoH Ukrainian AIDS Centre started functioning with support from the Global Fund grant. The centre’s principal functions include coordination of monitoring and evaluation activities at country level, developing regional monitoring and evaluation systems, disseminating strategic information, etc.

The number of tests for HIV antibodies is growing annually. For example, the number of screening tests for HIV antibodies increased by 136,000 (4.2%) in 2009 compared to 2008, including a growing number of tests funded by local budgets. In a concentrated epidemic, the number of HIV cases confirmed by laboratory methods directly depends on the number of tests of most-at-risk populations in terms of HIV infection.

Antiretroviral therapy coverage of adults and children with advanced HIV infection is expanding: 27% in 2006, 35% in 2007, 41% in 2008 (10,629 in absolute figures), and 48% in 2009 (15,871 in absolute figures). Over the period of ART implementation in the country, the professional level of specialists following up patients in treatment has considerably increased and the regulatory legal framework and logistical support for AIDS prevention and control centres have improved. All this, as well as better access to ART, has promoted increased patient life expectancy: the

percentage of people with HIV/AIDS known to be on treatment 12 months after initiation of antiretroviral therapy was 85% in 2009 compared to 82% in 2008 and 77.6% in 2007.

Equal access to antiretroviral therapy is proved by the fact that the percentage of ART coverage of women who need it was 52% in 2008 and 60% in 2009; for men the figures are 33% and 41% respectively.

The percentage of children covered by ART (90% in 2008, 100% in 2009) is considerable, confirming the correctly chosen priority of children's access to antiretroviral therapy.

Treatment of opportunistic infections in HIV-infected people has been organized and secured at the expense of funds disbursed by the World Bank and the Global Fund.

Early HIV diagnosis in infants born to HIV-infected mothers has been implemented (in the first six months after birth) with the use of polymerase chain reaction for HIV DNA identification.

Access to harm reduction programmes for groups vulnerable to HIV infection has improved. In 2009 alone, services covered more than 150,000 IDUs (52% of the estimated number), over 25% of CSWs (36.2%), about 28,000 prisoners, and more than 13,000 street children.

One achievement in recent years is not only the establishment and support of certain project activities but the development of NGO organizational infrastructure in partnership with governmental organizations providing services to most-at-risk population groups. To involve and retain more clients in harm reduction programmes, new working methods have been introduced. For example, a model of group work with stimulant users was implemented in partnership with the Open Society Institute. Development of innovative methods of work with female IDUs has commenced.

Due to cooperation with the State Social Service for Family, Children and Youth, provision of services to IDUs was enhanced in 2009. Support was provided to projects envisaging support and institutional capacity-building for initiative groups and organizations of representatives of the commercial sex worker community in order to strengthen their involvement in development, implementation and evaluation of prophylactic interventions. A series of measures was taken to improve project service quality, reduce stigma and discrimination of MSM, and mobilize the lesbian, gay, bisexual and transgender community.

Drug-dependent patients have been provided with access to rehabilitation programmes through resocialization centres as well as with access to substitution maintenance therapy (SMT). As of 1 January 2010, 5078 patients at 102 healthcare facilities in 26 regions of Ukraine were receiving SMT. Of those, 2219 were HIV-positive and 538 were receiving ART.

In order to engage additional funds for realization of the national programme, a programme financed by the Global Fund to Fight AIDS, TB and Malaria is being implemented. In September, allocation of USD 100 million for the second phase of the Global Fund grant was confirmed for the next three years of implementation, mainly for prevention programmes among most-at-risk populations. Implementation of HIV prevention and care for HIV-infected people is secured by a powerful network of non-governmental organizations.

During the reporting period, in February 2009 for the first time ever in Ukraine the Verkhovna Rada (parliament) of Ukraine adopted into law the National Programme for Prevention, Treatment, Care and Support for HIV-infected People and AIDS Patients for 2009–2013, supported by appropriate budget funding. The programme considers previous programme achievements and recommendations provided by experts and the public. Programme development involved all stakeholders: state bodies, non-governmental, international and research organizations, etc. The programme involves as co-implementing agencies with appropriate financing from the Global Fund to Fight AIDS, TB and Malaria the two principal recipients ICF "International HIV/AIDS Alliance in Ukraine" and AUCO "All-Ukrainian Network of People Living with HIV" with their NGO sub grantees. UNAIDS initiated and coordinated development of regional operational plans and budgets for implementation of the national programme. Regional plans should provide a strategic platform for operational planning on the service provider level, staff capacity building and resource mobilization, and introduction of innovative and efficient service provision models. Technical assistance in developing such plans was provided to the regions by all partners, including the MoH Committee for Counteraction to HIV/AIDS and Other Socially Dangerous Diseases, the MoH Ukrainian AIDS Centre, the National Monitoring and Evaluation Centre, ICF "International HIV/AIDS Alliance in Ukraine", AUCO "All-Ukrainian Network of People Living with HIV", AUCF "Coalition of HIV-Service Organizations", UN agencies (UNAIDS, WHO, UNDP, UNICEF), etc.

D) UNGASS indicator data

Values of national indicators for monitoring and evaluation  
of the efficiency of measures to secure HIV/AIDS epidemic control

Indicator No.	National indicators	Indicator value
<b>National commitment and action</b>		
1	Domestic and international AIDS spending by categories and financing sources	2007: Total USD 79.3m (UAH 400.7m), incl. USD 16.7m (UAH 84.2m) from the state budget). 2008: Total USD 102.4m (UAH 539.8m), incl. USD 30.7m (UAH 162m) from the state budget
2	National Composite Policy Index	2009: See Annex 2 to the Country Report
<b>National Programmes (blood safety, antiretroviral therapy coverage, prevention of mother-to-child transmission, co-management of TB and HIV treatment, HIV testing, prevention programmes, services for orphans and vulnerable children, and education)</b>		
3	Percentage of donated blood units screened for HIV in a quality-assured manner	2009: 0%
4	Percentage of adults and children with advanced HIV infection receiving antiretroviral therapy	2008: 40% Children: 90%  2009: 48% Children: 100%
5	Percentage of HIV-infected pregnant women who received antiretrovirals to reduce the risk of mother-to-child transmission	2008: 95.5% 2009: 94.9%
6	Percentage of estimated HIV-positive incident TB cases that received treatment for TB and HIV	2008: 21%
7	Percentage of women and men aged 15–49 who received an HIV test in the last 12 months and who know their results	2009: 13%
8	Percentage of most-at-risk populations who received an HIV test in the last 12 months and who know their results: - injecting drug users - commercial sex workers - men who have sex with men - prisoners	2009:  IDUs – 26% CSWs – 59% MSM – 43% Prisoners – 12%
9	Percentage of most-at-risk populations reached with HIV prevention programmes: - injecting drug users - commercial sex workers - men who have sex with men - prisoners	2009:  IDUs – 32 % CSWs – 59% MSM – 63% Prisoners – 15%
10	Percentage of orphaned and vulnerable children aged 0–17 whose households received free basic external support in caring for the child	Does not correspond to the epidemic recorded in Ukraine
11	Percentage of schools that provided life skills-based HIV education in the last academic year	2009: 58.7%
<b>Knowledge and behaviour</b>		

12	Current school attendance among orphans and non-orphans aged 10–14	Does not correspond to the epidemic recorded in Ukraine
13	Percentage of young people aged 15–24 who both correctly identify ways of preventing the sexual transmission of HIV and reject major misconceptions about HIV transmission	2009: 40%
14	Percentage of most-at-risk populations who both correctly identify ways of preventing the sexual transmission of HIV and reject major misconceptions about HIV transmission: - injecting drug users - commercial sex workers - men who have sex with men - prisoners	2009: IDUs – 55% CSWs – 51% MSM – 71% Prisoners – 41%
15	Percentage of young women and men aged 15–24 who have had sexual intercourse before the age of 15	2009: 2.4%
16	Percentage of women and men aged 15–49 who had sexual intercourse with more than one partner in the last 12 months	2009: 15%
17	Percentage of women and men aged 15–49 who had more than one partner in the past 12 months who used a condom during their last sexual intercourse	2009: 61%
18	Percentage of female and male sex workers reporting the use of a condom with their most recent client	2009: 88%
19	Percentage of men reporting the use of a condom the last time they had anal sex with a male partner	2009: 64%
20	Percentage of injecting drug users reporting the use of a condom the last time they had sexual intercourse	2009: 48%
21	Percentage of injecting drug users reporting the use of sterile injecting equipment the last time they injected	2009: 87%
<b>Impact</b>		
22	Percentage of young women and men aged 15–24 who are HIV infected	Does not correspond to the epidemic recorded in Ukraine
23	Percentage of most-at-risk populations who are HIV-infected: - injecting drug users - commercial sex workers - men who have sex with men - prisoners	2009: IDUs – 22.9 % CSWs – 13.2 % MSM – 8,6 % Prisoners – 15,0%
24	Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy	2009: 85%
25	Percentage of infants born to HIV-infected mothers who are infected	2007: 6.2%

## SECTION III. OVERVIEW OF THE AIDS EPIDEMIC IN UKRAINE

At present, the HIV/AIDS epidemic situation in Ukraine continues to worsen. According to the Joint United Nations Programme on HIV/AIDS (UNAIDS), Ukraine is currently referred to as one of the countries demonstrating the highest HIV incidence rate in Europe and Central Asia.<sup>1</sup>

According to the Ministry of Health of Ukraine, more than 161,119 HIV infection cases were recorded in the country as of late 2009.

In 2009, 19,840 new HIV infection cases were recorded in Ukraine (43.2 per 100,000 population). Although the number of newly recorded HIV infection cases has increased annually since 1999, a decrease in the growth rate of this indicator has been observed during 2006–2009: 16.8%, 10.5%, 7.6%, and 5.7%, respectively. These data prove the decreasing intensity of the HIV/AIDS epidemic process in Ukraine.

Of all officially recorded HIV cases among Ukrainian citizens since the beginning of the epidemic, 101,182 people (220.9 per 100,000 population) were under clinical observation as of 1.1.2010, including 11,827 with diagnosed AIDS (25.8 per 100,000 population).

It is universally recognized that official data do not reflect the real scale of the HIV/AIDS epidemic in Ukraine, particularly the real number of HIV-infected people. Data only provide information on people who have been tested for HIV antibodies, in whom HIV infection was found, and who were entered into the official national register of HIV infection cases. A considerably larger number of Ukrainians may be infected but are not aware of their status.

Updated HIV/AIDS estimates for Ukraine show that 360,000 HIV-infected people aged 15 and over were living in Ukraine at the beginning of 2010. These data differ from official statistics of the number of people living with HIV/AIDS and under clinical observation in specialized health facilities (101,182) at the beginning of 2010. The difference between these indicators proves that only 28% of people living with HIV in Ukraine, or every fourth individual, has received an HIV test and knows his or her HIV-positive status.

These data are a result of the latest national assessment of the HIV/AIDS situation in Ukraine as of early 2009. A considerable number of national and international organizations involved in the HIV/AIDS epidemic monitoring process in Ukraine contributed to generation of this assessment, which became a component of the global assessment of HIV/AIDS as of the end of 2009.

The estimated data will be used as forecasts to calculate the number of HIV-infected people in need of treatment, care and support.

Along with routine epidemiological surveillance, a modern method of epidemiological HIV surveillance – second generation HIV surveillance (SES) – has been implemented in Ukraine since 1997.

Results of sentinel epidemiological studies in 2008–2009 revealed high rates of HIV infection among representatives of at-risk groups.

### **Indicator 23. Percentage of most-at-risk populations who are HIV-infected**

#### **Injecting drug users**

The HIV prevalence indicator was calculated using results of IDU blood testing with the aid of rapid tests in 30 territorial regions in 2008 and 2009.<sup>2</sup> The HIV prevalence rate is **22.9%** (c.i. 21.9%–23.9%)<sup>3</sup>.

In 2009, an integrated bio-behavioural survey among IDUs was carried out in 17 Ukrainian cities, including 15 oblast centres. In 10 cities, the survey was conducted for the first time over the entire period of sentinel epidemiological HIV surveillance.<sup>4</sup> Data presented in Table 1 indicate clear geographical differences in HIV prevalence rates among IDUs. Traditionally high indicators of HIV prevalence were observed in Mykolaiv, Kryvyi Rih, and Odesa. The lowest HIV prevalence rate in this population was found in Luhansk, Vinnytsia, and Uzhhorod.

<sup>1</sup> “HIV-infection in Ukraine” Information Bulletin No. 33

<sup>2</sup> The sentinel epidemiological HIV surveillance was conducted within the framework of the integrated bio-behavioural study “Monitoring of behaviour and HIV infection prevalence among IDUs as a component of second-generation epidemiological surveillance”. The study was conducted by O.O. Yaremenko Ukrainian Institute of Social Research (2009) and Socis Centre of Social and Marketing Research (2008) in cooperation with the MoH Ukrainian AIDS Centre and NGOs with financial support from ICF “International HIV/AIDS Alliance in Ukraine” as part of implementation of the programmes “Overcoming the HIV/AIDS epidemic in Ukraine” and “Supporting HIV/AIDS prevention, treatment and care for most vulnerable populations in Ukraine” supported by the Global Fund to Fight AIDS, TB and Malaria. The study sample consisted of 6459 people. The indicator was calculated in SPSS using weights constructed by age, exported from RDSAT.

<sup>3</sup> The indicator was calculated in SPSS using weights constructed by age, exported from RDSAT.

<sup>4</sup> In 2009 surveys were conducted for the first time in such oblast centres as Vinnytsia, Ivano-Frankivsk, Zaporizhia, Zhytomyr, Rivne, Chernivtsi, Uzhhorod and Chernihiv, and such towns as Severodonetsk and Chevronohrad.



Table 1.

**HIV prevalence among injecting drug users,  
2008–2009, %**

City	RDS percentage estimate	RDS confidence intervals
Mykolaiv	55.2	46.8–63.6
Kryvyi Rih	41.7	33.2–50.1
Odesa*	36.8	30.4–43.0
Donetsk*	33.2	26.9–39.7
Ivano-Frankivsk	29.1	22.1–36.4
Khmelnyskyi*	26.8	18.2–36.5
Kherson*	26.7	19.9–34.4
Lutsk*	26.7	19.3–34.9
Chernihiv	26.2	18.2–34.4
Zhytomyr	25.4	18. –32.9
Simferopol	25.1	17.9–34.0
Poltava*	23.7	16.6–32.0
Kyiv	23.2	17.8–28.5
Rivne	22.9	16.6–29.7
Dnipropetrovsk	22.7	15.7–30.3
Lviv*	21	15.2–29.9
Kirovohrad*	13.2	8.1–18.8
Cherkasy	12.1	7.3–17.6
Chernivtsi	12.1	7.3–17.6
Zaporizhia	11.1	5.1–18.3
Kharkiv*	10.6	4.8–16.1
Sumy*	9.3	4.6– 16.2
Severodonetsk	7.6	2.6–11.0
Chervonohrad	7.1	3.6–11.1
Ternopil	7.1	1.9–15.9
Luhansk	6.7	2.3–12.2
Vinnytsia	5.2	2.4–8.7
Uzhhorod	3.4	0.3–7.8

The data presented indicate first of all that HIV incidence among IDUs remains extremely high. However, certain positive changes can be noted in HIV prevalence in this population.

According to UNAIDS and WHO recommendations, HIV incidence among junior age groups reflects occurrence of new infections precisely enough. In order to reveal the trend of new HIV infections among IDUs, calculation of the HIV incidence indicator among people injecting drugs for two years inclusively is recommended (according to a 2009 survey, the percentage of HIV-infected IDUs in this group is 10.8%).

Comparison of 2007 and 2009 data (or 2008, depending on when a survey was conducted in a given city) shows signs of a better epidemiological situation among IDUs, namely a decreasing HIV prevalence rate in most cities and a considerable reduction in HIV prevalence rates among young IDUs and those who only recently started injecting drugs in almost every city (see Table 2).

Table 2

**Comparison of sentinel survey results among injecting drug users, 2007 and 2009 (2008), %**

Cities	All IDUs		IDUs using drugs for less than 2 years (inclusive)		IDUs under 25	
	2007	2009 (2008)	2007	2009 (2008)	2007	2009 (2008)
Mykolaiv	42.5	55.2	8.2	0	21.3	22.5
Odesa*	55.2	36.8*	50	21.4	53.1	33.3*
Donetsk*	41.4	33.2*	31.3	12.5	30	9.1*
Kherson*	31.6	26.7*	34.3	10.3	32.4	20*
Simferopol	42.8	25.1	22.1	25	44.1	37.5
Poltava*	24.4	23.7*	22.6	7.7	22.2	18.2*

\* according to 2008 survey data.

Kyiv	12.7	23.2		0	14.6	4.8
Dnipropetrovsk	16.4	22.7		14.3		15.2
Cherkasy	26	12.1	6.3	9.7	12.8	13.3
Kharkiv*	17.3	10.6*	9.1	3.9	5.3	1.4*

Results obtained from sentinel surveys in 2009 correlate with data of routine epidemiological surveillance as to stabilization of the epidemic among IDUs. However, this group remains the most vulnerable to HIV and is the main agent maintaining the HIV epidemic process in Ukraine.

#### Female commercial sex workers (FCSWs)

The HIV prevalence indicator among FCSWs was calculated using results of FCSW blood testing with the aid of rapid tests in 25 territorial regions in 2008 and 2009.<sup>5</sup> The HIV prevalence rate is 13.2% (c.i. 12.0%–14.4%)<sup>6</sup>.

Data presented in Table 3 concerning HIV prevalence in individual cities show geographical differences in infection rates. In such cities as Dnipropetrovsk, Vinnytsia and Zhytomyr, HIV prevalence approaches Ukraine's average. The infection rate in Donetsk, Kyiv, Simferopol and Mykolaiv is traditionally higher than in other cities. The lowest HIV prevalence rate is found in Kharkiv, Chernihiv, Uzhhorod and Chernivtsi.

*Table 3*

#### HIV prevalence based on 2008–2009 survey data

City	HIV prevalence, %	Confidence intervals, %
Donetsk	39.0	37.0–41.0
Simferopol	25.0	23.2–26.8
Kyiv	24.7	22.9–26.5
Mykolaiv*	24.0	22.24–25.76
Poltava*	19.3	17.7–20.9
Khmelnyskyi*	18.1	16.52–19.68
Cherkasy	17.9	16.3–19.5
Kirovohrad*	17.0	15.45–18.55
Sumy*	17.0	15.45–18.55
Odesa*	16.5	37.0–41.0
Dnipropetrovsk*	14.0	12.57–15.43
Lutsk*	13.0	11.62–14.38
Kherson*	11.0	9.71–12.29
Vinnytsia	10.7	9.4–12.0
Zhytomyr	10.0	8.8–11.2
Lviv*	9.0	7.82–10.18
Ternopil	5.3	4.4–6.2
Zaporizhia	4.0	3.2–4.8
Kharkiv	0.0	–
Chernihiv	0.0	–
Uzhhorod	0.0	–
Chernivtsi	0.0	–
Luhansk	0.0	–

These data indicate a fairly high HIV prevalence rate among FCSWs and the need to intensify prevention programmes, including in second-wave regions, particularly Lviv, Zhytomyr and Volyn oblasts.

<sup>5</sup> The sentinel epidemiological HIV surveillance was conducted within the framework of the integrated bio-behavioural study “Monitoring of behaviour and HIV infection prevalence among IDUs as a component of second-generation epidemiological surveillance”. The studies were conducted by Kyiv International Institute of Sociology in cooperation with the MoH Ukrainian AIDS Centre and NGOs with financial support from ICF “International HIV/AIDS Alliance in Ukraine” as part of implementation of the programmes “Overcoming the HIV/AIDS epidemic in Ukraine” and “Supporting HIV/AIDS prevention, treatment and care for most vulnerable populations in Ukraine” supported by the Global Fund to Fight AIDS, TB and Malaria. The study used RDS and TLS methods. The study sample consisted of 3284 people. The indicator was calculated in SPSS using weights constructed by age, exported from RDSAT and weights constructed by the number of people present at the point (proceeding from diary data) in the cities where TLS method was applied.

<sup>6</sup> The indicator was calculated in SPSS using weights constructed by age, exported from RDSAT and weights constructed by the number of people present at the point (proceeding from diary data).

The highest probability of HIV infection among FCSWs is determined by the fact of injecting drug use. For example, HIV prevalence among FCSWs who may be described as IDUs<sup>7</sup> according to their behavioural practice (hereinafter referred to as IDU FCSWs) is 42.5% (c.i. 37.9%–47.1%). For comparison: HIV prevalence among FCSWs who are not injecting drug users is 8.5% (c.i. 7.45%–9.55%).

Historical analysis of HIV prevalence among FCSWs based on 2007–2009 survey data in three cities demonstrates a high HIV prevalence rate and no stabilization of the epidemic among both FCSWs in general and young FCSWs and IDU FCSWs (see Table 4).

**Table 4**

**Comparison of sentinel survey results among female commercial sex workers, 2007 and 2009 (2008), %<sup>8</sup>**

Regions	2007			2009 (2008*)		
	HIV prevalence among all FCSWs, %	HIV prevalence among FCSWs under 25, %	HIV prevalence among non-IDU FCSWs, %	HIV prevalence among all FCSWs, %	HIV prevalence among FCSWs under 25, %	HIV prevalence among non-IDU FCSWs, %
Donetsk	32.2	38.4	13.3	39.0	40.0	32.0
Lutsk	11.8	10.5	2.7	0*	0*	0*
Mykolaiv	26.0	23.5	22.1	24.0*	3.3*	11.5*
Poltava	28.0	27.6	14.5	19.3	9.5	6.1
Simferopol	10.0	14.3	3.8	25.0	18.8	6.7
Kherson	7.0	10.4	3.5	11.08	6.8*	2.9*

Hence, the high HIV infection rate among female commercial sex workers in Ukraine is explained not so much by sexual transmission as by the active involvement of FCSWs in sex business. However, from the viewpoint of possible generalization of the HIV epidemic in the country, the method of HIV transmission to FCSW does not matter so much because the infection risk for FCSW clients does not depend on the way FCSW themselves were infected.

### Prisoners

In 2009, HIV prevalence among prisoners was studied for the first time in Ukraine within the SES framework<sup>9</sup>. According to 2009 survey data, the HIV prevalence rate was 15% (c.i. 13%–17%).

The considerable percentage of HIV-positive people in penal facilities is connected primarily with the number of injecting drug users in a given facility. The HIV prevalence rate among prisoners with experience of drug use is 30.9% (c.i. 28.4%–33.4%); the figure for those who never used drugs is 5.9% (c.i. 4.6%–7.2%).

The survey data (see Table 5) coincide with official statistics, namely the results of serum epidemiological monitoring that determine HIV prevalence at 12.0% among people in places of confinement.

**Table 5**

**HIV prevalence in penal institutions, 2009**

No.	Site	Number of surveyed people	Number of HIV-positive people	%	No.	Site	Number of surveyed people	Number of HIV-positive people	%
1.		50**	17	34.0	14.		51	7	13.7
2.		50	16	32.0	15.		50	6	12.0
3.		50	16	32.0	16.		50**	28	56.0
4.		50	8	16.0	17.		50**	15	30.0
5.		50	7	14.0	18.		50*	0	0.0

<sup>7</sup> FCSWs who reported using injecting drugs at least once in the last 30 days.

<sup>8</sup> To compare data on HIV prevalence among FCSWs, the table contains results of sentinel surveys in the cities where epidemiological surveillance was conducted both in 2007 and 2009 (2008).

<sup>9</sup> The sentinel epidemiological HIV surveillance was conducted within the framework of the integrated bio-behavioural study “Monitoring of awareness, behaviour and HIV infection prevalence among prisoners as a component of second-generation epidemiological surveillance”. The study was conducted by Sotsiokonsalting PO in cooperation with the State Penitential Department of Ukraine with financial support from the ICF “International HIV/AIDS Alliance in Ukraine” as part of implementation of the programme “Supporting HIV/AIDS prevention, treatment and care for most vulnerable populations in Ukraine” supported by the Global Fund to Fight AIDS, TB and Malaria. The study was conducted in 24 penal and 2 correctional facilities. The survey sample consisted of 1281 people.

6.	50	6	12.0	19.	30*	0	0.0
7.	50	6	12.0	20.	50	13	26.0
8.	50	5	10.0	21.	50	5	10.0
9.	50	5	10.0	22.	50	2	4.0
10.	50	4	8.0	23.	50	3	6.0
11.	50**	3	6.0	24.	50	5	10.0
12.	50	2	4.0	25.	50	8	16.0
13.	50	0	0.0	26.	50	5	10.0

\* correctional facility for male minors

\*\* female penal facility

### Men who have sex with men

In 2009, an integrated bio-behavioural study among MSM was conducted in 14 cities of Ukraine<sup>10</sup>. The percentage of HIV-positive MSM in the total sample was 8.6% (c.i. 7.4%–9.8%). HIV prevalence among MSM in 2007 was 10.6%. The HIV prevalence rate among MSM under 25 was 3.6% in 2007 and 7.9% in 2009.

Data on HIV prevalence among MSM based on 2009 survey results, presented in Table 6, indicate a fairly high rate of infection in cities that traditionally belong to regions with low epidemic levels. These include, for example, Lviv, where HIV prevalence among MSM approaches that in cities like Donetsk and Odesa which have a traditionally high epidemic level. In Uzhhorod, the percentage of HIV-infected MSM is close to the country's overall prevalence indicator. This is obviously connected with an insufficient number of prevention programmes for this target group in the above-mentioned regions. This thesis is confirmed by data on HIV prevalence among MSM in Mykolaiv where the epidemic situation is traditionally the worst but the MSM rate is the lowest among all surveyed cities at 1.5%.

*Table 6*

#### Results of sentinel surveys among men who have sex with men, 2009, %

City	HIV prevalence, %	Confidence intervals
Odesa	21.7	11.4–34.0
Donetsk	19.9	10.8–30.0
Lviv	18.8	12.4–25.2
Simferopol	9.1	3.5–16.8
Kyiv	7.7	2.6–15.7
Uzhhorod	6.7	2.7–10.7
Cherkasy	5.9	2.1–9.3
Luhansk	4.8	0.4–5.1
Kherson	4.7	1.5–9.5
Kharkiv	3.5	0.4–8.0
Poltava	2.7	0.0–5.2
Dnipropetrovsk	1.6	0.0–4.1
Mykolaiv	1.5	0.4–3.1

According to official 2009 data, the MSM percentage among newly recorded HIV infections was only 0.5% (94 out of 19,840 people).

Considering that results of sentinel epidemiological surveillance do not coincide with official data whereas survey results demonstrate a high MSM infection rate in regions with a traditionally low HIV prevalence rate, the epidemic situation in the MSM population requires more thorough and regular monitoring.

<sup>10</sup> The sentinel epidemiological HIV surveillance was conducted within the framework of the integrated bio-behavioural study “Monitoring of awareness and HIV infection prevalence among prisoners as a component of second-generation epidemiological surveillance”. The study was conducted by the Centre for Social Expertise of the NASU Institute of Sociology in cooperation with the MoH Ukrainian AIDS Centre with financial support from the ICF “International HIV/AIDS Alliance in Ukraine” as part of implementation of the programme “Supporting HIV/AIDS prevention, treatment and care for most vulnerable populations in Ukraine” supported by the Global Fund to Fight AIDS, TB and Malaria. RDS and TLS methods were used for the study.

#### **Indicator 22. Percentage of young women and men aged 15–24 who are HIV-infected**

HIV prevalence in the 15–24 age group was not calculated.

This indicator is used for countries with a generalized epidemic and allows obtaining a fairly reliable estimate of recent trends in HIV epidemic development in countries where the epidemic is spreading due to heterosexual contacts.

However, it is less reliable for description of epidemic development trends in countries where HIV infection is concentrated in most-at-risk population groups.

Ukraine, where HIV prevalence as of the end of 2009 was estimated at 0.86% among the adult population and at less than 1% among pregnant women, according to operational data of the Ministry of Health, belongs to countries with a concentrated epidemic. Therefore Ukraine submits in its report for 2008–2009 the results of HIV prevalence based on sentinel epidemiological surveys among injecting drug users, sex workers and men who have sex with men, i.e. among most-at-risk groups that currently determine the epidemic process in the country.

However, the trend of HIV prevalence among pregnant women indicates continuing HIV prevalence among the general population. Routine surveillance data in antenatal clinics shows that 0.55% of pregnant women (3234) were HIV-positive in Ukraine in 2009. Of special concern is the situation in five regions of Ukraine where the rate of HIV prevalence among pregnant women is considerably higher than the country average, for example: 1.59% in Kyiv oblast; 1.28% in Mykolaiv oblast; 1.12% in Dnipropetrovsk oblast; 1.03% in Kirovohrad oblast, and 0.93% in Odesa oblast. These data prove that Ukraine has Europe's highest rate of HIV prevalence among pregnant women.

#### **Indicator 24. Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy**

The percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy was 85% for the reporting period from 1.10.2008 to 31.09.2009.

Calculation of this indicator used data from the provisional sectoral statistical form of recording and reporting on monitoring of HIV/AIDS treatment No. 57 (Table 3000) of the Ministry of Health entitled "Reports on adults and children who started cohort ART and are on treatment for 6, 12, 24 and 36 months, for October–December 2008 and January–September 2009".

Calculation of this indicator used data of monthly cohorts that started ART during the period from 1.10.2007 to 31.09.2008 and that completed at least 12 months of treatment.

Large-scale introduction of antiretroviral therapy (ART) for HIV/AIDS patients in Ukraine began in August 2004 in six regions within the framework of the programme "Overcoming the HIV/AIDS Epidemic in Ukraine" financed by the Global Fund to Fight AIDS, Tuberculosis and Malaria. Since then ART has been introduced step by step in all 27 regions of Ukraine.

Over the period of ART implementation in the country, the professional level of specialists following up patients in treatment has considerably increased, and the regulatory legal framework and logistical support for AIDS prevention and control centres have improved. This, as well as better access to ART which secures an earlier start of treatment for HIV-infected people, has promoted the increase in this indicator.

There has been progress in increase of life expectancy of patients receiving ART compared to the same indicator in 2007 (77.6%) and 2008 (82%), which shows the growing effectiveness of treatment programmes for HIV-infected people and AIDS patients in Ukraine.

#### **Indicator 25. Percentage of infants born to HIV-infected mothers who are infected**

The national indicator "Percentage of infants born to HIV-infected mothers who are infected" was 6.2% in 2007.

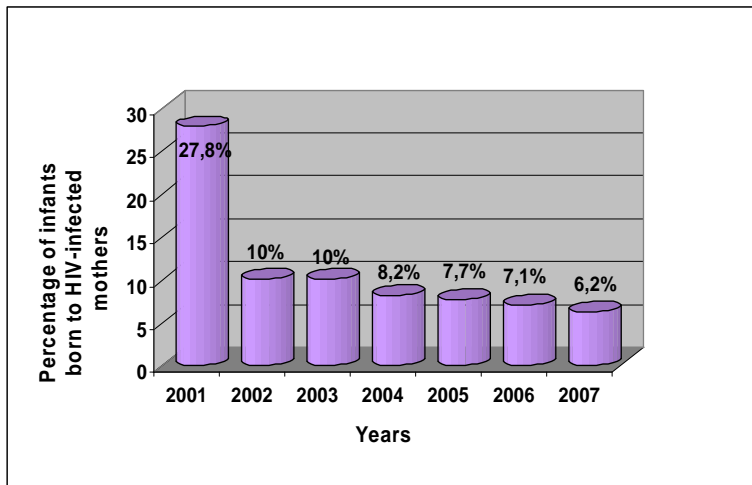
According to baseline survey data, the vertical transmission rate in Ukraine was 27.8% in 2001.

By 2007, mother-to-child HIV transmission had fallen by 77.7% as compared to 2001. Hence, in this indicator Ukraine has exceeded the 2010 goal that UNAIDS defines as 50% reduction in mother-to-child HIV transmission.

The Ministry of Health of Ukraine provides data on infants with confirmed HIV-positive status at the age of 18 months.

The total number of infants born to HIV-infected mothers in Ukraine was 3349 in 2007. The number of infants born in 2007 to HIV-infected mothers whose HIV-positive status has been established with the EIA method (upon attainment of 18 months) was 197 (including 117 infants whose mothers received antiretroviral prophylaxis and 80 infants whose mothers did not). Eleven infants under 18 months born to HIV-infected mothers and with HIV-positive status diagnosed intravital died.

Hence, positive dynamics can be seen in Ukraine regarding reduction in the percentage of infants born to HIV-infected mothers who are infected: from 27.8% in 2001 to 6.2% in 2007 (see Fig. 7).



*Fig. 7. Vertical HIV transmission dynamics in Ukraine*

## SECTION IV. NATIONAL RESPONSE TO THE AIDS EPIDEMIC

Ukraine realizes the danger of the HIV/AIDS epidemic threatening the nation. The strategy to combat HIV/AIDS is a priority of state policy on health care and social development. It has become a sort of criterion against which our country's democracy level is determined.

The Monitoring and Evaluation Centre within the MoH Ukrainian AIDS Centre started functioning to secure HIV/AIDS epidemic control in Ukraine in 2009 with support from the Global Fund grant. The centre's principal functions include securing coordination of monitoring and evaluation activities at national level, developing regional monitoring and evaluation systems, disseminating strategic information, etc.

The Government of Ukraine has assumed a range of strategic commitments and, together with international and non-governmental organizations, is applying great effort to meet them and overcome the HIV/AIDS epidemic in the country. During the reporting period, for the first time ever in Ukraine the Verkhovna Rada of Ukraine adopted as a law of Ukraine in February 2009 the National Programme for Prevention, Treatment, Care and Support for HIV-infected People and AIDS Patients for 2009–2013, which is provided with appropriate budget funding. The programme considers all the achievements of previous programmes and the recommendations of experts and the public. Programme development involved all stakeholders: state bodies, non-governmental, international and research organizations, etc. In particular, formulation of activities used strategic planning provisions recommended by UNAIDS as well as experience of public involvement, which enabled general national capacity building. Special attention was paid to supporting non-governmental organizations active in the field of prevention, care, support and mitigation of the negative impact of the epidemic (see Annex 2). As co-implementing agencies, with appropriate financing by the Global Fund to Fight AIDS, TB and Malaria, the programme includes the principal recipients ICF "International HIV/AIDS Alliance in Ukraine" and AUCO "All-Ukrainian Network of People Living with HIV/AIDS" with their NGO sub grantees.

UNAIDS initiated and coordinated the development of regional operational plans and budgets for implementation of the national programme. The regional plans should provide a strategic platform for operational planning on the service provider level, staff capacity building and resource mobilization, and introduction of innovative and efficient service provision models. Technical assistance in developing such plans was provided to the regions by all partners: the MoH Committee for Counteraction to HIV/AIDS and Other Socially Dangerous Diseases, the MoH Ukrainian AIDS Centre, the National Monitoring and Evaluation Centre, ICF "International HIV/AIDS Alliance in Ukraine", AUCO "All-Ukrainian Network of People Living with HIV/AIDS", AUCF "Coalition of HIV-Service Organizations", UN agencies (UNAIDS, WHO, UNDP, UNICEF), etc.

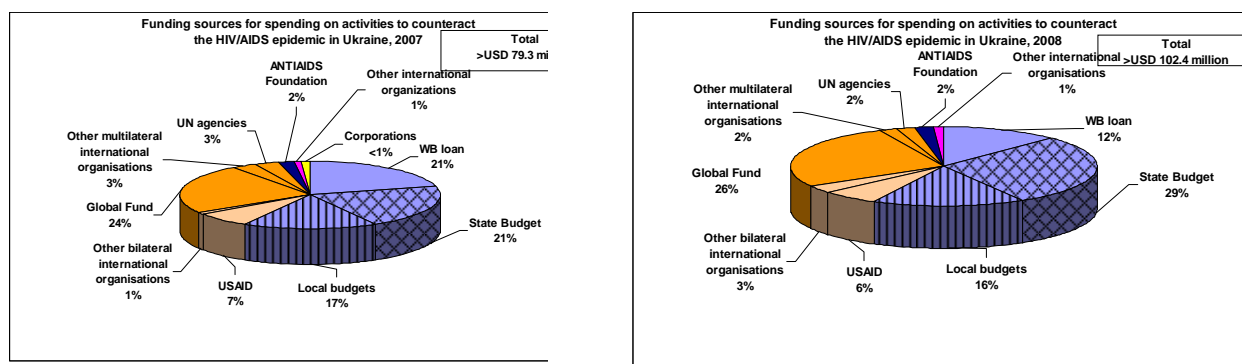
The volume of state budget funding for activities to overcome the epidemic is growing; the range of donor organizations is widening, and their funding for programmes aimed at preventing HIV infection among various populations and providing HIV counselling and testing, treatment, care and support for people living with HIV, etc., is increasing.

This section describes Ukraine's achievements in the implementation of the Declaration of Commitment on HIV/AIDS based on indicators related to three areas: national commitment and action, implementation of national programme activities, and knowledge and behaviour of various populations. More detailed information about the national policy on HIV/AIDS is provided in the National Composite Policy Index (Annex 2).

### **National commitment and action indicator**

#### **Indicator 1. Domestic and international AIDS spending by categories and financing sources**

Based on estimated data of domestic spending aimed at counteracting the spread of HIV/AIDS in Ukraine, spending amounted to more than USD 79.3 million in 2007 and more than USD 102.4 million in 2008. Said spending included targeted funds disbursed by the State to fight the epidemic, funds for activities which are part of other state and local programmes, part of the World Bank loan (directly targeted at the HIV/AIDS component), and financing from international technical and financial aid donors, for-profit corporations, national charitable organizations and foundations (see Fig. 8).



**Fig. 8. Funding sources for spending on activities to counteract the HIV/AIDS epidemic in Ukraine, 2007-2008**

### I. Estimation of funds disbursed from public sources<sup>11</sup>

About USD 47 million for HIV/AIDS programmes in Ukraine was disbursed from public sources in 2007, and about USD 60 million in 2008. The state budget is a source of partial financing for antiretroviral therapy programmes, ART laboratory monitoring, testing of blood donors and pregnant women, infrastructure development of health care facilities, etc. A considerable share of funds comes from local budgets and is directed mainly at financing the activities of health care, education and social protection facilities directly providing various services to the population at local level. Over recent years, funding for prevention of mother-to-child transmission programmes has been partially shifted to local budgets, with the exception of provision of antiretroviral medicines. Spending from local budgets amounted to more than USD 13 million in 2007, and USD 16.5 million in 2008.

A considerable percentage of public spending comes from World Bank loans. During previous years, this expenditure was practically not provided because of obstacles and problems in implementation of this project (“TB and HIV/AIDS control in Ukraine”). For example, only a small amount of these funds was used during 2005 and 2006. However, in 2007 the loan percentage of the national spending structure was 21%, or almost USD 17 million, and 12% or USD 12.2 million in 2008, which was spent on purchasing test kits for VCT and medicines for treatment of opportunistic infections. Late in 2008, loan funds were also used to procure syringes and CD4 test kits and to buy additional medicines for OI treatment. Since the funds were actually used during 2009, this spending should accordingly be accounted for in 2009.

### II. Estimation of international aid spending<sup>12</sup>

Funds disbursed by international organizations amounted to USD 30.7 million in 2007. The Global Fund (USD 18.3 million), the U.S. Agency for International Development (almost USD 6 million) and UN agencies (over USD 2.1 million) remain the main donors in Ukraine.

In 2008, spending by international organizations increased to USD 40.5 million. The share of the Global Fund was USD 26.8 million, that of bilateral organizations (including USAID) almost USD 8.7 million, with UN agencies contributing USD 1.7 million and other international organizations about USD 1.5 million.

The amount of international funds spent to counteract HIV/AIDS in Ukraine grows every year. This is mainly due to expansion of programmes financed by the Global Fund, in particular the commencement of Round 6 implementation.

### III. Estimation of private sector spending<sup>13</sup>

Estimation of private spending is not a mandatory component in construction of this indicator; however, the presence of national charitable foundations accumulating national funds and directing them to HIV/AIDS programmes permits identification of the percentage of such spending in Ukraine. Olena Franchuk’s ANTI AIDS Foundation is the main source of funding from a private organization, spending USD 1.7 million on HIV-related programmes in 2007 and USD 2.4 million in 2008.

Private spending by households or consumer/out-of-pocket spending was not estimated.

<sup>11</sup> Public spending includes expenditure from the state budget, local budgets, and expenditure within the World Bank project framework as funds of a loan to be repaid by the Government of Ukraine. To calculate contributions by various health care facilities providing medical aid to HIV-infected people (TB facilities, narcological facilities, and general treatment network facilities), the method suggested in sub-analysis on HIV/AIDS in the National Health Accounts for 2003–2004 was used.

<sup>12</sup> Estimates of international organizations’ spending include separately spending by bilateral agencies, such as the U.S. Agency for International Development, etc., and bilateral agencies – the Global Fund to Fight AIDS, TB and Malaria, UN agencies. To estimate the percentage of international funds, organizations providing such aid to Ukraine were surveyed. If organizations do not have representative offices in Kyiv, questionnaires were sent to those organizations which are recipients of international donor funds. International spending may be considered underestimated because not all organizations provided information.

<sup>13</sup> Estimation of private spending usually includes spending by national public organizations and household spending.



#### IV. Areas of financing of the national response to the HIV/AIDS epidemic

The largest share of funds is directed to the Care and Treatment component (see Fig. 9) where public funds prevail. For example, their share in 2007 was more than USD 31 million. The larger portion of spending goes to procurement of antiretroviral medicines and medicines for treatment of opportunistic infections as well as maintenance of health care facilities where HIV-infected people and AIDS patients receive treatment or are under observation. However, even considering the fact that public spending, particularly on ART programmes, is higher in absolute values – more than USD 5.3 million – than that undertaken on these programmes by the Global Fund (more than UAH 3.8 million), it should be taken into account that most patients in 2007 received ART within the framework of the Global Fund project. This disparity is caused primarily by differences in prices at which medicines are procured with public and GF funds.

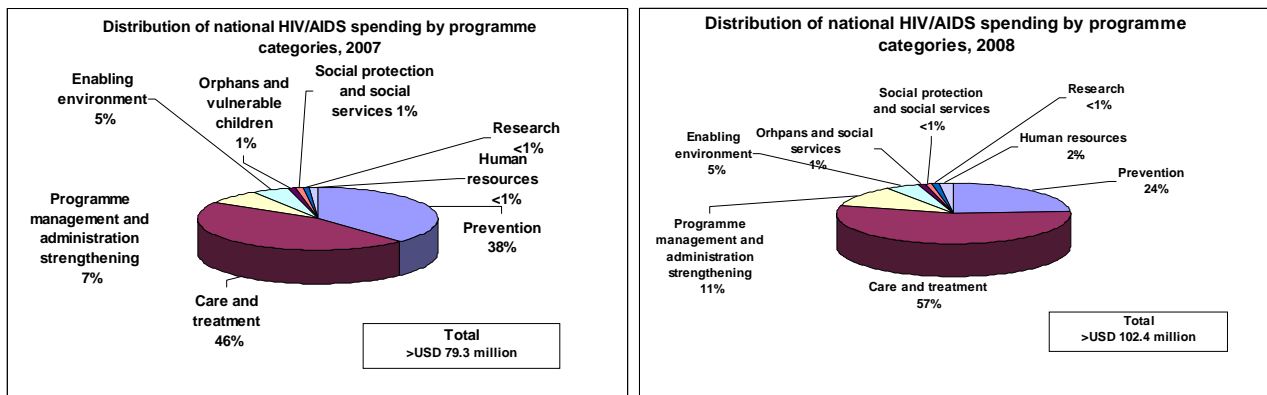


Fig. 9. Distribution of national HIV/AIDS spending by programme categories, 2007-2008

Prevention programmes were mainly funded by international technical and financial aid donors but, due to increased spending on expansion of VCT and substitution therapy programmes, public funds in 2007 amounted to almost half of all spending on prevention programmes – USD 13.5 million (out of over USD 30 million spent altogether on such programmes). In 2008, this sum is less at USD 8.4 million, or one third of all funds directed to prevention of HIV/AIDS. The remaining more than USD 15 million comes from funds from international sources, mainly the Global Fund grant (USD 9.4 million).

In a concentrated epidemic, adequate funding of programmes aimed at work in at-risk groups is important. Funding for such programmes was about USD 12.5 million in 2007, and USD 11.1 million in 2008. The Global Fund grant is the main financing source for such programmes. For example, the share of Global Fund spending on prevention among at-risk groups totalled USD 8.3 million in 2008.

#### NATIONAL PROGRAMME INDICATORS

Ukraine has recognized a multisectoral approach to responding to HIV/AIDS. Cooperation involves central executive authorities, governmental, non-governmental and international organizations, establishments and institutions, etc.

The national programme focuses on two main areas of counteraction to the HIV/AIDS epidemic: prevention of HIV infection, and treatment, care and support for people who are already infected.

Successful examples of prevention activities are the success achieved in securing blood safety and preventing mother-to-child HIV transmission, these being priorities of Ukrainian state policy.

#### Indicator 3. Percentage of donated blood units screened for HIV in a quality-assured manner

The percentage of donated blood units screened for HIV in a quality-assured manner in 2009 equals 0% (see Table 7).

Donated blood quality is secured through a range of measures included in the national strategy of donation development approved by the Law of Ukraine “On the Donation of Blood and Components Thereof” (1995).

Standard operating procedures for diagnosis of donated blood serum are used in Ukraine on a continuous basis, and include the following components: blood sampling method, serum production, screening sequence for each test type considering possible confirmation of the obtained result, and internal quality assurance. According to the documented standard operating procedures, 100% of donated blood units are screened (absolute data for 2009: 863,382 blood units donated, 863,382 blood units screened).

This strategy of donor screening has reduced to isolated cases the probability of HIV transmission through blood components and preparations, although the HIV prevalence rate in the country has grown.

However, Ukraine has not institutionalized the external quality assurance system for donated blood pursuant to international standards, which does not allow full guarantee of screened blood quality.

According to a decision made by the MoH board meeting in 2009, the following laboratories have been designated to conduct external quality assurance for laboratory screening of donated blood: the Ukrainian Reference Centre for Clinical Laboratory Diagnostics and Metrology, and the Reference Laboratory for HIV/AIDS Diagnostics at the MoH AIDS Centre.

A regulatory legal framework for implementing an external quality assurance system for donated blood, according to international standards, is currently under development in Ukraine. This will allow guaranteeing screened blood quality.

The blood service in 27 administrative regions of Ukraine includes 54 laboratory branches providing diagnosis of HIV and other transfusion-transmissible infections.

Active work is underway in Ukraine to involve voluntary donors by means of awareness-raising efforts. Implementation of pre-test counselling of blood donors helps to exclude people at high risk of HIV infection from donating blood.

*Table 7*

**Percentage of donated blood units screened for HIV in a quality-assured manner, 2009**

№	Name of the blood centre (oblast blood transfusion centre or OBTC)	Quality assurance in HIV screening		Blood units		
		Standard operating procedures	External quality assurance scheme	Donated blood	Screened blood	Blood screened in a quality-assured manner
1	Crimean RBTC	yes	no	69276	69276	0%
2	Vinnitsia OBTC	yes	no	41808	41808	0%
3	Volyn OBTC	yes	no	30962	30962	0%
4	Dnipropetrovsk OBTC	yes	no	75106	75106	0%
5	Donetsk OBTC	yes	no	85983	85983	0%
6	Zhytomyr OBTC	yes	no	19926	19926	0%
7	Zakarpattia OBTC	yes	no	18658	18658	0%
8	Zaporizhia OBTC	yes	no	48721	48721	0%
9	Ivano-Frankivsk OBTC	yes	no	16492	16492	0%
10	Kyiv OBTC	yes	no	33134	33134	0%
11	Kirovohrad OBTC	yes	no	10373	10373	0%
12	Luhansk OBTC	yes	no	78305	78305	0%
13	Lviv OBTC	yes	no	27572	27572	0%
14	Mykolaiv OBTC	yes	no	23797	23797	0%
15	Odesa OBTC	yes	no	19795	19795	0%
16	Poltava OBTC	yes	no	25619	25619	0%
17	Rivne OBTC	yes	no	19297	19297	0%
18	Sumy OBTC	yes	no	14645	14645	0%
19	Ternopil OBTC	yes	no	19229	19229	0%
20	Kharkiv OBTC	yes	no	39666	39666	0%
21	Kherson OBTC	yes	no	15069	15069	0%
22	Khmelnitskyi OBTC	yes	no	39409	39409	0%
23	Cherkasy OBTC	yes	no	11908	11908	0%
24	Chernivtsi OBTC	yes	no	24307	24307	0%
25	Chernihiv OBTC	yes	no	20819	20819	0%
26	Kyiv CBTC	yes	no	23940	23940	0%
27	Sevastopol CBTC	yes	no	9566	9566	0%
	Ukraine total	yes	no	863382	863382	0%

\*The specified laboratory branches have been accredited pursuant to MoH Order "On the Infectious Safety of Donated Blood and Components Thereof" (2005). The accreditation assumes availability of standard operating procedures according to the Instruction "On the Organization of Work of HIV Diagnostic Laboratories" approved by MoH Order No. 71 of 22.02.2002.

**Indicator 4. Percentage of adults and children with advanced HIV infection receiving antiretroviral therapy**

The percentage of adults and children with advanced HIV infection receiving antiretroviral therapy was 41% in 2008 (10,629 people in absolute figures), and 48% in 2009 (15,871 people in absolute figures).

Evidence of equal access to antiretroviral therapy can be seen in the fact that ART coverage of women who need it was 52% in 2008 and 60% in 2009, whereas the figures for men were 33% and 41% respectively.

Considerable ART coverage of children (90% in 2008, 100% in 2009) confirms the correctly chosen priority of children's access to treatment.

Calculation of this indicator used data from the provisional sectoral statistical form of recording and reporting on monitoring of HIV/AIDS treatment No. 56 (Table 1000) of the Ministry of Health entitled "Report on provision of antiretroviral therapy to HIV-infected people and AIDS patients as of 1.01.2009 and 1.01.2010". The estimated number of adults and children with advanced HIV infection in Ukraine has been determined with the aid of Spectrum programme, based on data from the state statistical reporting form "Report on HIV-infected people and AIDS patients" no. 2-HIV/AIDS, annual.

Comparison of the above indicator for 2008–2009 (41% and 48%) with the corresponding indicator for 2007 (35%) shows slight progress in this indicator over recent years despite low rates of ART scale up in the country.

The low rate over recent years of ART coverage of HIV-infected people who need it shows that mobilization of public and non-governmental sector efforts is urgently required to secure universal access to diagnostics, treatment, care and support for HIV-infected people and AIDS patients.

**Indicator 5. Percentage of HIV-infected pregnant women who received antiretrovirals to reduce the risk of mother-to-child transmission**

A system of data collection and reporting on the number of HIV-infected women and their coverage with antiretroviral medication to prevent mother-to-child HIV transmission was established in Ukraine in 2004. This made it possible to monitor actual rather than estimated utilization of various antiretroviral treatment schemes for HIV-infected women to prevent mother-to-child HIV transmission.

The following schemes were used during 2008 and 2009 (see Table 8):

*Table 8*

**Antiretroviral treatment schemes for HIV-infected women to prevent mother-to-child HIV transmission**

<i>N<sup>o</sup></i>		<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
1	Number of HIV-positive women who kept their pregnancy	2757	3293	3736	3841
2	Number of HIV-positive women who received antiretroviral medication to prevent mother-to-child HIV transmission	2517	3046	3568	3645
	including:				
3	Single-dose nevirapine only	359	341	277	240
4	Prophylactic regimen using azidothymidine	1570	1885	1898	715
5	Prophylactic regimens using a combination of two antiretroviral drugs (azidothymidine during pregnancy and nevirapine during delivery)	498	627	799	345
6	Prophylactic regimens using a combination of three antiretroviral drugs	-	1	301	1968
7	ART for treatment (for women who became pregnant while receiving antiretroviral medication)	90	192	293	343
8	Prophylactic regimen using abacavir *	-	-		29
9	Prophylactic regimens using two drugs (abacavir during pregnancy and nevirapine during delivery) *	-	-		5
10	Number of women who did not receive ARV prophylaxis	240	247	168	196

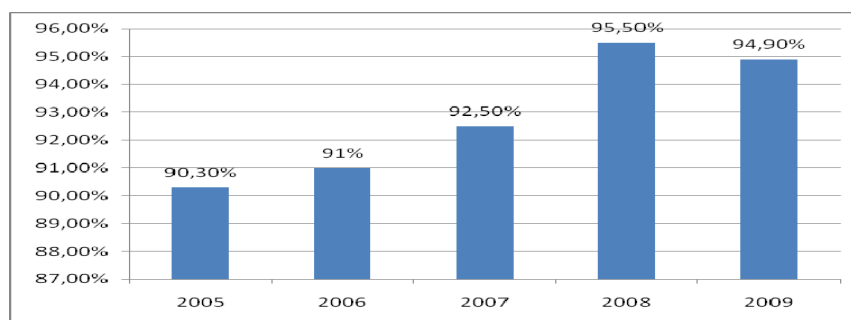
\* **The national clinical protocol on obstetric care (2007) "Prevention of mother-to-child HIV transmission" provides for replacement of zidovudine (azidothymidine) with abacavir if necessary.**

In Ukraine, pregnant women receive antiretroviral treatment only in public sector clinics.

Hence, the numerator includes the total number of HIV-infected pregnant women who received any of the above ARV treatment schemes, which was 3736 in 2008 and 3645 in 2009.

The denominator includes the total number of HIV-infected pregnant women who approached antenatal clinics during the reporting year and kept their pregnancy, which was 3568 in 2008 and 3841 in 2009.

Hence, a positive trend can be seen in Ukraine concerning increase in the percentage of pregnant women who received antiretroviral medication to reduce the risk of mother-to-child transmission (see Fig. 10). A slight decrease in 2009 can be explained by the fact that the percentage was calculated on the basis of operational information, so corrections are possible.



*Fig. 10. Dynamics of ARV prophylaxis of HIV infection in pregnant women in Ukraine by year*

#### **Indicator 6. Percentage of estimated HIV-positive incident TB cases that received treatment for TB and HIV**

The percentage of patients during the year who received treatment for TB, among HIV-infected people who received antiretroviral therapy as of the reporting year end and relative to estimated HIV-positive incident TB cases, was 21% in 2008.

Calculation of this indicator used data from the provisional sectoral statistical form of recording and reporting on monitoring of HIV/AIDS treatment No. 56 (Table 1000) of the Ministry of Health entitled “Report on provision of antiretroviral therapy to HIV-infected people and AIDS patients as of 1.01.2009”. Additionally, data from primary medical documents, namely form 025/o “Outpatient medical card”, was used, because reporting forms on patients receiving treatment for TB during the year among HIV-infected people who received ART were not approved at state level in 2008.

A series of measures was taken in 2007–2008 to secure early TB detection in HIV cases and provide appropriate treatment. It should be noted that, according to the Clinical Protocol “Antiretroviral Therapy for HIV Infection in Adults and Adolescents” which documents a unified standardized system of aid provision to HIV-infected people in Ukraine, in cases when HIV infection and active forms of TB are diagnosed simultaneously, initiation of ART is recommended after completion of a TB treatment course, and only patients at high risk of HIV infection advancement and risk of fatal cases may have ART initiated prior to completion of TB treatment.

At present, the Clinical Protocol “Antiretroviral Therapy for HIV Infection in Adults and Adolescents” is being updated to specify that TB detection in an HIV-infected person should be regarded as an indicator for ART assignment, which will considerably promote expanding coverage of HIV-positive incident TB cases with simultaneous TB and HIV treatment. This measure will facilitate significant reduction of mortality among HIV-positive incident TB cases.

#### **Indicator 7. Percentage of women and men aged 15–49 who received an HIV test in the last 12 months and who know their results**

This indicator was calculated using data from sociological surveys.

In 2007 the value of this indicator was **15.5%**, which differs slightly but statistically significantly from 2009 data of **13.1%**. This is due to higher survey quality and adjustment of the set of questions that allowed this indicator to be determined more precisely compared to 2007 and find out whether potential respondents understand the questions, namely: a question on receiving an HIV test in the last 12 months was asked following an introductory question about receiving an HIV test during the respondent’s lifetime. The survey also included follow-up questions that clarified when exactly the last test was conducted.

Knowing one’s HIV status is critically important to protecting oneself and preventing infecting other people, as well as to making decisions on treatment.

HIV prevalence control in Ukraine has been implemented since 1998 on the basis of voluntary examination of all population groups. In 1998 Ukraine approved new wording of the law on AIDS which specifies, in particular, the voluntary nature of HIV testing to meet international human rights standards and WHO recommendations.

To improve voluntary HIV counselling and testing, the MoH issued an order in 2005 to approve a number of documents that increased efficient use of the country’s available resources to prevent HIV incidence and enhance access to voluntary HIV counselling and testing (VCT) for various population groups in each territorial-administrative region.

In pursuance of objectives and activities provided for in the National Programme for Prevention, Treatment, Care and Support for HIV-infected People and AIDS Patients for 2009–2013, a MoH Order in 2009 approved the Strategy of Improving the System of HIV Counselling and Testing and Standardized Laboratory Diagnostics.

VCT is currently a key component in programmes of prevention, treatment, care and support for HIV-infected people and AIDS patients. A network of about 700 Kabinet Dovira (“trust rooms”) is operating in the country.

According to poll results, the percentage of women and men aged 15–49 who received an HIV test in the last 12 months and who know their results is 13.1%, including 14.5% among women and 11.5% among men. The higher testing rate among women compared to men is because all pregnant women approaching antenatal clinics are invited to receive an HIV test on a voluntary basis.

The value of this indicator is 8.9% among Ukrainian residents aged 15–19; 14.8% among those aged 20–24, and 13.4% among those aged 25–49 (for people aged 15–19, the indicator is significantly less than for those aged 20–24 and 25–49; the value of this indicator in the 20–24 and 25–49 age groups shows no significant difference).

This indicator is 8.9% among men aged 15–19; 11.9% among those aged 20–24, and 12% among 25–49 (no statistically significant difference).

This indicator is 8.7% among women aged 15–19; 17.9% among those aged 20–24, and 14.9% among 25–49 (for women aged 15–19, the indicator is significantly less than for those aged 20–24 and 25–49; the value of this indicator in 20–24 and 25–49 age groups shows no significant difference).

Comparison of data obtained from sociological surveys with official departmental statistics shows that sociological survey data is overestimated. This may be connected with the fact that people gave “socially desirable” answers.

At the same time, the obtained results prove a fairly high rate of HIV testing among the general population in 2009. Indicator 8. Percentage of most-at-risk populations who received an HIV test in the last 12 months and who know their results

### **Indicator 8. Percentage of people who received an HIV test in the last 12 months and who know their results**

#### **Injecting drug users**

The percentage of injecting drug users who received an HIV test in the last 12 months and who know their results was **26%** in 2009<sup>14</sup>.

In 2007, this indicator was **29%**. However, direct comparison of the 2007 and 2009 indicators is not valid because the geography of the 2009 survey included some regions where no behavioural surveys had been conducted before 2009. These are so-called second-wave regions where HIV prevalence is traditionally lower, which affects the activity of prevention programmes and, accordingly, coverage of most-at-risk populations with voluntary HIV counselling and testing (VCT) services.

The indicator has the following values for individual IDU groups: **29%** among women and **25%** among men. The difference may be explained by the fact that women receive tests more often during pregnancy. In 2007, there was no difference between the values for women and men.

In 2009, the indicator was **22%** among IDUs under 25, and **28%** among IDUs aged 25 and over. In 2007, the difference was also notable: **23%** and **32%** respectively. This may possibly be explained by the fact that older IDUs are more often reached by prevention programmes and have more opportunistic infections.

Despite reduction in the national indicator compared to 2007, programme monitoring data show greater IDU coverage with HIV tests using rapid kits. In particular, IDU coverage with VCT has grown from 4% in 2007 to 17% in 2008 and 24% in 2009<sup>15</sup>.

The network of “Trust Rooms” grew from **214** in 2007 to **679** in 2009.

#### **Commercial sex workers<sup>16</sup>**

The percentage of commercial sex workers (CSWs) who received an HIV test in the last 12 months and who know their results was **59%** in 2009<sup>17</sup>.

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<sup>14</sup> The indicator was calculated on the basis of IDU survey results in 30 territorial regions in 2008 and 2009 within the framework of integrated bio-behavioural studies “Monitoring of behaviour and HIV infection prevalence among IDUs as a component of second-generation epidemiological surveillance”. The study was conducted by O.O. Yaremenko Ukrainian Institute of Social Research (2009) and Socis Centre of Social and Marketing Research (2008) in cooperation with the MoH Ukrainian AIDS Centre and NGOs with financial support from the ICF “International HIV/AIDS Alliance in Ukraine” as part of implementation of the programmes “Overcoming the HIV/AIDS epidemic in Ukraine” and “Supporting HIV/AIDS prevention, treatment and care for most vulnerable populations in Ukraine” supported by the Global Fund to Fight AIDS, TB and Malaria. The study sample consisted of 6460 people. Respondents were selected with the RDS method. The indicator was calculated in SPSS using weights constructed by age, exported from RDSAT.

<sup>15</sup> According to SyrEx database information provided by ICF “International HIV/AIDS Alliance in Ukraine”.

<sup>16</sup> Commercial sex services provided by women only are typical for Ukraine. The group of men providing such services in Ukraine is rather small, closed and hardly reachable for survey. Therefore, the commercial sex workers in this and other indicators are female.

<sup>17</sup> The indicator was calculated on the basis of CSW survey results in 25 territorial regions in 2008 and 2009 within the framework of integrated bio-behavioural studies “Monitoring of behaviour and HIV infection prevalence among IDUs as a component of second-generation epidemiological surveillance”. The studies were conducted by Kyiv International Institute of Sociology in cooperation with the MoH Ukrainian AIDS Centre and NGOs with financial support from ICF “International HIV/AIDS Alliance in Ukraine” as part of implementation of the programmes “Overcoming the HIV/AIDS epidemic in Ukraine” and “Supporting HIV/AIDS prevention, treatment and care for most vulnerable populations in Ukraine” supported by the Global Fund to Fight AIDS, TB and Malaria. The study used RDS and TLS methods. The indicator was calculated in SPSS using

The indicator was calculated using data from two monitoring surveys conducted in 2008 and 2009. In the 2008 study, a survey was conducted in 16 regions of Ukraine; in 2009 it was conducted in 15 regions. Overall in the two years the survey was conducted in 25 regions. The indicators were calculated integrally for the 25 regions.

Surveys among commercial sex workers in 25 regions showed that testing coverage of the younger age group (under 25), at **56%**, was slightly lower than for the group aged 25 and over (**61%**).

In 2007, the indicator value was **46%**. However, comparison of 2009 data with data for previous years is not valid, as in 2007 the survey was conducted in 12 regions of Ukraine using the snowball method while in 2009 two new methods were used – time-location sampling and respondent-driven sampling.

Wider CSW coverage with VCT is also shown by programme monitoring data. A clearly growing tendency of CSW coverage with HIV testing can be seen: 2% in 2007, 14% in 2008, and 30% in 2009<sup>18</sup>.

### **Men who have sex with men**

The percentage of men who have sex with men who received an HIV test in the last 12 months and who know their results was **43%** in 2009<sup>19</sup>, which is 15% higher than in 2007 (**28%**). The indicator value is **43%** among MSM under 25 and **44%** among MSM aged 25 and over; the difference being statistically insignificant. In 2007, the difference was significant: **25%** and **29%** respectively.

To secure correct comparison of this indicator with results of the previous survey conducted for preparation of the UNGASS report, the survey was conducted mainly in the same cities as previously, as well as in an additional four cities (Lviv, Poltava, Uzhhorod and Kharkiv) where no survey was conducted in 2007 but which are interesting in terms of comparison of the epidemic situation.

According to programme monitoring data, the percentage of MSM covered with HIV testing is growing every year: **0.1%** in 2007; **0.8%** in 2008, and **5.7%** in 2009<sup>20</sup>.

Growing MSM coverage with HIV testing is likely to be connected with the implementation of prevention programmes among this population group, which resulted in decreased stigmatization of MSM and reduced MSM's fear of testing.

### **Prisoners**

In the last 12 months, **12%**<sup>21</sup> of prisoners received an HIV test and obtained their results. This indicator value is **17%** for women and **11%** for men. There is no difference between age groups: the value is **11%** for respondents aged 16–24 and **12%** for those aged 25 and over.

This indicator turned out to be the lowest in the period 2004–2009; it has halved since 2007 when it amounted to **25%**. Testing coverage could have been much higher if the survey period had not been limited to 12 months: **44%** of respondents received VCT in recent years, and two out of three know their results.

At the same time, the testing indicator value calculated on the basis of prisoners' answers within the survey framework approaches official data. According to data of the State Penitential Department of Ukraine, **15%** of people in Ukrainian penal facilities received an HIV test during 2009.

According to programme monitoring data, unfortunately we cannot acknowledge stable VCT coverage of people serving sentences. For example, in 2007 VCT covered 0.25% of penal facility inmates whereas in 2008 the coverage of prisoners slightly increased to 1.8%. In 2009, testing covered 1.08% prisoners.

## **Indicator 9. Percentage of most-at-risk populations reached with HIV prevention programmes**

### **Injecting drug users**

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weights constructed by age, exported from RDSAT and weights constructed by the number of people present at the point (proceeding from diary data) in the cities where TLS method was applied.

<sup>18</sup> According to SyrEx database information provided by ICF "International HIV/AIDS Alliance in Ukraine".

<sup>19</sup> The study "Monitoring of behaviour and HIV infection prevalence among men who have sex with men as a component of second-generation epidemiological surveillance" was conducted by the Centre for Social Expertise of the NASU Institute of Sociology with financial support from ICF "International HIV/AIDS Alliance in Ukraine" in 14 Ukrainian cities between 12 June and 2 September 2009. The total number of respondents was 2300 men who have sex with men. The sampling population was implemented by RDS (respondent-driven sampling) (Dnipropetrovsk, Donetsk, Kyiv, Mykolaiv, Odesa, Simferopol, Kharkiv, Kherson) and TLS (time-location sampling) (Ivano-Frankivsk, Luhansk, Lviv, Poltava, Uzhhorod, Cherkasy).

<sup>20</sup> According to SyrEx database information provided by ICF "International HIV/AIDS Alliance in Ukraine".

<sup>21</sup> The indicator was calculated on the basis of prisoner surveys within the framework of integrated bio-behavioural studies "Monitoring of awareness and behaviour of prisoners as a component of second-generation epidemiological surveillance" conducted by Sotsiokonsalting PO in cooperation with the State Penitential Department of Ukraine with financial support from the ICF "International HIV/AIDS Alliance in Ukraine" as part of implementation of the programme "Supporting HIV/AIDS prevention, treatment and care for most vulnerable populations in Ukraine" supported by the Global Fund to Fight AIDS, TB and Malaria, in 24 penal and 2 correctional facilities in 11 oblasts of Ukraine: Zhytomyr, Lviv, Luhansk, Odesa, Poltava, Mykolaiv, Kharkiv, Cherkasy, Ternopil, Chernihiv, Donetsk, and AR Crimea, in December 2009. The survey sampling consisted of 1300 convicted people.

The percentage of injecting drug users reached with HIV prevention programmes was **32%** in 2009<sup>22</sup>. This quantity indicator reflects the percentage of IDUs who reported receiving both sterile needles and syringes and condoms in the last 12 months as well as knowing where they can go to receive an HIV test.

In 2007, the indicator amounted to **46%**. Its decrease compared to 2007 can be explained by the fact that the study included so-called second-wave regions where HIV prevalence is traditionally lower, which affects the activity of prevention programmes and coverage of most-at-risk populations with prevention services. Therefore, it would be incorrect to speak of a reduction in the percentage of IDUs reached with prevention programmes on the basis of these data. On the contrary, programme monitoring data show an increase in IDU coverage with prevention programmes. In particular, the percentage of IDUs reached with prevention services provided by non-governmental organizations was **21%** in 2007, **29%** in 2008, and **52%** as of late 2009<sup>23</sup>. The authors believe that the programme monitoring data more correctly reflect the real level and dynamics of IDU coverage with prevention services.

According to survey data, this indicator in 2009 was **33%** among women and **31%** among men. In 2007, the difference was more significant: **50%** among women and **45%** among men. The indicator is **23%** among IDUs under 25 whereas it is **35%** among IDUs aged 25 and over. In 2007, the difference was smaller: **41%** and **48%** respectively.

Answering the question “Do you know where you can go if you wish to receive an HIV test?”, **83%** of IDU respondents gave positive replies, including **85%** of women and **83%** of men. Among IDUs under 25, affirmative answers amount to **81%** whereas the figure among IDUs aged 25 and over is **84%**.

Positive answers to the question “In the last 12 months, have you been given condoms?” were received from **36%** of IDU respondents, including **37%** of women and **35%** of men, the difference being statistically insignificant. Among IDUs under 25, affirmative answers amount to **28.5%** whereas the figure among IDUs aged 25 and over is **38%**.

Positive answers to the question “In the last 12 months, have you been given sterile needles and syringes?” were received from **41%** of IDU respondents, including **44%** of women and **40%** of men. Among IDUs under 25, affirmative answers amount to **29%** whereas the figure among IDUs aged 25 and over is **46%**.

Considering the above, we can acknowledge that, although the percentage of IDUs reached with prevention programmes meets the indicators expected for the end of 2009 provided for in the National Programme for Prevention, Treatment, Care and Support for HIV-infected People and AIDS Patients for 2009–2013 (20%), it is still not sufficient to stop the spread of the epidemic in this population group. In addition, special attention should be paid to the quality of prevention services and, consequently, to regular IDU coverage with these services.

#### • Commercial sex workers

The percentage of commercial sex workers reached with HIV prevention programmes was **59%** in 2009<sup>24</sup>.

The indicator was calculated on the basis of CSWs’ answers to two questions: “Do you know where you can go if you wish to receive an HIV test?” and “In the last 12 months, have you been given condoms?”.

The indicator value among CSWs aged 25 and over differs by 10% from that among CSWs under 25, amounting to **63%** and **53%** respectively.

In 2007, the indicator value was **69%**. However, since data analysis included regions with lower prevalence where no survey was conducted before 2009, and where coverage with prevention programmes is lower, it would be incorrect to compare 2007 and 2009 indicators.

Survey results indicated that **89%** of CSWs know where they can go if they wish to receive an HIV test (in 2007 the indicator was **90%**). The percentage of CSWs under 25 who know where they can receive an HIV test is lower compared to CSWs aged 25 and over: **86%** and **91%** respectively.

The fact of having been given a condom in the last 12 months was reported by **61%** of CSWs (**71%** in 2007). As for the previous question, age-based differences were recorded. The indicator value was **56%** among CSWs under 25 and **65%** among CSWs aged 25 and over.

According to programme monitoring data, the percentage of CSWs reached with prevention services is much lower than survey data show, but it is growing every year. For example, the percentage of CSWs reached with prevention programmes was **9%** in 2007, **15%** in 2008, and **36%** at the end of 2009<sup>25</sup>. The authors believe that programme monitoring data more correctly reflect the real level and dynamics of CSW coverage with prevention services.

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<sup>22</sup> The study “Monitoring of behaviour and HIV infection prevalence among IDUs as a component of second-generation epidemiological surveillance” was conducted by O.O. Yaremchenko Ukrainian Institute of Social Research (2009) and Socis Centre of Social and Marketing Research (2008).

<sup>23</sup> According to SyrEx database information provided by ICF “International HIV/AIDS Alliance in Ukraine”.

<sup>24</sup> The indicator was calculated on the basis of CSW survey results in 25 territorial regions in 2008 and 2009 within the framework of integrated bio-behavioural studies “Monitoring of behaviour and HIV infection prevalence among IDUs as a component of second-generation epidemiological surveillance”. The studies were conducted by Kyiv International Institute of Sociology in cooperation with the MoH Ukrainian AIDS Centre and NGOs with financial support from ICF “International HIV/AIDS Alliance in Ukraine” as part of implementation of the programmes “Overcoming the HIV/AIDS epidemic in Ukraine” and “Supporting HIV/AIDS prevention, treatment and care for most vulnerable populations in Ukraine” supported by the Global Fund to Fight AIDS, TB and Malaria. The sample consisted of 3284 people. The study used RDS and TLS methods. The indicator was calculated in SPSS using weights constructed by age, exported from RDSAT and weights constructed by the number of people present at the point (proceeding from diary data) in the cities where TLS method was applied.

<sup>25</sup> According to SyrEx database information provided by ICF “International HIV/AIDS Alliance in Ukraine”.

Regardless of data source, the indicator meets the targets expected for the end of 2009 provided in the National Programme for Prevention, Treatment, Care and Support for HIV-infected People and AIDS Patients for 2009–2013 (20%). However, the achieved CSW coverage with prevention services is obviously insufficient to make an impact upon the epidemic among this population group.

- **Men who have sex with men**

The percentage of men who have sex with men reached with HIV prevention programmes was **63%** in 2009<sup>26</sup>. In 2007, it was **50%**.

The indicator value is **63%** both among MSM under 25 and MSM aged 25 and over. An insignificant difference was noted in 2007 as well.

Affirmative answers to the question “Do you know where you can go if you wish to receive an HIV test?” were given by **90%** of MSM respondents. Among MSM under 25, affirmative answers amount to **88%** whereas the figure among MSM aged 25 and over is **91%**, the difference being statistically insignificant.

Positive answers to the question “In the last 12 months, have you been given condoms?” were received from **65%** of MSM respondents in both the under 25 and over 25 age groups.

According to programme monitoring data, the percentage of MSM reached with prevention services is also growing, but is much lower than survey data show: for example, the percentage of MSM reached with prevention programmes was **3%** in 2007, **5%** in 2008, and **13.5%** at the end of 2009. The authors believe that programme monitoring data more correctly reflect the real level and dynamics of MSM coverage with prevention services.

The indicator calculated on the basis of behavioural survey data exceeds the coverage indicator set forth in the National Programme for Prevention, Treatment, Care and Support for HIV-infected People and AIDS Patients for 2009–2013 (20%). The indicator obtained by programme monitoring is lower than the said target (13.5%). However, considering epidemiological data, the achieved coverage is obviously insufficient to secure an impact upon the epidemic among this population group.

- **Prisoners**

The percentage of prisoners reached with HIV prevention programmes was **15%** in 2009<sup>27</sup>, almost twice higher than in 2007 when it amounted to **8%**. Considerable progress in this indicator has been made due to substantial improvement in condom supplies to penal facilities at the expense of the Global Fund and the World Bank’s loan to Ukraine. In 2007, only **11%** of respondents received at least one free condom in the last 12 months whereas in 2009 the figure was **21%**. At the same time, the percentage of prisoners who know where they can receive voluntary HIV testing decreased from **68%** in 2007 to **58%** in 2009.

Although women are better aware than men of where they can receive a test, coverage of male prisoners with prevention programmes is higher (**16%**) than female prisoners (**13%**). This is because male penal facilities are better provided with free condoms. There is no difference between age groups: coverage of prisoners aged 16–24 is **14%** whereas the figure for those aged 25 and over is **16%**.

According to programme monitoring data, the percentage of prisoners reached with prevention programmes in 2009 was **19%**; that is, it slightly differed from the indicator obtained from behavioural surveys. In 2007, the percentage was **15%**, and **13%** in 2008.

The data obtained indicate a positive tendency towards an increasing percentage of prisoners reached with prevention activities. At the same time, coverage remains extremely insufficient, especially given the fact that this risk group is the only reachable group that can be covered with comprehensive prevention programmes. The indicator fails to meet the expected indicator set forth in the National Programme for Prevention, Treatment, Care and Support for HIV-infected People and AIDS Patients for 2009–2013 (20%). Special attention should be paid to improvement of prisoners’ access, especially women, to free condoms and better information about VCT conditions and procedures in penal facilities.

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<sup>26</sup> The study “Monitoring of behaviour and HIV infection prevalence among men who have sex with men as a component of second-generation epidemiological surveillance” was conducted by the Centre for Social Expertise of the NASU Institute of Sociology with financial support from ICF “International HIV/AIDS Alliance in Ukraine” in 14 Ukrainian cities between 12 June and 2 September 2009.

<sup>27</sup> The indicator was calculated on the basis of prisoner surveys within the framework of integrated bio-behavioural studies “Monitoring of awareness and behaviour of prisoners as a component of second-generation epidemiological surveillance” conducted by Sotsiokonsalting PO in cooperation with the State Penitential Department of Ukraine with financial support from ICF “International HIV/AIDS Alliance in Ukraine” as part of implementation of the programme “Supporting HIV/AIDS prevention, treatment and care for most vulnerable populations in Ukraine” supported by the Global Fund to Fight AIDS, TB and Malaria, in 24 penal and 2 correctional facilities in 11 oblasts of Ukraine: Zhytomyr, Lviv, Luhansk, Odesa, Poltava, Mykolaiv, Kharkiv, Cherkasy, Ternopil, Chernihiv, Donetsk, and AR Crimea, in December 2009. The survey sampling consisted of 1300 convicted people.



**Indicator 11. Percentage of schools that provided life skills-based HIV education in the last academic year**

The percentage of comprehensive education institutions in Ukraine that have trained teachers and provided life skills-based education concerning formation of healthy lifestyles and HIV prevention in the last academic year was 58.7% in 2009.

This indicator was 57% in 2006 and 55% in 2004.

Calculation of this indicator utilized administrative data provided by the Ministry of Education and Science of the Autonomous Republic of Crimea, education and science departments of oblast state administrations, and Kyiv and Sevastopol city state administrations on the work of comprehensive education institutions to provide life skills-based HIV education.

Life skills-based HIV education covered 100% of basic (degree II) and primary (degree I) level pupils of comprehensive education institutions who study the mandatory school subject “Health Fundamentals” (35 hours per year).

However, essential differences have been found in **provision with trained teachers** to basic and primary levels of school education. The percentage of comprehensive education institutions that have trained teachers and provided life skills-based HIV education to basic-level pupils was 66%, whereas the figure for primary-level pupils was 28%.

At present, teaching of senior school pupils (degree III) on HIV/AIDS prevention and healthy lifestyle formation is secured with the study of appropriate optional courses in 10–11 forms. During the 2008/2009 academic year, optional courses of life skills-based HIV education covered 74,330 pupils, or 8% of the total number of pupils in 10–11 forms. The percentage of comprehensive education institutions with trained teachers who teach these optional courses is 11%.

This considered, increasingly greater attention will be paid to implementation of life skills-based HIV education courses in comprehensive education institutions. It will help young people understand and estimate HIV transmission risk factors and gain practical skills in safe behaviour and healthy lifestyles, particularly concerning HIV and sexually transmitted infections. This objective is stated in the National Programme for Prevention, Treatment, Care and Support for HIV-infected People and AIDS Patients for 2009–2013.

**Indicator 10. Percentage of orphaned and vulnerable children aged 0–17 whose households received free basic external support in caring for the child**

This indicator does not correspond to the epidemic recorded in Ukraine because the HIV epidemic in Ukraine is categorized as concentrated, whereas this indicator is most suitable for countries with a generalized epidemic.

**Indicator 12. Current school attendance among orphans and non-orphans aged 10–14**

This indicator does not correspond to the epidemic recorded in Ukraine because, according to Ukrainian law, general secondary education is mandatory for all children regardless of their health or social status.

**Knowledge and behaviour indicators**

To date Ukraine has not managed to achieve any substantial success in stabilizing the epidemic: the number of new HIV infection cases is growing every year. The problem of increasing new HIV/AIDS cases is mostly caused by insufficient objective public information about HIV and its transmission and prevention, as well as by the uncertain impact of this information upon behaviour. According to this indicator, the HIV/AIDS awareness level is still far from the target defined by the country within the framework of implementation of the Declaration of Commitment on HIV/AIDS.

Prevention programmes for young people and most-at-risk groups are aimed at securing access to reliable HIV information, which is an important, although not sufficient, prerequisite for shaping skills and behaviour allowing reduction of HIV infection risk. At the same time, the values of this indicator show that risky behaviour directly affecting the HIV prevalence rate is still widespread among both the general population and most-at-risk groups.

## YOUNG PEOPLE: KNOWLEDGE ABOUT HIV PREVENTION

### **Indicator 13. Percentage of young people aged 15–24 who both correctly identify ways of preventing the sexual transmission of HIV and reject major misconceptions about HIV transmission**

In 2009, the percentage of young people aged 15–24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission was **40%**<sup>28</sup>. This indicator was calculated on the basis of answers to five questions.

There is no substantial difference in indicator values in 2009 depending on gender (**41%** of female and **40%** of male respondents correctly identify ways of preventing sexual transmission of HIV and reject major misconceptions about HIV transmission). Among young men aged 15–19, this indicator amounts to **37%** whereas in the 20–24 age category it is **42%**, but these differences are not statistically significant. Among women aged 15–19, the value of this indicator reaches **39%** whereas in the 20–24 category it is **42%** (again, the difference is not statistically significant).

In 2007, the value of this indicator was the same (**40%**). In 2004, the indicator amounted to **14%** but direct comparison with 2004 data is not valid because the indicator calculation methodology was changed.

Analysis of the answers given by respondents indicates a fairly low level of young people's awareness about ways of preventing HIV transmission and ways in which HIV is not transmitted. No difference between men and women can be seen in almost all cases (the same result was found in 2007).

**90%** of young respondents (**88%** among women, **91%** among men) know that HIV infection risk can be reduced by having sex with only one faithful uninfected partner. The value of this indicator has not changed in a statistically significant way since 2007. What causes concern is a substantial difference in answers to questions about this way of preventing HIV transmission between female age groups: **83%** and **93%** respectively, which indicates the need to strengthen prevention work first of all among students.

Using a condom in every sexual intercourse as a way of preventing sexual HIV transmission was identified by **91%** respondents with no substantial difference on the grounds of gender. As with the previous question, women in the 15–19 age category provided considerably fewer correct answers to this question than women aged 20–24: **85%** and **94%** respectively. In 2007, this indicator was **88%**; that is, there has been an improvement in the level of awareness about this way of preventing HIV transmission.

**84%** of respondents (**82%** of women and **85%** of men) agreed with the assertion that a healthy-looking person may have HIV. In 2007 the value of this indicator was also around **84%**, i.e. it did not differ from the results of the 2009 survey. Hence, we should acknowledge no increase in the percentage of those knowing that a healthy-looking person may have HIV.

The assertion that a person can get HIV by sharing a glass with someone who is infected was deemed mistaken by **66%** of respondents (**68%** of women and **65%** of men). Proceeding from results of the survey, significant differences between men and women aged 15–19 can be observed. For example, only **60%** of men in this category deemed this assertion to be mistaken. The figure for women is **74%**. At the same time, the situation is the opposite among men and women aged 20–24, though the difference is not so significant: **69%** and **64%** respectively. It should also be pointed out that the percentage of young people who deemed this assertion to be mistaken in 2007 was somewhat higher, about **69%**.

The assertion that a person can get HIV by sharing a lavatory, swimming pool or sauna with someone who is infected was rejected by only **65%** of young respondents (**68%** among men and **62%** among women). In comparison with 2007, the percentage of people who provided a correct answer to this question has slightly grown (**63%** in 2007).

We can state that the value of this indicator slightly improved over the period between 2004 and 2007, but no material change occurred during the most recent two years. It still remains quite far from the target identified by the country within the framework of implementation of the Declaration of Commitment on HIV/AIDS by 2010 (**95%**). This considered, a systematic national awareness-raising campaign for young people is required in order to achieve the specified goal of raising awareness among this target group of ways of HIV transmission.

## MOST-AT-RISK POPULATIONS: KNOWLEDGE ABOUT HIV TRANSMISSION PREVENTION

### **Indicator 14. Percentage of most-at-risk populations who both correctly identify ways of preventing the sexual transmission of HIV and reject major misconceptions about HIV transmission**

#### **• Injecting drug users**

The percentage of injecting drug users who both correctly identify ways of preventing the sexual transmission of HIV and reject major misconceptions about HIV transmission was **55%**<sup>29</sup> in 2009, including **53%** of women and

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<sup>28</sup> Results of a national representative sociological survey of people aged 15–49 conducted in October–November 2009 by Kyiv International Institute of Sociology. The total number of respondents was 2602 in all territorial-administrative regions of Ukraine (AR Crimea, 24 oblasts, Kyiv and Sevastopol).

**55%** of men. To compare: the indicator in 2007 was **47%**, or 8% lower; no difference between men and women was observed. In 2009, correct answers among IDUs under 25 were **54%** while the percentage among IDUs aged 25 and above was **55%**. In 2007, the difference was **41%** against **49%**.

Correct answers to the first indicative question “Can HIV infection risk be reduced by having sex with only one faithful uninfected partner?” made up **86%** of the total, including **84.5%** of women and **86%** of men, the difference being statistically significant. Correct answers among IDUs under 25 were **87%** while the percentage among IDUs aged 25 and over was **86%**, the difference being statistically insignificant.

Correct answers to the second indicative question “Can using a condom correctly during each sexual intercourse reduce the risk of HIV transmission?” were **85%** of the total, including **84%** of women and **85%** of men. Correct answers among IDUs under 25 were **86%** while the percentage among IDUs aged 25 and over was **84%**.

Correct answers to the third indicative question “Can a healthy-looking person have HIV?” were **86%** of the total, including **87%** of women and **85%** of men. Correct answers among IDUs both under 25 and aged 25 and over were **86%**.

Correct (negative) answers to the fourth indicative question “Can a person get HIV by sharing a lavatory, swimming pool or sauna with someone who is infected?” were **80%** of the total, both among women and men, and among IDUs both under 25 and aged 25 and over.

Correct (negative) answers to the fifth indicative question “Can a person get HIV by sharing a glass with someone who is infected?” were **84%** of the total, including **87%** of women and **83%** of men. There was no difference between IDUs under 25 and those aged 25 and over.

A correct answer to the question “Can a person get HIV by using a needle used by someone else?” was given by **96.1%** of IDUs.

We can acknowledge improvement in IDUs’ correct identification of ways of preventing the sexual transmission of HIV and about the ways it is not transmitted as compared to 2007, but this aspect still causes concern because not all the respondents providing a correct answer to one question provided correct answers to the other four questions. Raising awareness of prevention of sexual HIV transmission among this at-risk group is important because sexual HIV transmission among IDUs and their sexual partners remains a threatening factor in the spread of HIV among both at-risk groups and the general population.

#### • Commercial sex workers

The percentage of commercial sex workers (CSW) who both correctly identify ways of preventing the sexual transmission of HIV and reject major misconceptions about HIV transmission was **51%**<sup>30</sup> in 2009.

The indicator was calculated based on correct answers to five questions in the regions under survey.

In 2007, the indicator amounted to **48%** but direct comparison of its values over time is not valid because the indicator calculation methodology was changed<sup>31</sup>.

Results of the survey show that younger CSWs (under 25) are slightly less aware: the indicator was **46%** in this age group. For CSWs over 25 the indicator value was **55%**.

It was revealed that **85%** of CSWs know that HIV infection risk can be reduced by having only one faithful uninfected partner (**81%** in 2007). No substantial difference by age was found.

**91%** of CSWs know that HIV infection risk can be reduced by using a condom during each sexual intercourse (**99%** in 2007). No difference by age was found.

**77%** of CSWs agreed that a healthy-looking person can have HIV (**71%** in 2007). CSWs over 25 voiced greater confidence (**80%**). Among CSWs under 25, the indicator value was **71%**.

**78%** of CSWs disagreed with the assertion that a person can get HIV by sharing a lavatory, swimming pool or sauna with someone who is infected (**83%** in 2007). As in the previous case, better awareness on this issue was demonstrated by CSWs over 25: **80%** of them disagreed, whereas **74%** disagreed among CSWs under 25.

As survey results show, **82%** of CSWs disagreed that a person can get HIV by sharing a glass with someone who is infected (**78%** in 2007). The value of this indicator was slightly higher among CSWs over 25 (**84%**) compared to CSWs under 25 (**79%**).

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<sup>29</sup> The study “Monitoring of behaviour and HIV infection prevalence among IDUs as a component of second-generation epidemiological surveillance” was conducted by the O.O. Yaremko Ukrainian Institute of Social Research (2009) and Socis Centre of Social and Marketing Research (2008).

<sup>30</sup> The indicator was calculated on the basis of results of CSW surveys in 25 territorial regions in 2008 and 2009 within the framework of integrated bio-behavioural studies “Monitoring of behaviour and HIV infection prevalence among IDUs as a component of second-generation epidemiological surveillance” (2008–2009). The studies were conducted by Kyiv International Institute of Sociology in cooperation with the MoH Ukrainian AIDS Centre and NGOs with financial support from ICF “International HIV/AIDS Alliance in Ukraine” as part of implementation of the programmes “Overcoming the HIV/AIDS epidemic in Ukraine” and “Supporting HIV/AIDS prevention, treatment and care for most vulnerable populations in Ukraine” supported by the Global Fund to Fight AIDS, TB and Malaria. The study used RDS and TLS methods. The study sample consisted of 3284 people. The indicator was calculated in SPSS using weights constructed by age, exported from RDSAT and weights constructed by the number of people present at the point (proceeding from diary data) in the cities where TLS methodology was used.

<sup>31</sup> In 2007, the survey was conducted in 12 regions of Ukraine using the snowball method. In 2009, two methods were used: time-location sampling and respondent-driven sampling.

An affirmative answer to the question “Can a person get HIV by using a needle used by someone else?” was given by **95%** of CSWs.

Correct knowledge provides a foundation for more reasonable behaviour, because if one knows about potential dangers (or absence thereof) one can correct one’s practices to reduce their riskiness. However, such knowledge is only a prerequisite and does not necessarily imply any direct impact upon behavioural practices. It is important to assess correctly how knowledge is linked with practice, because if increasing knowledge does not correlate with safer practices in any way, then appropriate corrections should be made to campaigns advocating safer behavioural models. Possible practices that can be influenced by knowledge include using condoms and taking drugs.

#### • Men who have sex with men

The percentage of men who have sex with men (MSM) who both correctly identify ways of preventing sexual transmission of HIV and reject major misconceptions about HIV transmission was **71%**<sup>32</sup> in 2009. The indicator in 2007 was **47%**; hence, there has been a rapid growth of awareness of ways of HIV transmission (of 28 percentage points). Correct answers among MSM under 25 were **72%** while the percentage among MSM aged 25 and over was **71%**, the difference being statistically insignificant, as in 2007.

Correct answers to the first indicative question “Can HIV infection risk be reduced by having sex with only one faithful uninfected partner?” were **94%** of the total. Correct answers among MSM under 25 were **93%** while the percentage among MSM aged 25 and over was **95%**, the difference being statistically insignificant.

Correct answers to the second indicative question “Can using a condom correctly during each sexual intercourse reduce the risk of HIV transmission?” were **94%** of the total. Correct answers among MSM under 25 were **93%** while the percentage among MSM aged 25 and over was **95%**, the difference being statistically insignificant.

Correct answers to the third indicative question “Can a healthy-looking person have HIV?” were **88%** of the total. Correct answers among MSM under 25 were **88%** while the percentage among MSM aged 25 and over was **88.4%**, the difference being statistically insignificant.

Correct (negative) answers to the fourth indicative question “Can a person get HIV by sharing a lavatory, swimming pool or sauna with someone who is infected?” were **90%** of the total, both among MSM under 25 and aged 25 and over.

Correct (negative) answers to the fifth indicative question “Can a person get HIV by sharing a glass with someone who is infected?” were **89%** of the total. Correct answers among MSM under 25 were **90%** while the percentage among MSM aged 25 and over was **88%**, the difference being statistically insignificant.

Growing MSM awareness of ways of HIV transmission, combined with an increase in the percentage of men reporting use of a condom the last time they had anal sex with a male partner (64%), allows us to hope that the spread of HIV in this group will slow down.

#### • Prisoners

The percentage of prisoners who both correctly identify ways of preventing the sexual transmission of HIV and reject major misconceptions about HIV transmission was **41%**<sup>33</sup>. This proves that prisoners’ knowledge level has not substantially changed since 2007, when it was **43%**. At the same time, there has been an increase in the level of knowledge among female prisoners, which was **43%** in 2009, or **6%** higher than in 2007. Among men, this indicator has decreased by **4%** over two years and totalled **41%**. As before, prisoners aged 16–24 demonstrate worse knowledge (**38%**) than people aged 25 and over (**43%**).

Analysis of answers received from the respondents shows a fairly high level of awareness of the ways of preventing sexual transmission of HIV. **86%** are aware of HIV transmission risk reduction by using a condom during each sexual intercourse.

An appreciably smaller number of respondents (**66%**) agreed that HIV infection risk can be reduced by having sex with only one faithful uninfected partner. The relatively low percentage of correct answers to this question is connected with the specific presentation of educational information to inmates of penitentiary facilities. Since a

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<sup>32</sup> The study “Monitoring of behaviour and HIV infection prevalence among men who have sex with men as a component of second-generation epidemiological surveillance” was conducted by the Centre for Social Expertise of the NASU Institute of Sociology with financial support from ICF “International HIV/AIDS Alliance in Ukraine” in 14 Ukrainian cities between 12 June and 2 September 2009. The total number of respondents was 2300 men who have sex with men. The sampling population was implemented by RDS (respondent-driven sampling) in Dnipropetrovsk, Donetsk, Kyiv, Mykolaiv, Odesa, Simferopol, Kharkiv and Kherson, and TLS (time-location sampling) in Ivano-Frankivsk, Luhansk, Lviv, Poltava, Uzhhorod and Cherkasy.

<sup>33</sup> The indicator was calculated on the basis of prisoner surveys within the framework of integrated bio-behavioural studies “Monitoring of awareness and behaviour of prisoners as a component of second-generation epidemiological surveillance” conducted by Sotsiokonsalting PO in cooperation with the State Penitential Department of Ukraine with financial support from ICF “International HIV/AIDS Alliance in Ukraine” as part of implementation of the programme “Supporting HIV/AIDS prevention, treatment and care for most vulnerable populations in Ukraine” supported by the Global Fund to Fight AIDS, TB and Malaria, in 24 penal and 2 correctional facilities in 11 oblasts of Ukraine: Zhytomyr, Lviv, Luhansk, Odesa, Poltava, Mykolaiv, Kharkiv, Cherkasy, Ternopil, Chernihiv, Donetsk, and AR Crimea, in December 2009. The survey sampling consisted of 1300 convicted people.

considerable share of prisoners have experience of risky behaviour and there are no permanent sexual partners, attitudes towards regular condom use are shaped accordingly.

The respondents have a higher level of awareness of the fact that a healthy-looking person can have HIV (78%). This indicator has remained unchanged since previous years.

The percentage of prisoners sharing the mistaken idea of possible HIV transmission by routine contact has decreased during the last two years. At present, prisoners know that HIV cannot be transmitted by sharing dishes (77%), lavatory or sauna (74%).

92.5% of prisoners know that a person can get HIV by sharing a syringe or needle.

Considering the fairly high mobility of the prisoner contingent over the reporting period, their awareness level can be estimated as quite satisfactory and as showing the substantial scope of education work carried out by medical and social workers of penitentiary facilities in cooperation with representatives of public organizations. At the same time, considerable differentiation of prisoners' knowledge level by facility demonstrates the possibility of achieving greater success in this indicator if information activities are properly implemented in all penal and correctional facilities.

## RISKY SEXUAL RELATIONS

### **Indicator 15. Percentage of young women and men aged 15–24 who have had sexual intercourse before the age of 15**

The percentage of young women and men aged 15–24 who have had sexual intercourse before the age of 15 was 2.4% in 2009<sup>34</sup> (value interval at 0.95 confidence probability is between 1.2% and 3.6%).

The value of the indicator is 4.3% for men and 0.3% for women. This percentage is 4.1% among men aged 15–19 and 4.5% among those aged 20–24. There was no woman in the 15–19 age group who would say she had had her sexual debut before the age of 15. Only 0.5% of women aged 20–24 said they had had their sexual debut before the age of 15.

Later sexual debut can promote reduced probability of HIV infection, especially among women. And, although the obtained results prove that some proportion of young people have had sexual intercourse before the age of 15, thus facing higher HIV infection risk, there has been a significant positive shift compared to 2007 when the value was 5%.

It should be noted that the method of questioning about sexual debut was changed in 2009. In 2007, the interviewer put the question directly to the respondent (face-to-face interview) whereas in 2009, considering the high sensitivity of such questions, the questionnaire section on sexual practices was circulated to respondents to fill in unassisted (without interviewer involvement). We assume that we obtained more precise data this way because we eliminated to some extent the psychological stress that the respondent could feel if he/she replied directly to the interviewer.

Results of the Medico-Demographic Survey of Ukraine 2007 are close to the value of this indicator<sup>35</sup>. For example, according to the survey, 1% of young women and 2% of young men aged 15–24 have had sexual intercourse before the age of 15.

However, a critical attitude to this indicator value is shaped by alternative studies conducted in Ukraine. For example, a sociological survey among vocational school students<sup>36</sup> showed that the percentage of young people who have had sexual intercourse before the age of 15 is 9.4% (14% among men and 3.4% among women).

In any event, work aimed at shaping a culture of sexual relations among adolescents and young people before their sexual debut should be continued.

### **Indicator 16. Percentage of women and men aged 15–49 who have had sexual intercourse with more than one partner in the last 12 months**

The percentage of women and men aged 15–49 who have had sexual intercourse with more than one partner in the last 12 months was 15% in 2009<sup>37</sup>. No significant change has been recorded during the last two years (14% in 2007).

The number of women who reported having more than one partner was almost three times lower than the number of men: 7% and 23% respectively. Similar differences were seen in 2007.

<sup>34</sup> Results of a national representative sociological survey of people aged 15–49 conducted in October–November 2009 by Kyiv International Institute of Sociology. The total number of respondents was 2602 in all territorial-administrative regions of Ukraine (AR Crimea, 24 oblasts, Kyiv and Sevastopol).

<sup>35</sup> The Medico-Demographic Survey of Ukraine (MDSU) is a national representative survey of 6481 women aged 15–49 and 3178 men aged 15–49. Data for the survey was collected between July and November 2007. MDSU was carried out by the Ukrainian Centre for Social Reforms in close cooperation with the State Statistics Committee of Ukraine. The MEASURE DHS Project provided technical assistance to the survey. Financing was secured by the U.S. Agency for International Development's Kyiv regional office in Ukraine, Moldova and Belarus.

<sup>36</sup> The study was conducted within the framework of the project "HIV/AIDS prevention in East Europe" in December 2009 by the O.O. Yaremenko Ukrainian Institute of Social Research with financial support from the German Society of Technical Cooperation among young people aged 15–22 who are students of 1–3 years (based on 9 and 11 forms) at 13 vocational schools in five regions of Ukraine: Vinnytsia oblast, Ternopil oblast, Khmelnytskyi oblast, Chernivtsi oblast, and Kyiv; the total number of respondents was 1008.

<sup>37</sup> Results of a national representative sociological survey of people aged 15–49 conducted in October–November 2009 by Kyiv International Institute of Sociology. The total number of respondents was 2602 in all territorial-administrative regions of Ukraine (AR Crimea, 24 oblasts, Kyiv and Sevastopol).

The greatest percentage of women and men having more than one partner in the last 12 months is in the 20–24 age group. For example, this indicator is **41%** among men aged 20–24, **18%** among those aged 15–19, and **20%** among those aged 25–49. Among women aged 20–24, the value is **10%**, which is statistically significantly higher than the figure for those aged 15–19 (**3%**) but does not differ from the indicator for women aged 25–49 (**7%**).

It may be concluded that the most active sex life is led by young people aged 20–24. It is this youth category that requires greater attention as far as coverage with specialized prevention programmes is concerned. Prevention work among students of higher education institutions (as the largest share in the 20–24 age group) needs to be strengthened to provide continuous access to basic information on HIV and sexual and reproductive health as well as access to free condoms.

**Indicator 17. Percentage of women and men aged 15–49 who had more than one partner in the past 12 months who used a condom during their last sexual intercourse**

The percentage of women and men aged 15–49 who had more than one partner in the past 12 months who used a condom during their last sexual intercourse was **61%** in 2009<sup>38</sup>. The value of this indicator reaches **84%** among men aged 15–19 and **74%** among those aged 20–24 (the difference is not statistically significant). Among men aged 25–49, the percentage is somewhat lower (**51%**).

Among women aged 15–49, the indicator is **54%**. For women aged 15–19 and 20–24, sample sizes for this indicator were too small to make reliable statistical calculations.

The value of the indicator is statistically significantly lower compared to 2007 when it was **72%**. A change in the approach to data collection in the 2009 survey is the most probable reason for this decrease<sup>39</sup>. We assume that slightly overstated estimates could have been obtained in 2007 due to the sensitivity of this question. In 2009, the data obtained should reflect the real situation more precisely because a method was used that considered the sensitivity of the question to a greater extent.

Comparison of the indicator values for 2007 and 2009 among representatives of various age groups shows that a statistically significant reduction occurred for people aged 25–49 whereas no such reduction is recorded for the 15–24 age group (perhaps due to the low population of samples for the 15–24 age group in 2007 and 2009) (see Table 9). It may be related to the fact that older respondents are more inclined to present themselves as “responsible” members of society practicing safe sexual behaviour, including use of condoms. This is why, since the question was asked directly by the interviewer in 2007, it may be assumed that the estimates then obtained were more shifted towards “socially desirable” answers.

*Table 9*

**Indicator 17 trend in 2007–2009 among representatives of various age groups**

	Percentage of those who used a condom during their last sexual intercourse, among those respondents who had more than one partner in the past year					
	2007			2009		
	15–24	25–49	15–49	15–24	25–49	15–49
Used a condom	70.6	72.6	71.7	76.7	51.3	60.4
Used no condom	25.5	24.6	25.0	23.3	48.7	39.6
No reply	3.9	2.8	3.3	0.0	0.0	0.0
N	133	170	303	139	249	387

The hypothesis that decrease in condom use rate in 2009 might be associated with the rise in condom price which has occurred in the last two years failed to find any confirmation. Only **1.7%** respondents mentioned the higher price of condoms as a reason for not using a condom during their last sexual intercourse. This percentage does not differ among youth (**1%** in the 15–24 age group) and among older people (**1.8%** aged 25–49). Instead, **56.2%** of respondents gave the following answer: “Deemed it unnecessary”; **45.7%** of them were aged 15–24 and **57.8%** aged 25–49.

<sup>38</sup> Results of a national representative sociological survey of people aged 15–49 conducted in October–November 2009 by Kyiv International Institute of Sociology. The total number of respondents was 2602 in all territorial-administrative regions of Ukraine (AR Crimea, 24 oblasts, Kyiv and Sevastopol).

<sup>39</sup> In the 2007 survey, interviewers directly asked respondents the question (face-to-face interview) whereas in 2009, considering the high sensitivity of questions on sexual behaviour, the approach was changed and respondents filled in the section on sexual behaviour by themselves, without interviewer involvement. The question on condom use may be regarded as sensitive, and people are inclined to give socially desirable answers to such questions. Using condoms is a way to prevent STIs, and awareness-raising campaigns are conducted in Ukraine to popularize such practices. Hence, we can assume that respondents mostly realize that using condoms is “socially desirable”, especially in cases when they have had several different sexual partners recently. Therefore, if the indicator is measured by respondents’ answers obtained in face-to-face interviews, then we receive slightly overstated estimates. Using an alternative method of measurement, when a respondent is not directly asked about condom use, should promote a more precise estimate of this indicator.

The value of this indicator causes concern and requires implementation of consistent public awareness-raising campaigns at national and regional level.

### **Safe behaviour among most-at-risk groups**

The HIV/AIDS epidemic in Ukraine initially developed due to heterosexual transmission, and grew since 1995 due to rapid spread of HIV among injecting drug users. Since the late 1990s, the share of cases of sexual HIV transmission has started to grow, first of all through sexual partners of injecting drug users and through female commercial sex workers who usually have large numbers of clients. However, the growing number of cases of heterosexual transmission obviously hides a fairly large share of HIV transmission among MSM.

Therefore, monitoring of safe behavioural practices in these currently vulnerable populations in Ukraine is of special interest.

### **Indicator 18. Percentage of female and male sex workers reporting the use of a condom with their most recent client**

The percentage of respondents who provided commercial sex services in the last 12 months and reported using condoms during sexual intercourse with their last client was **88%** in 2008–2009<sup>40</sup>.

In 2007, this indicator amounted to **86%**, but it is invalid to compare 2009 data with data for previous years. In 2007, the survey was conducted in 12 regions of Ukraine using the snowball method. In 2009, two new methods were used: time-location sampling and respondent-driven sampling.

Results of the survey showed no substantial difference by age.

At the same time, only **44%** of CSWs said during the survey that under no condition would they agree to provide commercial sex services without using a condom. Every fifth CSW (**22%**) is ready to have no-condom sex for additional payment. **28%** would agree to such sex with a client they know well. **17%** of CSWs noted they could agree to have unprotected sex with a client they trust. Thus, less than half of CSWs express the strong conviction that in no circumstance would they provide sexual services without using a condom. That is, the indicator of “using a condom with the last client” does not demonstrate to the full extent the percentage of CSWs at risk because using a condom with the last client may be “compensated” by not using one with another client. Hence, the practice of unsafe sexual behaviour still exists and requires further improvement of prevention work with this risk group.

As the survey results prove, two thirds of respondents (**66%**) who provided such sexual services as vaginal sex always used condoms in the last 30 days and confirmed this fact in their answer to a qualifying question. **85%** of female CSWs always used condoms, or at least in more than 50% of cases. Thus, we can acknowledge that an overwhelming majority of female CSWs mostly practise protected sex, although some cases occur when no condom is used. The indicator of always using a condom in **66%** of cases is much lower than the national indicator according to which a condom was used with the last client in **88%** of cases. We should also note that the highest percentage of those who always used a condom in the last month (**77%**) is among female CSWs for whom telephone or Internet is the main method of finding clients. Among female CSWs of two other groups (in terms of methods of finding clients), the value is **62–64%**.

Since anal sex is the most dangerous, special attention should be paid both to prevalence of this sexual service and to frequency of condom-use. According to the survey, only half of female CSWs (**48%**) did not provide such sexual services in the last month. Results of the survey demonstrate that only **55%** of female CSWs providing such services always used a condom (and confirmed this in their answer to a qualifying question). Hence, almost half of female CSWs confirmed the occurrence of anal sex without condoms, which could cause special risks for female commercial sex workers. This indicator (**55%**) is significantly lower compared to the similar indicator concerning vaginal sex. This situation perhaps results from lower awareness of the dangers of anal sex; i.e. because they are less informed about the risks, female CSWs are less inclined to use condoms during anal sex. The safest behaviour can be seen among female CSWs who find clients via the telephone or Internet: among this group the percentage of CSWs who always used condoms when providing such sexual services as anal sex is **70%**. Among female CSWs of two other groups (in terms of client search methods), the value of this indicator is **48–54%**.

Hence, the rather optimistic national indicator of using a condom during sexual intercourse with the last client (**88%**) demonstrates the prevalence of safe sexual practices only to a certain extent. Such data somewhat differs from the estimate of frequency of using condoms in the last month. Although the low indicator of always using a condom for oral sex does not appear too threatening (despite existing dangers), the fact that almost half of female CSWs practising such sexual services as anal sex do not always use a condom is more dangerous. Another fact is also

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<sup>40</sup> The indicator was calculated on the basis of results of FCSW surveys in 25 territorial units in 2008 and 2009 within the framework of integrated bio-behavioural studies “Monitoring of behaviour and HIV infection prevalence among IDUs as a component of second-generation epidemiological surveillance” (2008–2009). The studies were conducted by Kyiv International Institute of Sociology in cooperation with the MoH Ukrainian AIDS Centre and NGOs with financial support from ICF “International HIV/AIDS Alliance in Ukraine” as part of implementation of the programmes “Overcoming the HIV/AIDS epidemic in Ukraine” and “Supporting HIV/AIDS prevention, treatment and care for most vulnerable populations in Ukraine” supported by the Global Fund to Fight AIDS, TB and Malaria. The study used RDS and TLS methods. The study sample consisted of 3284 people. The indicator was calculated in SPSS using weights constructed by age, exported from RDSAT and weights constructed by the number of people present at the point (proceeding from diary data).

worrying: only two thirds of female CSWs always used a condom during vaginal sex. We can also point out that **15%** of female CSWs provide all kinds of sexual services, and cases of not using condoms are recorded for each of them.

**Indicator 19. Percentage of men reporting the use of a condom the last time they had anal sex with a male partner**

The percentage of men reporting the use of a condom the last time they had anal sex with a male partner was **64%** in 2009<sup>41</sup>.

In 2007, the value of this indicator was **39%**, that is, the indicator has grown by 25 percentage points.

This indicator is **63%** among MSM under 25 years of age whereas it is **64%** among MSM aged 25 and over; the difference being statistically insignificant, the same as in 2007.

Analysis of condom use frequency is more illustrative in terms of safe behaviour. For example, according to MSM survey data, 53% of respondents always (in 100% of cases) used a condom in anal intercourse with men during the last 30 days.

The value of the indicator has grown compared to 2007, which testifies to the efficiency of prevention programmes among MSM. However, the indicator does not reflect constant condom use with regular and casual male partners whereas survey data confirms a difference between sustained practices of sexual behaviour and the last anal intercourse. The indicator also provides no information about condom use in sexual intercourse with women. Therefore it should be interpreted cautiously, and active prevention work should be continued in this risk group.

**Indicator 20. Percentage of injecting drug users reporting the use of a condom the last time they had sexual intercourse**

The percentage of injecting drug users reporting the use of a condom the last time they had sexual intercourse was **48%** in 2009.

In 2007 the indicator was **55%**, i.e. it has gone down by 7% over two years; however, direct comparison of this indicator with that provided in the previous report is not valid because of changes in the formation method of the sampling population. This year's indicator can be regarded as more realistic because sample formation included regions where there are no prevention programmes, unlike the regions from which the sample was formed in the previous report's study.

In 2009, the indicator was **45%** among women and **50%** among men; there was no difference in 2007.

In 2009, the indicator was **53%** among IDUs aged under 25 whereas it was **47%** among IDUs aged 25 and over. This difference was also notable in 2007 (**62%** against **52%**).

Answering the question on how frequently a person uses a condom during sexual intercourse with a casual sexual partner, **53%** mentioned "always using", **10%** mentioned "never using", and the remaining **37%** used a condom with varying periodicity.

It can be established that sexual transmission of HIV among IDUs and their sexual partners remains a threatening factor in the spread of HIV among both at-risk groups and the general population.

**Indicator 21. Percentage of injecting drug users reporting the use of sterile injecting equipment the last time they injected**

The percentage of injecting drug users reporting the use of sterile injecting equipment the last time they injected in the last 30 days was **87%** in 2009.

In 2007, the indicator was three percentage points lower at **84%**.

In 2009, the indicator was **84%** among women and **89%** among men, the difference being statistically significant. In 2007, the difference was also in men's favour – **81%** against **85%**.

In 2009, the indicator was **89%** among IDUs aged under 25 and **87%** among IDUs aged 25 and over; there was no difference in 2007.

However, the survey revealed that **57%** of respondents had received drugs from an already filled syringe. Both among those who positively answered this question and those who objected, an absolute majority believed they did not use equipment already used by someone else in the last 30 days (**80%** and **92%** respectively). That is, respondents answered the question on whether they used a sterile syringe regardless of whether they saw how the syringe was filled.

Additionally, **21%** of respondents said that they had given their used syringe to some other person at least once, and **72%** of respondents took a prepared solution from a shared vessel at least once in the last month.

Taking the above data into consideration, the need for more active coverage of this group with quality harm reduction programmes and for expansion of substitution therapy programmes remains topical.

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<sup>41</sup> The study "Monitoring of behaviour and HIV infection prevalence among men who have sex with men as a component of second-generation epidemiological surveillance" was conducted by the Centre for Social Expertise of the NASU Institute of Sociology with financial support from ICF "International HIV/AIDS Alliance in Ukraine" in 14 Ukrainian cities between 12 June and 2 September 2009. The total number of respondents was 2300 men who have sex with men. The sampling population was implemented by RDS (respondent-driven sampling) in Dnipropetrovsk, Donetsk, Kyiv, Mykolaiv, Odesa, Simferopol, Kharkiv and Kherson, and TLS (time-location sampling) in Ivano-Frankivsk, Luhansk, Lviv, Poltava, Uzhhorod and Cherkasy.



## SECTION V. BEST PRACTICES

Approaches and official criteria to evaluate what best practices consist of have still not been developed in Ukraine. Fragmentary attempts have been undertaken within the framework of technical assistance provided to the country by international partners such as UNAIDS, UNICEF, WHO, and UNDP.

Late in 2007, Ukraine undertook the first ever comprehensive external evaluation of the national response to the HIV/AIDS epidemic. The evaluation was implemented by a team of external experts who considered over 120 technical issues in seven programme areas. The experts who performed the external evaluation identified a few key best approaches that they think deserve closer attention and perhaps should be scaled up and used further as best practice models both in Ukraine and, where relevant, in other countries.

### *(a) Political leadership and responsibility of the Head of State*

During 2008–2009 the Head of State, President of Ukraine Viktor Yushchenko paid serious attention to the HIV/AIDS epidemic in Ukraine and demonstrated commitment to combating this disease. Under his instruction, the Government of Ukraine developed a concept of the new National Programme for Prevention, Treatment, Care and Support for HIV-infected People and AIDS Patients for 2009–2013, which the Verkhovna Rada of Ukraine passed into law. The programme sets a new strategic framework for the national response to HIV/AIDS, consolidates the efforts of the public and civil sectors, and considers substantial financial assistance from international organizations, first of all the Global Fund to Fight HIV/AIDS, TB and Malaria. The new national programme is the most comprehensive and well-funded programme of counteraction to HIV/AIDS developed in Ukraine since independence. Raising the legal status of the new programme to “national” secures priority of its budget financing on all levels (national, oblast, and district). It also provides for substantial increase of funding to purchase key medical supplies, first of all antiretroviral medicines for treatment of AIDS patients, and for the first time assumes disbursement of considerable resources to ministries and agencies outside the health care sector. Existing legislation on HIV/AIDS, despite the need for continuous improvement, generally secures proper legal principles for its effective implementation on the national and regional levels.

### *(b) The leading role of non-governmental organisations and people living with HIV/AIDS in provision of services*

One of the key strengths of Ukraine’s response to the HIV/AIDS epidemic during the reporting years is the growing leadership, advocacy and professional capacity of non-governmental organizations. The International Charitable Foundation “International HIV/AIDS Alliance in Ukraine” and the All-Ukrainian Network of People Living with HIV have demonstrated exceptional capacity and professionalism as national partners able to efficiently implement large-scale and comprehensive HIV/AIDS programmes. In important recognition of this capacity, the Global Fund to Fight AIDS, TB and Malaria decided to award Ukraine the Round 6 grant (almost USD 151 million), which is now under implementation by the Alliance and the All-Ukrainian PLHA Network as principal co-recipients. Successful implementation of the Global Fund grant within the first phase of Round 6 (2007–2009) provided grounds to continue financing for the next three years of the grant’s second phase until July 2012.

Ukrainian public organizations have worked successfully on the national level to advocate for Ukrainian Government support for implementation of substitution therapy, including methadone therapy, as an effective and proven method of HIV prevention among injecting drug users. The importance of civil society’s role in the national response to the HIV/AIDS epidemic is confirmed by the inclusion of civil society representatives in national and regional coordinating councils on counteraction to HIV/AIDS; in particular, the requirement that a person living with HIV/AIDS be elected as one of the deputy chairs of these councils.

Civil society representatives are also key partners in the development and implementation of important components of the current National Programme for Prevention, Treatment, Care and Support for HIV-infected People and AIDS Patients for 2009–2013. Over 150 civil sector organizations are providing services in HIV/AIDS prevention, treatment, care and support on the local level.

### *(c) Prevention of mother-to-child transmission and provision of treatment to children*

Prevention of mother-to-child HIV transmission remains the only prevention programme in the country that has achieved almost universal coverage of its target group. Despite continuous increase in the number of women diagnosed with HIV during pregnancy, their coverage with prophylactic antiretroviral treatment is steadily growing and reached almost 95% in 2009. The practice of double testing of each pregnant woman during pregnancy, which was earlier criticized for inefficient use of resources, in a concentrated HIV epidemic ensures identification of every second HIV-infected woman in the country as well as those who had HIV seroconversion between the two tests. It allows many women who otherwise could be overlooked by the system of antenatal epidemiological HIV surveillance to receive ARV prophylaxis in time and give birth to healthy children.

This programme led to substantial reduction in the mother-to-child transmission rate from 27.8% in 2001 to 6.2% in 2007; in some regions this indicator has decreased even more. This success was achieved due to a comprehensive approach: public procurement and application, as necessary, of rapid HIV tests in all maternity hospitals; expansion of the scope of implementation of early HIV diagnosis of newborns with the aid of DNA polymerase chain reaction (PCR); introduction of HAART as the most effective regimen for vertical transmission prevention, and securing artificial feeding of infants born to HIV-positive mothers. Ukraine is determined to ensure maintenance and further reinforcement of the system of mother-to-child transmission prevention as a national model of best practice in HIV prevention.

***(d) Prevention: high coverage and intensity of harm reduction programmes***

The HIV/AIDS epidemic in Ukraine remains concentrated among most-at-risk groups, with injecting drug use as its main driver. Therefore harm reduction programmes are a key component of HIV prevention activities.

Implementation of harm reduction programme activities is coordinated by ICF “International HIV/AIDS Alliance in Ukraine” and accomplished by public partner organizations on the local level with financial support from the Global Fund grant. National expert groups have developed basic service packages for HIV prevention among vulnerable populations, as recommended by WHO. Service packages include distribution of sterile syringes, information materials, HIV VCT, including with rapid tests, issue of condoms, STI treatment, referral (if required) to social workers and medical specialists, and referral of drug dependent people to substitution therapy programmes. This range of services is provided in all 27 administrative territories of Ukraine.

The percentage of people covered with prevention programmes in 2009 was 32% of injecting drug users, 59% of commercial sex workers, and 63% of men who have sex with men.

Substantial progress has been achieved during 2008–2009 in expanding the substitution therapy component. As of 1 January 2010, substitution maintenance therapy (SMT) was provided to 5078 patients at 102 medical facilities in 26 regions of Ukraine. Of this number, 2219 (or 44%) were HIV-positive, of which 538 were involved in ART. SMT introduction was preceded by substantial advocacy efforts at the highest level to overcome resistance on the part of many government structures. The successful advocacy campaign, supported by civil society and international organizations, brought expected results.

***(e) Development of HIV prevention programmes and promotion of comprehensive evidence-based and new models***

During the reporting period, cooperation with governmental and commercial organizations has been enhanced to bring prevention programmes closer to target groups and facilitate access to vitally important services. In particular, in cooperation with State Social Services and a network of pharmacies, prevention programmes have been expanded to the town/district level. For example, HIV/AIDS prevention for most vulnerable groups has been commenced through 16 regional State Social Services (in five regions of Ukraine) as well as through 108 pharmacies (in 12 regions), together with similar projects on the basis of non-governmental organizations.

Three important steps have been made to develop services and models of outreach work aimed at meeting the needs and interests of stimulant users, namely: study of international projects for stimulant users; development and pilot of project activities at the stimulant user group level, and development of a training module for project-implementing organizations.

Following successful execution of projects based on a peer-driven intervention strategy among injecting drug users, three NGOs started piloting projects based on this strategy among female commercial sex workers (FCSWs). The peer-driven intervention projects involve FCSWs in establishing contacts with representatives of their community, delivering detailed HIV information, participating in services and disseminating the harm reduction strategy in the community.

Since October 2009, a number of NGOs have commenced Hepatitis B testing for MSM. As a result, a new pilot project has been developed for Hepatitis B testing and vaccination involving five NGOs providing services to IDUs and MSM.

New activities have been developed and implemented for female IDUs (SUNRISE project supported by USAID within the Global Fund project framework); as a result, project terms and conditions have been altered to make the project more gender-sensitive and involve more women.

The International HIV/AIDS Alliance in Ukraine has commenced six-month pilot projects to verify the acceptability and examine the consequences of female condom use among female commercial sex workers. USAID has donated 450,000 female condoms to the Alliance. Twenty NGOs from various regions of Ukraine have agreed to participate in this pilot project. Planned activities include training programmes for NGO staff and project clients, distribution of female condoms among FCSWs during outreach work, final focus groups with project staff and clients, and a final survey. To support these activities, a training session on reproductive health was provided to NGO representatives involved in the project; special attention at the training was paid to the use of female condoms. All the projects will receive a brochure entitled *Learn More About Female Condoms* developed by the Alliance in Ukraine.

***(f) Monitoring and evaluation of programme activities***

Substantial progress has been achieved in monitoring and evaluation (M&E). The importance of M&E for development of evidence-based strategies and programmes to counteract HIV/AIDS has been acknowledged at national and regional level. One outstanding achievement is the formulation and adoption by the Government of Ukraine of a set of national M&E indicators used to prepare Ukraine's reports to UNGASS, including this 2010 report that presents a convincing summary of the national response to the HIV/AIDS epidemic. The M&E system has been institutionalized by establishing and staffing the Centre for Monitoring and Evaluation of Programme Activities based on the Ukrainian AIDS Centre in September 2009. Development of M&E on the regional level continues: a set of regional M&E indicators has been successfully tested, and creation, staffing and training of M&E structural units based on regional AIDS centres has begun. As of early 2010, regional M&E units have been established in 19 oblasts of Ukraine. Technical and financial support for their activities is secured by the State as well as by non-governmental and international organizations: the International HIV/AIDS Alliance in Ukraine, the USAID Project "Developing HIV/AIDS Service in Ukraine", and the German-Ukrainian Partner Initiative promoted by the German Society of Technical Cooperation (GTZ).

**g) Antiretroviral therapy as an integral component of the programme for provision of comprehensive medical aid for HIV**

During the reporting period, the number of HIV-infected people receiving ART increased twice over. It is important to note that 91.2% (14,468 people) of all HIV-infected people receiving ART (15,871 people) as of 1 January 2010 receive treatment at the expense of the state budget of Ukraine, while the remaining 8.8% receive ART at the expense of Round 6 of the Global Fund to Fight AIDS, Tuberculosis and Malaria grant within implementation of the programme "Supporting HIV/AIDS prevention, treatment and care for most vulnerable populations in Ukraine" (mainly patients with double HIV/TB and triple HIV/TB/IDU pathologies).

In 2008, a national system for monitoring treatment of HIV-infected people and AIDS patients was implemented in Ukraine (hereafter referred to as the Treatment Monitoring System), which facilitates assessment of treatment availability in Ukraine and evaluation of treatment results by means of cohort analysis.

Summary data of cohort analysis for the period from August 2004 to December 2008 show that, after 12 months of treatment, 82.9% of those who initiated ART in cohorts continued to receive it (minimum survival indicator), 8.5% died within a year of starting treatment, and 8.6% terminated ART mainly for non-medical reasons. The minimum survival indicator after 12 months (the number of people in a cohort still alive) was 91.5%.

To evaluate ART impact upon patients' health, their functional status is monitored.

An obvious tendency towards the better physical condition of patients on ART can be seen, in direct proportion to treatment duration. At the start of ART only 45% of patients met the "capable to work" functional status criteria, whereas the percentage increases to 80% in five years.

An integral component of ART success consists of securing treatment compliance, i.e. adherence to precise recommendations on the timely and correct intake of ARV medicines. Results of cohort analysis of the cohort patients' ART compliance level in 6, 12, 24, 36, 48 and 60 months of treatment are confirmed by theoretical data showing that ART compliance is shaped during the first 6–12 months of treatment. In the cohort of patients receiving ART for five years, 97.4% demonstrate high ART compliance.

The given summary indicators, particularly survival and staying on ART, demonstrate positive tendencies in the system of provision of aid to patients and at the same time emphasize the importance of securing access to treatment for all who need it.

## VI. MAJOR CHALLENGES AND REMEDIAL ACTIONS

### *(a) Progress made on key challenges reported in the 2007 UNGASS Country Progress Report*

During the reporting period of 2008–2009, some progress in the achievement of goals and objectives included in the UNGASS Declaration of Commitment on HIV/AIDS can be seen in Ukraine. However, current achievements in a number of key areas remain far from UNGASS Declaration goals and objectives. Ukraine's 2007 UNGASS Country Progress Report highlighted several major challenges, including the following most critical ones:

- political instability causing frequent change in top-level government officials;
- lack of proper state budget financing to increase scope of and support for prevention programmes and activities;
- slow implementation of substitution therapy;
- low HIV/AIDS awareness among youth;
- lack of resources for implementation of prevention, treatment and care programmes among prisoners;
- HIV/AIDS prevalence among most-at-risk populations shows no steady decreasing or stabilizing tendency.

#### *I. Financing for the National Programme for Prevention, Treatment, Care and Support for HIV-infected People and AIDS Patients for 2009–2013.*

Compared to the period 2006–2007, state budget financing of HIV/AIDS counteraction activities increased considerably in 2008–2009. For example, UAH 55.3 million was disbursed from the state budget in 2006 and UAH 84.2 million in 2007, whereas expenditure reached UAH 162 million in 2008 and UAH 194.5 million in 2009.

#### *II. Implementing substitution maintenance therapy (SMT)*

As mentioned above, considerable progress was achieved during the reporting period in expanding the substitution therapy component. As of 31 December 2007, only 547 drug dependent people were receiving buprenorphine-based substitution therapy. As of 1 January 2010, substitution maintenance therapy (SMT) using methadone and buprenorphine was received by as many as 5078 patients at 102 health care facilities in 26 regions of Ukraine. Thus, over two years the number of drug dependant people who gained access to SMT programmes increased nine times, making SMT scale up one of the most successful achievements in the national response to HIV/AIDS, given the conditions under which SMT is implemented in Ukraine. Of 5078 patients receiving SMT, 2219 (or 44%) were HIV-positive, out of whom 538 were receiving HAART.

#### *III. Youth awareness of HIV/AIDS*

➤ (targets: 90% by 2005; 95% by 2010)

According to recent data on the national indicator "Percentage of young people aged 15–24 who both correctly identify ways of preventing the sexual transmission of HIV and reject major misconceptions about HIV transmission", 40% of respondents correctly identify ways of preventing the sexual transmission of HIV and reject major misconceptions about HIV transmission. Hence, the indicator remained unchanged since 2007 and is still far from the target set by UNGASS for 2010. A probable reason may be the comparative lack of attention paid to awareness-raising programmes for youth aged 15–24. Students of higher and secondary special education institutions, as the most sexually active age group, are currently not reached with any consistent HIV prevention measures at national level. A shortage of trained teachers restricts comprehensive introduction of HIV/AIDS awareness programmes in Ukrainian schools. The percentage of comprehensive educational institutions that have trained teachers and that provided life skills-based education concerning the formation of healthy lifestyles and HIV prevention in the last academic year has not changed during the last three years: it amounted to only 57% in 2006 and 58.7% in 2009. Innovative HIV/AIDS advocacy among the general population, such as social advertising on the radio and TV or integration of education campaigns into top-level sporting and cultural events, remain isolated cases which do not change the general level of awareness. If no systematic national information and education campaign aimed at changing knowledge and behaviour of young people is implemented in the country, then the target of 95% correct answers will not be achieved in 2010 and beyond.

#### *IV. HIV prevalence among youth and most-at-risk populations*

➤ (target: reduce by 2005 HIV prevalence among young men and women in the most affected countries by 25% and by 25% globally by 2010)

In this report, Ukraine does not present data on HIV prevalence among young men and women because of a shortage of data disaggregated by age among the entire population covered with testing for HIV antibodies.

This report contains data on HIV prevalence among most-at-risk populations, including injecting drug users, commercial sex workers, men who have sex with men and prisoners. According to sentinel epidemiological surveillance data among these populations, HIV prevalence remains at a fairly high level. The median HIV prevalence indicator among injecting drug users in 2009 is equal to 22.9% (confidence interval 21.9%–23.9%). For comparison:

the median prevalence in 2004 was equal to 32%, in 2005 it was 26.9% and 41.8% in 2006. The data show first of all that HIV prevalence among IDUs remains high, but certain positive shifts can be seen. For example, according to UNAIDS and WHO recommendations, HIV prevalence among younger age groups was examined, which reflects the rate of new infections more precisely. This indicator has a clear decreasing tendency. Also, in order to reveal the trend of new HIV infections among IDUs, the HIV incidence indicator among people injecting drugs for two years inclusively was calculated. According to a 2009 survey, the percentage of HIV-infected IDUs in this group is 10.8% (17.7% in 2006). Results obtained from sentinel surveys in 2009 correlate with data of routine epidemiological surveillance as to a reduction in HIV prevalence among IDUs. However, this group remains the most vulnerable to HIV and is the main agent maintaining the HIV epidemic process in Ukraine.

HIV prevalence among commercial sex workers (CSWs) was also regularly studied with the aid of sentinel surveys. HIV prevalence among female CSWs in 2009 was 13.2% (confidence interval 12.0%–14.4%). According to sentinel epidemiological surveillance data from previous years, HIV prevalence among female commercial sex workers varied between 18% in 2004 (median), 23.5% in 2005, and 13.3% in 2006. An HIV infection determinant among CSWs is the fact of injecting drug use. For example, HIV prevalence among CSWs who may be described as IDUs according to their behavioural practice (hereafter referred to as IDU CSWs), is 42.5% (confidence interval 37.9%–47.1%). For comparison: HIV prevalence among CSWs who are not injecting drug users is 8.5% (confidence interval 7.45%–9.55%).

Analysis of sentinel survey results for 2009 and historical analysis of HIV prevalence among CSWs based on 2007–2009 survey data demonstrates a high HIV prevalence rate and no stabilization of the epidemic both among CSWs in general and among young CSWs and IDU CSWs. The high HIV infection rate among commercial sex workers in Ukraine is explained less by sexual transmission as by the active involvement of female CSWs in sex business.

A tendency arousing the greatest concern can be seen among men who have sex with men (MSM). The number of HIV infection cases officially recorded among men who have sex with men is growing every year. In 2009, an integrated bio-behavioural study among MSM was conducted in 14 cities of Ukraine. The percentage of HIV-positive MSM in the total sample was 8.6% (confidence interval 7.4%–9.8%), which is almost the same as in 2007 (9% median). The HIV prevalence rate among MSM under 25 was 3.6% in 2007. In 2009, this indicator grew to 7.9%.

A specific feature of 2009 survey results is the fairly high MSM infection rates in cities that traditionally belong to regions with low epidemic levels. These include, for example, Lviv, where HIV prevalence approaches cities with a traditionally high epidemic level like Donetsk and Odesa. In Uzhhorod, the percentage of HIV-infected MSM is close to the country's overall prevalence indicator. This is obviously connected with an insufficient number of prevention programmes for this target group in the above-mentioned regions. This thesis is confirmed by data on HIV prevalence among MSM in Mykolaiv, where the epidemic situation is traditionally the worst in Ukraine; however, the MSM infection rate is the lowest among the cities surveyed at 1.5%. Considering the fact that results of sentinel epidemiological surveillance do not coincide with official data whereas survey results demonstrate a high MSM infection rate in regions with a traditionally low HIV prevalence rate, the epidemic situation in the MSM population requires more thorough and regular monitoring.

***(b) Challenges faced throughout the reporting period (2008–2009) that hindered the national response in general and progress towards achieving UNGASS targets in particular***

The national response to the epidemic faced several challenges in 2008–2009. The most serious was the fact that, despite growing public funding, underfunding of national programme activities in 2009 was 47% of planned needs, while the expected shortfall for 2010 is 48%. Funding for a whole range of programme sections is not provided at all: for example, procurement of medicines to treat sexually transmitted infections, opportunistic infections and viral hepatitis; prevention activities among most-at-risk groups, and care and support for people living with HIV/AIDS. The country has not established a distinct national policy and management system for procurement and supply of goods, equipment and services related to HIV/AIDS, which results in improper coordination of activities among key national partners.

Processes of state planning, budgeting and monitoring of funding for activities related to HIV/AIDS are extremely complicated and imperfect, failing to fully reflect all partners' contributions. Estimates of costs for the HIV/AIDS epidemic response indicate that more than half of such costs in Ukraine are met by the personal spending of individual citizens or contributions from external donors.

Mechanisms of State funding for non-governmental organizations to secure sustainable provision of basic prevention, treatment, care and support services are insufficiently developed.

Despite the striking (ninefold) increase in the number of drug dependent people with access to SMT programmes, a number of systemic legislative and organizational barriers remain in the way of expanding substitution maintenance therapy in Ukraine and introducing innovative technologies in this field, including:

- lengthy (six month) delays in the approval of distribution of substitutive therapy medicines;
- legislative ban on the use of liquid medicine forms. The MoH Drugs Control Committee ignores the opinion of domestic and international experts voicing proposals to handle this issue;
- creation of unlawful barriers and problems in the course of SMT project implementation on the part of local authorities, particularly councils of people's deputies and law-enforcement bodies and certain general population

groups. Information in controversial press publications periodically incites the population and provokes more radically-inclined representatives to aggressive action;

- attempts to unlawfully prohibit implementation of SMT projects at national level by amending legislative acts that regulate control of drug circulation;
- unwillingness of some substance abuse professionals who treat drug and alcohol addiction to assume additional work, and their concern that SMT will reduce the demand for anti-drug treatment.

The scope, scale, quality and intensity of HIV prevention activities among the most vulnerable population groups remain insufficient to stop HIV spreading in these groups and limit the potential spread of HIV among the general population. The new national programme to counteract HIV/AIDS, despite a number of progressive features, fails to establish clear priorities in response to the HIV/AIDS epidemic corresponding to the concentrated epidemic model in Ukraine. To stop the spread of HIV, prevention activities must be urgently strengthened and their coverage of most-at-risk groups enhanced by re-planning the implementation mechanism of prevention activities and by expanding them through a greater quantity of relevant public services, as well as by securing their long-term sustainability.

For the first time throughout the period of epidemiological HIV surveillance in Ukraine, a reduction was achieved in 2009 in the number of people who died of AIDS-related diseases (among people under medical observation). This is a result of increasing treatment coverage of patients in need of treatment. The percentage of adults and children with advanced HIV infection receiving antiretroviral therapy was 40% in 2008 and 48% in 2009. However, coverage with antiretroviral therapy is not sufficient to meet the needs of an increasingly greater number of new patients. This requires improvement of the strategy of treatment service provision, namely decentralization of antiretroviral treatment provision, rapid expansion of substitution therapy programmes, and effective prevention, diagnosis and treatment of TB in people living with HIV. An expected considerable increase in the number of people living with HIV and in need of treatment poses a serious challenge for the health care system. Treatment service provision strategies require thorough revision and improvement, while the availability of adequate infrastructure and other resources must be analyzed.

Coverage with care and support services remains very low and fails to meet the scale and complexity of existing and future needs. Integrated care and support services are provided to only a minor group of clients. A large and increasing group of people living with HIV has no access to such services.

The latest estimates of the number of people living with HIV/AIDS in Ukraine (2009) show that a considerable number of people (about 240,000) are unaware of their HIV-positive status and remain a major source of infection for others. Their timely identification and provision with adequate services is a topical objective today. Since a considerable number of these people belong to groups demonstrating risky forms of behaviour, an urgent task is to take measures that would first and foremost simplify their access to counselling and testing services. Unfortunately, coverage of these population groups with HIV counselling and testing is low and inconsistent. There are great regional differences in coverage with VCT services. These are caused by inadequate local budget resources to procure test kits, by low service quality and by the biased attitude of medical workers and civil servants of various levels towards representatives of these population groups.

Identification of HIV infection cases is closely related to laboratory service capability, the conditions of which require substantial improvement. The quality of laboratory diagnostics is a determining factor in securing the accuracy of epidemiological data and making justified decisions on treatment regimens for HIV/AIDS patients. If laboratory service capacity at national and local level is not strengthened, the targets for wider coverage of most-at-risk populations with HIV counselling and testing and ART coverage of the expected number of people who will need such treatment in the near future will remain unachievable. The country still lacks a modern system of accreditation of HIV diagnostic laboratories, quality assurance of serological and virological studies, including external quality assurance, and a management system of laboratory equipment and materials procurement and supply. There are also serious drawbacks in registration, procurement and supply of diagnostic kits for HIV testing. Most HIV analyses in Ukraine are conducted using test kits made by one Ukrainian manufacturer. Although these test kits are deemed reliable, their independent assessment pursuant to international standards has never been carried out.

### ***(c) Concrete remedial actions that are planned to ensure achievement of agreed UNGASS targets***

Proposals to improve the national response to the HIV/AIDS epidemic in Ukraine in all related areas are presented in the Executive Summary and Key Recommendations by a group of independent international experts who conducted a Comprehensive External Evaluation of the National Response to the HIV/AIDS Epidemic in Ukraine in 2008.

The provided recommendations are systemic in their substance and require political will and great efforts to be implemented and monitored in a timely manner. The Government of Ukraine, together with all key stakeholders and responsible institutions, political and public leaders, should use the suggested recommendations as a basis for activities aimed to put them into practice within coming years.

## VII. SUPPORT FROM THE COUNTRY'S DEVELOPMENT PARTNERS

### *(a) Key support received from the country's development partners to ensure achievement of UNGASS targets*

The successes Ukraine has achieved in the reporting period would have been impossible without the substantial financial support provided by its development partners. The amount of international funding directed to counteract HIV/AIDS in Ukraine is growing annually. This is mainly because of enlargement of programmes financed by the Global Fund, particularly implementation of the Global Fund's Round 6 grant.

The funds disbursed by international organizations in 2007 totalled USD 30.7 million. The main donors to Ukraine include, as before, the Global Fund (USD 18.3 million), the U.S. Agency for International Development (almost USD 6 million) and UN agencies (more than USD 2.1 million).

In 2008, spending by international organizations increased to USD 40.5 million, of which USD 26.8 million came from the Global Fund, almost USD 8.7 million from bilateral organizations (including USAID), USD 1.7 million from UN agencies, and about USD 1.5 million from other international organizations.

Evaluation of private spending is not a mandatory component in compilation of this indicator, however the activities of national and international charitable foundations directing a considerable share of their funds to programmes related to HIV/AIDS permits determination of the share of such spending in Ukraine. The Olena Franchuk ANTI/AIDS Foundation is the leading organization whose spending is categorized as private. In 2007, the amount spent by the foundation on HIV/AIDS programmes totalled USD 1.7 million; in 2008, the figure was USD 2.4 million.

Among international non-governmental organizations, a considerable contribution was made by the Clinton Initiative on HIV/AIDS which mobilized more than USD 1.7 million during 2007–2008 for the provision of integral services (primarily substitution maintenance therapy and ART) to IDUs, training and mentoring on SMT, SMT/ART/TB treatment, strengthening the HIV/AIDS laboratory diagnostic system, improving vulnerable groups' access to HIV counselling and testing using rapid test kits, reducing the cost of medicines and test kits, and improving the procurement system related to HIV/AIDS.

Ukraine acknowledges the considerable and increasing assistance provided by its three largest international donors to support the national AIDS response: the Global Fund to Fight AIDS, Tuberculosis and Malaria, the U.S. Agency for International Development, and the Joint United Nations Programme on HIV/AIDS (UNAIDS) that includes contributions by its co-sponsors from among the UN agencies and directly by the UNAIDS Secretariat.

The Global Fund remains the most important external financing source of programmes aimed at overcoming the HIV/AIDS epidemic in Ukraine. Its assistance in 2007–2008 exceeded USD 45 million (about UAH 225.5 million at the then rate of exchange). In the coming years, the Global Fund's support will remain the single most substantial source of financing for activities on prevention, care and support for most-at-risk populations and people living with HIV/AIDS in Ukraine. These activities form the main component of the national response to HIV/AIDS in Ukraine and are extremely important for the country to achieve UNGASS targets.

The U.S. Agency for International Development (USAID) is the second source of external financing in terms of amount; at the same time, it is the greatest provider of bilateral support for the national response to HIV/AIDS in Ukraine. USAID financing amounted to USD 14.7 million in 2007–2008. Throughout the reporting period, USAID supported provision of prevention services to most-at-risk populations, mainly within the SUNRISE Project implemented by the International HIV/AIDS Alliance in Ukraine, as well as through a variety of training projects and capacity-building programmes. In 2007, USAID also launched a new five-year HIV/AIDS Service Capacity Project with a USD 12 million budget. This project provides active support to national and regional capacity-building activities, in particular a monitoring and evaluation system in the most affected Ukrainian regions, in close cooperation with the Global Fund's programme within the Round 6 framework.

The third largest external development partner is UNAIDS which also engages contributions from other UN agencies (co-sponsors) and from the UNAIDS Secretariat. Throughout the reporting period, the representation and scope of UN agency activities in Ukraine has grown considerably. At present, UNAIDS combines the efforts of eight UN agencies in Ukraine including the International Labour Organization (ILO), the UN Development Programme (UNDP), the UN Fund for Population Activities (UNFPA), the UN High Commission for Refugees (UNHCR), the UN Children's Fund (UNICEF), the UN Office on Drugs and Crime (UNODC), the World Health Organization (WHO), the World Bank, the UNAIDS Secretariat and the International Organization for Migration (IOM). In 2007–2008 UN spending, including joint contributions by UNAIDS co-sponsors, the UN Secretariat and IOM, for counteraction to HIV/AIDS in Ukraine amounted to USD 3.8 million. The UN agencies' aid throughout the period was mainly aimed at providing technical assistance to development of national policy and programme implementation, including support for mobilization of considerable resources for the national response to the epidemic. Further UNAIDS assistance is expected to be closely connected, as before, with implementation of principal components of the national programme, the National Operational Plan and priorities set forth by the Joint United Nations Programme on support for activities to counteract HIV/AIDS in Ukraine for 2007–2010.

Growing support from other bilateral donor structures, in particular the European Commission and the German Society for Technical Cooperation (GTZ) is also evident in the country. Support from these and other bilateral donors, as well as assistance from private foundations such as the Olena Franchuk ANTI/AIDS Foundation, the Elton John AIDS Foundation and the Viktor Pinchuk Foundation, constitutes an extremely important and valuable contribution to implementing anti-AIDS activities in Ukraine.

Today, as the HIV/AIDS epidemic situation in Ukraine continues to worsen, the Government of Ukraine is expanding HIV/AIDS programmes with support from key bilateral donor organizations. In 2008–2009, the Canadian International Development Agency (CIDA), with the participation of the Canadian HIV/AIDS International Project (CHIP), supported implementation of a series of prevention programmes for youth and executed a very successful project aimed at providing treatment to children with AIDS, improving the operation of HIV diagnostic laboratories, and familiarizing Ukrainian experts with the practice of using rapid HIV tests when working in the street with members of most-at-risk populations.

The Government of Ukraine is most grateful to these and other donors for their invaluable contribution to the cause of combating the HIV/AIDS epidemic in Ukraine.

***(b) Actions that need to be taken by development partners to ensure achievement of UNGASS targets***

HIV/AIDS epidemic development tendencies in Ukraine demand, on one hand, greater attention and support from Ukraine's bilateral and multilateral partners and, on the other hand, require Ukraine to take measures to improve its reputation as a reliable recipient of external donor funding. The rate at which Ukraine improves its image will substantially influence donor willingness to continue or augment their support for programmes and activities to counteract HIV/AIDS in Ukraine. Considering the growing needs for prevention, treatment and care, it is clear that Ukraine will need further support from its existing partners as well as additional assistance and large-scale contributions on the part of bilateral and international non-governmental organizations, bilateral governmental agencies, foundations, private companies, scientific institutions, etc.

Current priorities in Ukraine's relations with its multilateral and bilateral partners to secure achievement of UNGASS targets include:

➤ increasing the level of coordination of international assistance in support of national plans and policies developed with involvement of all stakeholders, including civil society and other key national participants; increasing coordination of programmes and strategies corresponding to national priorities and programmes, first of all to the requirements of the national HIV/AIDS programme for 2009–2013 as a general foundation for cooperation;

➤ supporting initiatives on capacity-building and technical assistance to public authorities at national and regional level in order to strengthen capacity and leadership in planning and management of prevention, treatment and care programmes according to contemporary requirements and best international standards;

➤ shifting from a strategy of short-term pilot projects to long-term programme activities in order to secure a sustainable impact upon HIV/AIDS;

➤ harmonizing areas of external support and technical assistance according to the specific demands and requests of national partners;

➤ identifying gaps in the national response to the HIV/AIDS epidemic outlined as a priority within the Comprehensive External Evaluation of the National Response to the HIV/AIDS Epidemic; mobilizing external resources to fill the gaps;

➤ intensifying negotiations with external donors by using a variety of mechanisms such as the Ukraine-EU Partnership and Cooperation Agreement, U.S. Government support through the special PEPFAR programme (U.S. President's Emergency Plan for AIDS Relief), etc.

The above priorities meet the provisions of the Paris Declaration on Aid Effectiveness to which Ukraine acceded in 2007, and coincide with the recommendations of the Global Task Force on better coordination in the fight against HIV/AIDS among multilateral institutions and international donors, which were approved by international donor agencies.



## VIII. MONITORING AND EVALUATION ENVIRONMENT

During the reporting period, the world's first *comprehensive external evaluation of the national response to HIV/AIDS* was conducted in Ukraine. The evaluation was implemented by a group of 32 independent experts who identified the strengths and weaknesses of the country's response to the epidemic and formulated conclusions and recommendations for improvement of key outcomes. Monitoring and evaluation was one of the technical areas under evaluation. On the whole, the results achieved in this area in previous years were rated highly by the experts. They identified the following strengths of the M&E system in Ukraine: national M&E indicators, based on which regular monitoring of the epidemic and of the national response is secured; the programme monitoring system, strengthened over recent years; regional-level data collection in accordance with the recommended list of regional M&E indicators. At the same time, the experts pointed out certain shortcomings of the existing M&E system, namely an insufficient level of country-level harmonization of information flows and limited usage of obtained data to formulate strategies and develop programmes.

The multi-annual development of the national M&E system culminated in 2009 with establishment of *the Ukrainian Centre for Monitoring and Evaluation* of Programme Activities on Counteraction to HIV/AIDS (hereafter referred to as the M&E Centre). The M&E Centre under the Ukrainian AIDS Centre was created in August 2009 according to an MoH Order of 9.04.2009. The centre coordinates all national efforts on monitoring and evaluation of the response to the epidemic in the country. The M&E Centre's activity areas include monitoring of medical programmes, epidemiological surveillance, behavioural surveys, support for national databases on monitoring and evaluation, development of the regional M&E system, etc.

Significant results have been achieved in *development of the regional monitoring and evaluation system*. Although Ukraine has no regulatory legal document that would oblige the regions to create M&E centres, the number of regional centres increased from 8 to 19 during the reporting period. This indicates widespread understanding of the need to develop and implement M&E tools in order to improve planning and evaluation of the regional response to HIV/AIDS.

As before, *the Working Group for Monitoring and Evaluation* of HIV/AIDS in Ukraine, that includes representatives of central executive authorities, international and bilateral organizations, and civil society, including people living with HIV, plays an important role in development of the national M&E system in Ukraine. This group acts as an open forum for all representatives involved in surveys, monitoring and evaluation.

A survey "*Estimation of the size of populations most vulnerable to HIV infection*" was conducted in the reporting period. To estimate the number of at-risk group members, two methods were used: the ratio method and the social networking method. The latter is quite new and was used for the first time in Ukraine; its application drew the attention of the international community of scientists and practitioners. Results of the survey are extremely important in calculating coverage of vulnerable population groups with prevention programmes, substitution maintenance therapy and antiretroviral therapy. The data obtained were used to estimate the number of people living with HIV/AIDS. For the first time estimates of the number of at-risk group members were calculated separately for each region. According to survey results, the estimated number of IDUs in Ukraine is 230–360,000, FCSWs number 63–93,000 and MSM (aged 15–49) 95–213,000. The estimated number of people living with HIV is 360,000.

During the reporting period, *integrated biological behavioural surveys among vulnerable groups* continued, particularly among injecting drug users, female commercial sex workers, men who have sex with men, and prisoners.

In 2009, survey geography was for the first time expanded to cover new regions where no such survey had previously been carried out. The results of a 2008 survey when combined with 2009 data create a picture of HIV prevalence and behaviour among IDUs and FCSWs in every oblast centre of Ukraine and among MSM in most oblast centres. Sample sizes allow conducting separate analysis for each of the regions. Surveys used two methods: RDS (respondent-driven sampling) and TLS (time-location sampling). Integrated bio-behavioural surveillance among prisoners was conducted in 2009 for the first time in Ukraine.

To evaluate the risk of the epidemic spreading to the general population, an integrated bio-behavioural survey among so-called "bridge groups", namely IDUs' sexual partners who do not use drugs and FCSWs' clients, was conducted for the first time in 2009.

In addition to surveys among most-at-risk populations, the "Survey of the Ukrainian population aged 15–49 to calculate indicators of monitoring and evaluation of activities securing HIV/AIDS epidemic control" was also conducted in 2009.

Greater development was achieved in 2009 in *operational surveys*. Examples of such surveys include: studying possible improvement of FCSW access to STI treatment programmes; assessing efficiency of HIV prevention programmes in penal facilities; formative survey among IDUs using homemade stimulant drugs; experimental study on efficiency of client involvement in MSM projects via online social networks, etc. Survey results are used by agencies involved in the epidemic response to formulate strategies to provide services to vulnerable groups for subsequent periods.

Despite considerable achievements and progress in M&E, a number of gaps remain requiring urgent attention, namely:

- completion and implementation of the national monitoring and evaluation plan, which would allow analysis of the efficiency of national programme execution;
- provision of a regulatory framework for activities in the development of regional M&E systems;
- securing effective usage of survey data to improve strategic planning at both regional and national level.

**ANNEX 1**

**CONSULTATION/PREPARATION PROCESS FOR THE COUNTRY PROGRESS REPORT ON  
MONITORING THE FOLLOW-UP TO THE DECLARATION OF COMMITMENT ON HIV/AIDS**

1)	Which institutions/entities were responsible for filling out the indicator forms?	
	a) Committee on the Prevention of HIV/AIDS and Other Socially Dangerous Diseases, Ministry of Health of Ukraine	Yes
	b) Ukrainian AIDS Center, Ministry of Health of Ukraine	Yes
	c) ICF "International HIV/AIDS Alliance in Ukraine"	Yes
	d) UNAIDS	Yes
2)	With inputs from	
	Ministries:	
	Health	Yes
	Family, Children and Youth	Yes
	State Penitentiary Department	Yes
	Education	Yes
	Foreing Affairs	Yes
	Civil society organizations: All-Ukrainian Charitable Foundation "Coalition of HIV-service Organizations"	Yes
	All-Ukrainian Charitable Organization "All-Ukrainian Network of People Living with HIV/AIDS"	Yes
	Private sector	No
	United Nations organizations	Yes
	Bilaterals: USAID	Yes
	International NGO: USAID The International HIV/AIDS and TB institute	Yes
	Others:	Yes
	Members of Monitoring and Evaluation Working Group, Regional AIDS Centers, Odessa Sanitary Surveillance Service	Yes
		Yes
3)	Was the report discussed in a large forum?	Yes
		Yes
4)	Are the survey results stored centrally?	Yes
		Yes
5)	Are data available for public consultation?	Yes
6)	Who is the person responsible for submission of the report and for follow-up if there are questions on the Country Progress Report?	

Name / title: Dr. Larissa Bochkova, Ukrainian AIDS Center, Ministry of Health of Ukraine

Date: March 31, 2010

Signature:

Address: Vul. Amosova 5; Kyiv, 03038; Ukraine

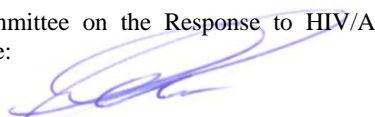
E-mail: bochkova.larisa@gmail.com

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NATIONAL COMPOSITE POLICY INDEX, 2010

Country: UKRAINE

Name of the Officer in charge of the National Committee on the Response to HIV/AIDS and Other Socially Dangerous Diseases at the Ministry of Health of Ukraine:



Postal Address: \_\_\_\_\_  
\_\_\_\_\_

Tel.: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Signed \_\_\_\_\_

Date of signing: \_\_\_\_\_

## **NCPI Data Gathering and Validation Process**

### **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.

### **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).

### **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.

## Respondents who gave their answers for NCPI

### NCPI – PART A (for government officials)

	Organization	Name/Position	Respondents to Part A				
			A.I	A.II	A.III	A.IV	A.V
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	+	+		+	
2	Ministry of Education and Science of Ukraine	Oleg Yeresko, Director, Department of Secondary and Pre-school Education	+		+		
3	Ministry of Defence of Ukraine	Oleg Zemtsov, Head of Sanitary and Epidemiological Department	+				
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		+	+		
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				+	
6	Ukrainian AIDS Prevention Centre, Ministry of Health of Ukraine	Natalia Nizova, Director					+
7	Ukrainian AIDS Prevention Centre, Ministry of Health of Ukraine	Alla Shcherbinska, Deputy Director for Prevention Activities				+	+
8	Ukrainian AIDS Prevention Centre, Ministry of Health of Ukraine	Ludmila Storozhuk, Deputy Director				+	
			<b>Respondents to Part A</b>				
	<b>Organization</b>	<b>Name/Position</b>	<b>A.I</b>	<b>A.II</b>	<b>A.III</b>	<b>A.IV</b>	<b>A.V</b>
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	+	+	+		+
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	+	+	+	+	
11	Chief Health Care Department, Mykolayiv Oblast Public Administration	Svitlana Khotina, Head of Department	+	+			

For parts A.II (Political Support), A.III (Prevention) additional interviews were held with: Victoria Sanovska – Chief Specialist of the Department for Prevention of Negative Phenomena in a Youth Environment at the Department for Promotion of Youth Social Development at the Ministry of Family, Youth and Sport of Ukraine.

For Part A.V (Monitoring and Evaluation) additional interviews were held with: Olga Varetska – Head of the Monitoring and Evaluation Department of the International Charity Fund *International HIV/AIDS Alliance in Ukraine*; Natalia Salabai – Head of the Monitoring and Evaluation Department of the All-Ukrainian Charity Organization *All-Ukrainian Network of People Living with HIV*; Olexiy Yaremenko – HIV/AIDS Policy Advisor, USAID|HIV/AIDS Service Capacity Project in Ukraine

**Part A**  
**NATIONAL COMPOSITE POLICY INDEX QUESTIONNAIRE**

**I. STRATEGIC PLAN**

**1. Has Ukraine developed a national multisectoral strategy/action framework 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**

**Period covered:**

*Ukraine has developed the National Programme to Ensure HIV Prevention, Treatment, Care and Support to HIV Infected People and AIDS Patients for 2009–2013 which is approved by law.*

**IF NO or NOT APPLICABLE, briefly explain why and go to question 2.**

*IF YES, complete questions 1.1 through 1.10.*

**1.1. How long has the country had a multisectoral strategy/action framework?**

*Number of Years: this is already the sixth programme. Programmes have been operating since 2004. However, this is the first to be approved by law and funded by the state.*

**1.2. Which sectors are included in the multisectoral strategy/action framework with a specific HIV budget for their activities in response to the HIV epidemic?**

<b>Sectors</b>	<b>Included in the strategy/action plan</b>	<b>Earmarked budget</b>
Health	Yes	Yes
Education	Yes	Yes
Labour	Yes	Yes
Transport	No	No
Military/Police	Yes	Yes
Women	No	No
Young people	Yes	Yes
Other <sup>42</sup> (write in): <i>State Penitentiary Department of Ukraine, State TV and Radio Broadcasting Committee of Ukraine, Security Service of Ukraine, National Academy of Sciences of Ukraine, Academy of Medical Sciences of Ukraine, others.</i>	Yes	Yes

**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.*

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

**Target populations**

1. Women and girls	Yes
2. Young women/young men	Yes
3. Injecting drug users	Yes
4. Men who have sex with men	Yes
5. Sex workers	Yes
6. Orphans and other vulnerable children	Yes
7. Other specific vulnerable subpopulations* ( <i>prisoners, clients of FSW</i> )	Yes

<sup>42</sup> Any of the following sectors: agriculture, finance, human resources, justice, tourism, trade and industry, power supply and mineral resources, planning etc.

## Settings

- |              |     |
|--------------|-----|
| 8. Workplace | Yes |
| 9. Schools   | Yes |
| 10. Prisons  | Yes |

## Cross-cutting issues

- |   |     |
|---|-----|
| 11. HIV/AIDS and poverty                      | No  |
| 12. Human rights protection                   | Yes |
| 13. Involvement of PLHA                       | Yes |
| 14. Addressing stigma and discrimination      | Yes |
| 15. Gender empowerment and/or gender equality | Yes |

### 1.4. Were target populations identified through a needs assessment process?

Yes

#### IF YES, when was this needs assessment conducted?

Years: Needs assessments were conducted in 2003, 2007, 2008, 2009.

### 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.

### 1.6. Does the multisectoral strategy/action plan include an operational plan?

Yes

### 1.7. Does the multisectoral strategy or operational plan include:

- |   |     |
|---|-----|
| 1. Formal programme goals   | No  |
| 2. Clear targets or milestones  | Yes |
| 3. Detailed costs for each programmatic area                            | Yes |
| 4. An indication of funding sources to support programme implementation | Yes |
| 5. A monitoring and evaluation framework                                | No  |

### 1.8. Has the country ensured “full involvement and participation” of civil society<sup>43</sup> in the development of the multisectoral strategy/action framework?

1. Active involvement (explain how this was organized)
2. Moderate involvement
3. No involvement (explain why?)

#### IF “Active involvement”, explain how this was organized:

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.

### 1.9. Has the multisectoral strategy/action framework been endorsed by most external development partners (bi-laterals; multi-laterals)?

Yes

### 1.10. Have external development partners (bi-laterals; multi-laterals) aligned and harmonized their HIV and AIDS programmes with the national multisectoral strategy/action framework?

Yes, all partners

The National Programme to Ensure HIV Prevention, Treatment, Care and Support to HIV Infected People and AIDS Patients for 2009–2013 was developed by a working group which included all external partners, in order to

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\* Sub-populations that have been locally identified as being at higher risk of HIV transmission (e.g., clients of sex workers, cross-border migrants, migrant workers, internally displaced people, refugees, prisoners).

<sup>43</sup> Civil society includes among others: Networks of people living with HIV; women’s organizations; young people’s organizations; faith-based organizations; AIDS service organizations; Community-based organizations; organizations of key affected groups (including MSM, SW, IDU, migrants, refugees/displaced populations, prisoners); workers organizations, human rights organizations; etc. For the purpose of the NCPI, the private sector is considered separately.



coordinate and align programmes. The national programme was approved by the National Coordinating Council on HIV/AIDS, which also includes all external development partners.

**2. Has Ukraine integrated HIV and AIDS into its general development plans, such as:**

National Development Plan	Yes
Common Country Assessments/United Nations Development Assistance Framework	Yes
Poverty Reduction Strategy Papers	Yes
Sector Wide Approach	Yes
Other:	

**2.1. Which specific HIV-related areas are included in one or more of the development plans?**

	National Development Plan	Common Country Assessments/United Nations Development Assistance Framework	Poverty Reduction Strategy Papers	Sector Wide Approach	Other
HIV Prevention	+	+		+	
Treatment for opportunistic infections	+	+		+	
Antiretroviral therapy	+	+		+	
Care and support (including social security and other support schemes)	+	+		+	
HIV impact alleviation	+	+		+	
Reduction of gender inequalities as they relate to HIV prevention, treatment, care and/or support		+			
Reduction of income inequalities as they relate to HIV prevention/ treatment, care and /or support		+			
Reduction of stigma and discrimination	+	+		+	
Women's economic empowerment (e.g. access to credit, access to land, training)	+	+			
Other (write in)_____					

**3. Has the country evaluated the impact of HIV and AIDS on its socio-economic development for planning purposes?**

Yes

**3.1. To what extent has it informed resource allocation decisions?**

Low					High
0	1	2	3	4	5

**4. Does the country have a strategy/action framework for addressing HIV and AIDS issues among its national uniformed services such as military, police, peacekeepers, prison staff, etc?**

Yes

**4.1. Which of the following programmes have been implemented beyond the pilot stage to reach a significant proportion of one or more uniformed services?**

Behavioural change communication	Yes
Condom provision	Yes
HIV testing and counselling	Yes
STI services	Yes
Treatment	Yes
Care and support	No
Others (write in)	No

**4.2. 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 during recruitment to the army, or hiring to the police, penitentiary system, 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.*

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

**Yes**

**5.1. If YES, for which subpopulations:**

- |                                 |     |
|---------------------------------|-----|
| 1. Women                        | Yes |
| 2. Youth                        | Yes |
| 3. Injecting drug users         | No  |
| 4. Men who have sex with men    | No  |
| 5. Sex workers                  | No  |
| 6. Prisoners                    | Yes |
| 7. Migrants, mobile populations | No  |
| 8. Other (write in):            | No  |

**5.2. If YES, explain which 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.*

**5.3. 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.*

**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**

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

**Yes**

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

**Yes**

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

**Yes**

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

**Yes, there are reliable estimates of current and future needs**

**7.4. Is HIV programme coverage being monitored?**

**Yes**

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

**Yes**

**b) If YES, is coverage monitored by population groups?**

**Yes**

**If YES, for which population groups?**

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

**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.*

**c) Is coverage monitored by geographical areas?**

**Yes**

**If YES, at which levels (provincial, district, other)?**

*Oblast (provincial) level*

**Briefly explain how this information is used:**

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

**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**

**Overall, how would you rate strategy planning efforts in the HIV programmes in Ukraine in 2009?**

**2009**

**Very poor**

**0 1 2 3 4 5 6 7 8 9 10**

**Excellent**

**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.

#### **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.*

#### **Narrative Section to Part A.I. Strategic Plan**

During the reporting period, in February 2009 for the first time in Ukraine the Verkhovna Rada (Parliament) of Ukraine adopted a law on the National Programme to Ensure HIV Prevention, Treatment, Care and Support to HIV Infected People and AIDS Patients for 2009–2013 with respective budget funding. This programme was developed with the participation of all stakeholders, including government bodies, non-governmental, international and research organizations and many others. Programme co-implementors with funding from the Global Fund to Fight AIDS, Tuberculosis and Malaria include ICF International HIV/AIDS Alliance in Ukraine and ACO All-Ukrainian Network of People Living with HIV/AIDS, and sub-grantee non-governmental organizations. UNAIDS initiated and coordinated development of regional operation plans and budgets for implementation of the national programme. Regional plans are intended to ensure a strategic platform for operational planning on the level of service providers, staff capacity building and resource mobilization, as well as to introduce innovative and efficient service provision models. Technical support for the development of such plans was provided to the regions by all partners, including the Committee on the Response to HIV/AIDS and Other Socially Dangerous Diseases at the MOH of Ukraine, the Ukrainian AIDS Prevention Centre at the MOH of Ukraine, the National Monitoring and Evaluation Unit, ICF International HIV/AIDS Alliance in Ukraine, All-Ukrainian Network of People Living with HIV/AIDS, Coalition of AIDS-service Organizations, UN agencies (WHO, UNDP, UNICEF) and others. Representatives of AIDS-service NGOs and people living with HIV/AIDS were actively involved in the development of plans on the regional level.

However, experts point out that due to the economic crisis, despite its status in law, the actual amount of state budget funding of the national programme has almost halved. In 2009 the programme was only 62% funded. No funding was provided and hence no activities implemented in such areas as Education and Youth. This negative trend continues in the draft state budget for 2010. At the same time, funds that have already been allocated are still being used inefficiently; this includes purchase of medicines at excessive prices. Funding for activities to prevent HIV in the most vulnerable populations is practically not provided. All prevention activities among most-at-risk populations are implemented with funds provided by the Global Fund and other donors.

As far as the legal environment to ensure HIV prevention, treatment, care and support for HIV positive and people with AIDS is concerned, all experts say it is being actively developed. The following legal acts were adopted during the reporting period:

- Law of Ukraine №1065-VI as of 5 March 2009 “On the National Programme ‘National Action Plan to implement the UN Convention on the Rights of the Child’ for the period till 2016” which includes the key target to reduce the spread of HIV/AIDS, TB and drug use among children;

- Law of Ukraine “On the National Targeted Social Programme ‘Youth of Ukraine’ for 2009–2015”, one of the key objectives of which is to develop and promote healthy and safe lifestyles, and to prevent substance abuse and socially dangerous diseases;

- Law of Ukraine № 878-IV as of 15.01.2009 “On amendments to the Law of Ukraine ‘On social work with children and youth’”. The key goal of this law is to establish that social work should be based on provision of support to specific families that are facing difficulties and are unable to cope independently without external support.

On 25.11.2009 the Cabinet of Ministers of Ukraine approved the draft new version and submitted to the Verkhovna Rada for review the law “On prevention of Acquired Immune Deficiency Syndrome (AIDS) and on social

protection of the population”, which cancels discriminatory norms related to the entry of HIV positive people into the country, the submission of written notifications, etc.

The laws described in the previous report are still in effect.

Respective sectoral regulatory documents are being developed and introduced in order to implement the legislative base. During 2009 the following ministerial orders were issued:

- Order of the Ministry of Health of Ukraine №641 as of 27.08.2009 “On improvement of work of the multisectoral working group on substitution maintenance therapy”;
- Order of the Ministry of Health of Ukraine №166-adm as of 08.05.2009 “On creation of a multisectoral working group for development of a comprehensive operational plan to implement tasks and activities of the National Programme to Ensure HIV Prevention, Treatment, Care and Support to HIV Infected People and AIDS Patients for 2009–2013”;
- Order of the Ministry of Health of Ukraine №673 as of 16.09.2009 “On approval of the list of AIDS Prevention Centres for the performance of laboratory monitoring of HIV infection and antiretroviral therapy, and confirmatory tests in Ukraine”;
- Order of the Ministry of Health of Ukraine №639 as of 27.08.2009 “On approval of Temporary procedures for HIV testing with rapid tests, their use, storage and registration of results”;
- Order of the Ministry of Health of Ukraine №214 as of 03.04.2009 “On approval of General Provisions for the Centre for Monitoring and Evaluation of programme activities in response to HIV/AIDS”;
- Joint order of the Ministry of Labour and Social Policy of Ukraine, Ministry of Family, Youth and Sport of Ukraine, MOH of Ukraine, Ministry of Internal Affairs of Ukraine, State Committee on Nationalities and Religions of Ukraine and State Penitentiary Department of Ukraine №70/411/101/65/19/32 as of 19.02.2009 “On approval of the Order of interaction of entities providing social services to homeless citizens”;
- Order of the Ministry of Family, Youth and Sport of Ukraine №2669 as of 29.07.2009 “On procedures for keeping records of children in difficult life situations by services dealing with children’s issues”, and other regulations.

However, as already mentioned by experts in their responses, some subordinate legislation contradicts the law. For instance, according to the Law of Ukraine “On prevention of Acquired Immune Deficiency Syndrome (AIDS) and on social protection of the population”, HIV testing shall be voluntary. However order of the Ministry of Defence of Ukraine №402 as of 14.08.2008 “On approval of military medical examination in the Armed Forces of Ukraine”<sup>44</sup> provides that all recruits, entrants to higher military education institutions and applicants to contractual military service in the Armed Forces of Ukraine, etc., should have their blood tested for HIV antibodies before medical examination – that is, HIV testing is mandatory.

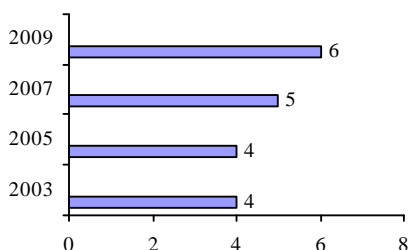
The country still has rather strict legislation on combating illicit drug circulation; for example, possession of a small amount of drugs for personal use is still subject to criminal prosecution, which creates significant obstacles to efficient prevention activities among IDUs, implementation of harm reduction programmes and introduction of substitution maintenance therapy.

The legal and regulatory base of the penitentiary system needs significant further improvement in Ukraine in order to address HIV/AIDS prevention and treatment among prison inmates. Substitution maintenance therapy is still unavailable to prisoners and detainees.

A number of documents that regulate law enforcement activities and health care view the behaviour of MSM as a deviation. This leads to an inadequate attitude towards this target group on the part of law enforcement officers and health care workers, and does not contribute to efficient HIV prevention.

Thus, the need to address the conformity of the legislative base, and mechanisms of its introduction and implementation, is still relevant for Ukraine.

In general, according to the experts, government efforts to plan strategy within HIV programmes in Ukraine during 2003–2009 show a tendency for gradual growth (see Fig. 11).



**Fig. 11. General evaluation of government efforts to plan strategy within HIV programmes in Ukraine during 2003–2009, on the basis of interviews with experts**

<sup>44</sup> <http://zakon1.rada.gov.ua/cgi-bin/laws/main.cgi?nreg=z1109-08&pass=4/UMfPEGznhhyno.ZiBJCck.HI4HU80msh8le6>

## Part A: II. POLITICAL SUPPORT

Strong political support includes:

- government and political leaders who speak out often about AIDS and regularly chair important meetings,
- allocation of national budgets to support HIV programmes, and
- effective use of government and civil society organizations to support effective AIDS programmes.

### 1. Do high officials speak publicly and favourably about HIV response efforts at 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

The meeting of the Coordination Council on TB, HIV/AIDS and Drug Use chaired by President of Ukraine Victor Yushchenko on 31 March 2009, and the meeting of the National Council on TB and HIV/AIDS chaired by Vice-Prime Minister Ivan Vasiunyk on 8 April are just two examples of this.

### 2. Does Ukraine have an officially recognized national multisectoral AIDS management/coordination body? (National AIDS Council or equivalent)?

Yes

*National Council on Tuberculosis and HIV/AIDS*

If NO, briefly explain why not and how AIDS programmes are being managed?

#### 2.1. If YES, when was it created?

*The National Council on Tuberculosis and HIV/AIDS was established by Resolution of the Cabinet of Ministers of Ukraine № 926 as of 11 July 2007 as a consultative and advisory body in the Cabinet of Ministers of Ukraine.*

#### 2.2. If YES, who is the Chair of such a National Coordination Council?

*The Chair of the Council is Ivan Vasyliovych Vasiunyk, Vice-Prime Minister of Ukraine (in accordance with the distribution of functional authorities).*

#### 2.3. If YES, does the national HIV coordination body:

have terms of reference?	Yes
have active Government leadership and participation?	Yes
have a defined membership?	Yes
If YES, write in:	<i>30 people</i>
include civil society representatives?	Yes
If YES, write in:	<i>40% – 12 people</i>
include people living with HIV	Yes
If YES, write in:	<i>2 people</i>
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

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

Yes

#### 3.1. 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.

**3.2. If YES, 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.

**4. What percentage of the national HIV budget was spent on activities implemented by civil society in 2009?**

Percentage: 0% of the general national budget.

NGOs implement projects funded by the Global Fund and other international donors. These funds are also included in the National Programme to Ensure HIV Prevention, Treatment, Care and Support to HIV Infected People and AIDS Patients for 2009–2013.

**5. What kind of support does the National HIV/AIDS Coordination Council provide to civil society organizations for the implementation of HIV-related activities?**

Information on priority needs and services	Yes
Technical guidance	No
Procurement and distribution of drugs or other supplies	
<i>Representatives of the Secretariat of the National Council on the Response to TB and HIV/AIDS participate in tender committees on procurement which are organized by the principal recipients of the Global Fund (ICF International HIV/AIDS Alliance in Ukraine and ACO All-Ukrainian Network of People Living with HIV/AIDS). The Secretariat also approves the distribution of all purchased supplies in the MOH.</i>	
Coordination with other implementing partners	Yes
Capacity building	Yes
Other (write in) _____	No

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

Yes

**6.1. If YES, were policies and legislation amended to be consistent with the National AIDS Control policies?**

Yes

**6.2. If YES, which policies and legislation were amended and when? Describe the amendments**

<b>Policy/Law</b>	<b>Year of amendments:</b>	<b>Describe amendments</b>
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: <ul style="list-style-type: none"> <li>• when social service centres for family, children and youth, or other government bodies, charity or civil society organizations of concerned citizens inform about it;</li> <li>• when a social worker makes a direct visit to the family to examine the situation and provide support.</li> </ul> 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.

**6.3. 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.*

Overall, how would you rate the <i>political support to the HIV programme in 2009?</i>										
Very poor										Excellent
0	1	2	3	4	5	6	7	8	9	10

**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.

**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.

**Narrative Part to Section A.II. Political Support**

According to the experts, political support for the HIV/AIDS epidemic response in Ukraine remains practically at the same level as in previous reporting periods. This can be explained by political instability in the country and the need to resolve other priority social and economic issues in the light of insufficient budget funds, etc.

However, it should be noted that two national coordination councils now exist in Ukraine. The first – the National Coordination Council on Response to TB and HIV/AIDS – is an advisory body in the Cabinet of Ministers of Ukraine. It is chaired by Vice-Prime Minister Ivan Vasiunyk. The other – Coordination Council on HIV/AIDS, Tuberculosis and Drug Use – is an advisory body under the President of Ukraine. This council was created by Decree of the President of Ukraine №220/2008 as of 17 March 2008. The Head of this Coordination Council is President Victor Yushchenko.

Both councils include representatives of government bodies, international and non-governmental organizations, including organizations of people living with HIV/AIDS.

Today these two councils operate simultaneously. The council in the Cabinet of Ministers of Ukraine is more active.

According to legislation, similar regional councils should be created in the regions of Ukraine. Such councils are genuinely active in some regions, while in others they exist only on paper.

Ukraine is working quite actively to bring its legislation into conformity with international standards and current requirements. However, a number of documents still need further improvement (see Narrative Part to Section A.I. Strategic Plan).



## Part A: III. PREVENTION

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

Yes

#### 1.1. If YES, what key messages are explicitly promoted?

- |  |   |
|--|---|
| 1. Be sexually abstinent   | + |
| 2. Delay sexual debut  | + |
| 3. Be faithful   | + |
| 4. Reduce the number of sexual partners                          | + |
| 5. Use condoms consistently                                      | + |
| 6. Engage in safe(r) sex   | + |
| 7. Avoid commercial sex  | - |
| 8. Abstain from injecting drugs                                  | + |
| 9. Use clean needles and syringes                                | + |
| 10. Fight against violence against women                         | + |
| 11. Greater acceptance and involvement of people living with HIV | + |
| 12. Greater involvement of men in reproductive health programmes | - |
| 13. Males to get circumcised under medical supervision           | - |
| 14. Know your HIV status   | - |
| 15. Prevent mother-to-child transmission of HIV                  | + |
| Other ( <i>write in</i> ) _____                                  |   |

#### 1.2. In 2009 did Ukraine implement an activity or programme to promote accurate reporting on HIV by the media?

Yes

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

Yes

#### 2.1. Is HIV education part of the curriculum in:

Primary schools?	Yes
Secondary schools?	Yes
Teacher training?	Yes

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

Yes

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

Yes

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

Yes

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

	IDU	MSM	CSW	Client of CSW	Prison inmates	Students
Targeted information on risk reduction and HIV education	+	+	+	+	+	+
Stigma and discrimination reduction	+	+	+		+	+
Condom promotion	+	+	+	+	+	+
HIV testing and counselling	+	+	+		+	
Reproductive health, including STI prevention and treatment	+	+	+		+	+
Vulnerability reduction (e.g. income)	N/A	N/A		N/A	N/A	

generation)

Drug substitution therapy	+	N/A	N/A	N/A	N/A
Needle and syringe exchange	+	N/A	N/A	N/A	N/A

### 3.3. Overall, how would you rate policy efforts in support of HIV prevention in 2009?

Very poor										Excellent
0	1	2	3	4	5	6	7	8	9	10

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.

**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.

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

Yes

**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<sup>45</sup>.

**If NO, how are HIV prevention programmes being scaled-up?**

#### 4.1. To what extent has HIV prevention been implemented?

HIV prevention component	The majority of people in need have access		
Blood safety	Agree	Don’t agree	N/A
Universal precautions in health care settings	Agree	Don’t agree	N/A
Prevention of mother-to-child transmission of HIV	Agree	Don’t agree	N/A
Information, education and communication (IEC) campaigns on risk reduction	Agree	Don’t agree	N/A
IEC campaigns on stigma and discrimination reduction	Agree	Don’t agree	N/A
Condom promotion	Agree	Don’t agree	N/A
HIV testing and counselling	Agree	Don’t agree	N/A
Harm reduction for injecting drug users	Agree	Don’t agree	N/A
Risk reduction for MSM	Agree	Don’t agree	N/A
Risk reduction for CSW	Agree	Don’t agree	N/A
Reproductive health services including sexually transmitted infections prevention and treatment	Agree	Don’t agree	N/A
School-based HIV education for young people	Agree	Don’t agree	N/A
HIV prevention for out-of-school young people	Agree	Don’t agree	N/A
HIV prevention in the workplace	Agree	Don’t agree	N/A
Other programmes ( <i>write in</i> )	Agree	Don’t agree	N/A

<sup>45</sup> Estimating National Adult Prevalence of HIV-1 in Concentrated Epidemics. Draft Manual, EPP version Q, UNAIDS/WHO, April 2009.

5. Overall, how would you rate the efforts in the implementation of HIV prevention programs in Ukraine in 2009?

2009										
Very poor										Excellent
0	1	2	3	4	5	6	7	8	9	10

**Since 2007, what have been key achievements in this area?**

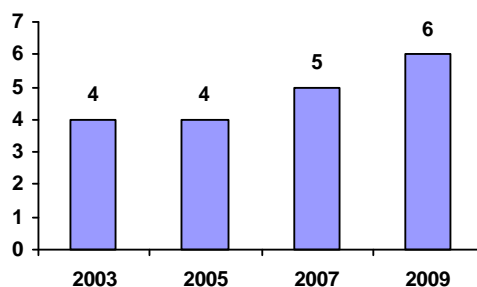
- HIV/AIDS-related education and prevention activities and development of healthy lifestyles at secondary schools within the compulsory education subject “Health Basics” covered school students in 8–9 grades.
- School students in 8–9 grades were fully provided with textbooks on “Health Basics”.
- An 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.

**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.

## Narrative section to Part A.III. Prevention

According to data provided in the National Composite Policy Index for 2003–2009, Ukraine has a stable growth trend in the evaluation of country efforts to implement HIV prevention programmes (see Fig. 12).



*Fig. 12. General evaluation of Ukraine's efforts to implement HIV prevention programmes in 2003–2009, on the basis of interviews with experts*

In general, during the reporting period the country achieved a certain success, despite the fact that state budget funding for prevention programmes among vulnerable groups was not provided in 2009 and all such programmes were financed with grants provided by the Global Fund to Fight AIDS, Tuberculosis and Malaria and other international donors.

During the first six months of 2009 certain signs of impact of a large-scale HIV prevention programme for IDUs were observed. For instance, the number of officially reported cases of HIV infection related to injecting drug use declined for the second successive year following seven years of constant growth; 3662 cases were reported during the first six months of 2009, compared to 3684 cases in 2008. It is very important to note that such a declining trend in the number of detected HIV infections occurred in the context of a growing number of HIV tests compared to the previous year<sup>46</sup>.

Today, thanks to the efforts of over 130 NGOs working in all oblasts of Ukraine, 251,729 IDUs, 74,521 prison inmates, 44,105 female sex workers and 28,024 men who have sex with men have been covered with prevention services.

By 15 November 2009 the total number of patients on substitution maintenance therapy within the programme funded by the Global Fund was 4865 people (857 with buprenorphine and 4008 with methadone) at 102 health care facilities in 26 regions of Ukraine.

During the last year, within projects financed by the Global Fund, 129,955 people from most-at-risk populations were tested for HIV with rapid tests. In November 2009 the MOH of Ukraine issued an order that regulates the use of rapid tests.

The number of rapid tests for sexually transmitted infections, such as gonorrhoea, syphilis and chlamydiosis is growing. During 9 months of 2009 STI screening tests were performed for 98,880 representatives of risk groups, and 7322 STI treatment courses were initiated. It was possible to achieve this level of coverage with a broad range of prevention services in particular thanks to the introduction of 14 mobile clinics providing health care services, which operate on oblast level.

HIV prevention services among IDUs are also provided by State Centres for Social Services for Family, Children and Youth through a network of specialized social prevention services<sup>47</sup>. By 01.10.2009 State Centres for Social Services for Family, Children and Youth created 223 such special services, most of which are located at hospitals, out-patient clinics and drug clinics. The goal of these services is to perform social and prevention work among users of psychoactive substances, including injecting drug users and those close to them, to prevent HIV and transmission of STIs and other infections, and improve individuals' social functioning through harm reduction and mitigation of the impact of injecting drug use.

During the reporting period specialists from these services covered 25,398 clients from among injecting drug users, as well 3768 people from their close environment. According to the Standard Provision "On Social and Prevention Work", one of the service's functions is to organize self-help groups. These services have created 212 self-help groups, including 141 groups for psychoactive substance users, which cover 2968 clients; and 71 groups for their close ones, covering 1494 people.

For the first time in recent years, pursuant to the objectives of the National Programme to Ensure HIV Prevention, Treatment, Care and Support to HIV Infected People and AIDS Patients for 2009–2013, and within the Memorandum signed by GTZ and the Ministry of Health of Ukraine on implementation of the project "German-

<sup>46</sup> Information note of ICF International HIV/AIDS Alliance devoted to World AIDS Day// <http://www.aidsalliance.org.ua/cgi-bin/index.cgi?url=/ua/news/index.htm>.

<sup>47</sup>[http://www.kmu.gov.ua/sport/control/uk/publish/article?art\\_id=111811&cat\\_id=80670](http://www.kmu.gov.ua/sport/control/uk/publish/article?art_id=111811&cat_id=80670)

Ukrainian Partnership Initiative to Overcome HIV/AIDS”, the Ukrainian-German working group has developed and is implementing a National Information Campaign for HIV/AIDS Prevention among the Ukrainian Population.

Nevertheless, the country still faces significant problems hindering an efficient epidemic response, including:

- insufficient coordination between executive power branches;
- small amounts of state budget funding for prevention programmes;
- insufficient coverage of vulnerable groups due to lack of appropriate funding, which means an appropriate epidemic response cannot be ensured;
- such HIV vulnerable populations as street children, MSM and others are still poorly covered with prevention activities;
- substitution maintenance therapy is not available for detained and incarcerated people;
- a state system of postgraduate education for specialists from non-governmental AIDS-service organizations has not yet been developed and introduced;
- cooperation between regional NGOs and state STI services for the treatment of STIs among risk groups still faces problems.

## Part A: 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

- 1.1. If YES, does it address barriers for women?

Yes

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

Yes

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

Yes

### If YES, how were these needs 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-VI, 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.*

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

#### HIV treatment, care and support services

Antiretroviral therapy  
 Nutritional care  
 Paediatric AIDS treatment  
 Sexually transmitted infection management  
 Psychosocial support for people living with HIV and their families  
 Home-based care  
 Palliative care and treatment of common HIV-related infections  
 HIV testing and counselling for TB patients  
 TB screening for HIV-infected people  
 TB preventive therapy for HIV-infected People  
 TB infection control in HIV treatment and care facilities  
 Cotrimoxazole prophylaxis in HIV-infected People  
 Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)  
 HIV treatment services in the workplace or treatment referral systems through the workplace  
 HIV care and support in the workplace (including alternative working arrangements)  
 Other programmes (*write in*)

#### The majority of people in need have access

Agree	Don't agree	N/A
Agree	Don't agree	N/A
Agree	Don't agree	N/A
Agree	Don't agree	N/A
Agree	Don't agree	N/A
Agree	Don't agree	N/A
Agree	Don't agree	N/A
Agree	Don't agree	N/A
Agree	Don't agree	N/A
Agree	Don't agree	N/A
Agree	Don't agree	N/A
Agree	Don't agree	N/A
Agree	Don't agree	N/A
Agree	Don't agree	N/A
Agree	Don't agree	N/A
Agree	Don't agree	N/A

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

Yes

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

No

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

2009

Very poor										Excellent
0	1	2	3	4	5	6	7	8	9	10

**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.

**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.

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

No

**5.1. If YES, is there an operational definition for orphans and other vulnerable children in the country<sup>48</sup>?**

Yes

**5.2. Does the country have a national action plan specifically for orphans and other vulnerable children?**

Yes

**5.3. If YES, does the country have an estimate of orphans and other vulnerable children being reached by existing interventions?**

Yes

**5.4. If YES, what percentage of orphans and other vulnerable children is being reached?**

10-15%

**6. Overall, how would you rate the efforts to meet the needs of orphans and other vulnerable children in Ukraine in 2009?**

2009

Very poor										Excellent
0	1	2	3	4	5	6	7	8	9	10

<sup>48</sup> There is no working definition of vulnerable children in Ukraine. There is a legal definition of orphans, children deprived of parental care, disabled children, children with special needs and homeless children.

**Since 2007, what have been key achievements in this area?**

- *A number of documents to address orphanhood have been developed.*
- *A uniform, personified database of orphans and children deprived of parental care has been created and is being updated.*
- *The number of adopted orphans, including HIV positive children, is growing.*
- *Information and education work among young people and the general public is being conducted more actively.*
- *During 2008–2009, 10 training workshops on HIV/STI prevention among street children were conducted for trainers working in orphanages, children’s services and centres for social and psychological rehabilitation from all regions of Ukraine with technical and financial support from the International HIV/AIDS Alliance in Ukraine.*

**What are remaining challenges in this area:**

- *Due to lack of funding the level of coverage of street children with HIV/AIDS/STI prevention, diagnosis and treatment programmes remains very low.*
- *Due to imperfect Ukrainian legislation, participation in harm reduction programmes of children and adolescents who use drugs remains problematic.*

**Narrative section to Part A.IV. Treatment, Care and Support**

It should be noted that compared to previous reporting years Ukraine’s efforts in the area of treatment, care and support have improved. Thus, ARV therapy provision has increased by 57 times, from 250 treatment courses in 2004 to 14,256 treatment courses by 1 November 2009.

In order to ensure universal access for all people in need of treatment and social and psychological support, integrated support centres are being established on the basis of regional AIDS Prevention Centres. Today one of these centres is actively functioning on the basis of Donetsk Oblast AIDS Prevention Centre.

Care and support services for people living with HIV/AIDS are mostly provided by non-governmental organizations, including the Network of PLHA. These organizations are mostly funded by a Global Fund Principal Recipient grant, i.e., by the All-Ukrainian Network of People Living with HIV/AIDS. Close cooperation has been established with health care workers and specialists from NGOs to ensure access to treatment and develop adherence to ART.

However, there are significant problems in the area of treatment, including the following:

- inefficient use of government funds resulting in procurement of medical equipment, medicines and vaccines at excessive prices;
- lack of funds is hindering the introduction of ARV treatment programmes for HIV/STI, substitution maintenance therapy for IDUs, etc.;
- there is an urgent need to further develop ART guidelines in accordance with international standards.

As in the previous reporting period, Ukraine still lacks a special policy or strategy to meet the additional needs of orphans and other vulnerable children (OVC) in relation to HIV/AIDS. However, the country has a national policy and well-developed and amended legislation that addresses social orphanhood.

During 2008–2009 the State Department for Adoption and Protection of Children’s Rights at the Ministry of Family, Youth and Sport of Ukraine developed and introduced over 40 legal acts and regulations to meet the needs and protect the rights of orphans and children deprived of parental care. 10 more drafts of similar regulations have been developed.

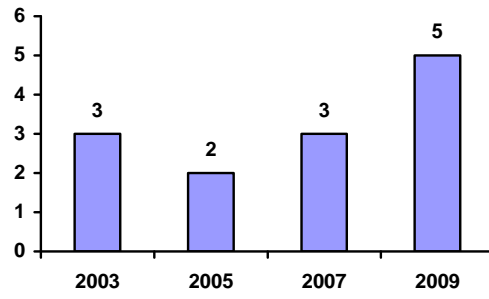
In recent years Ukraine has experienced active reform of the system of institutions for orphaned children and children deprived of parental care. The state social programme to reform the orphanage system was approved by resolution of the Cabinet of Ministers of Ukraine №1242 as of 17.10.2007. The key objective of this programme is to create conditions for the implementation of state guarantees and realize the constitutional rights of orphans and children deprived of parental care by 2017 through optimizing the existing network of children’s institutions and creating a new type of institution based on living conditions and development similar to a family home.

The State Department for Adoption and Protection of Children’s Rights, together with its regional structural divisions – children’s services – and with support from the Criminal Militia on Children’s Affairs, are trying to prevent children from becoming homeless through active work with families living in difficult conditions, as well as through removing children from such families and placing them in foster families and family-based children’s homes. The practice of placing homeless orphans and children deprived of parental care into family care (foster families, family-based children’s homes and adoption families), bypassing orphanages, is now being introduced. During 2009, 2351 children from orphanages were placed in family care conditions.

During 2008–2009 Ukrainian citizens adopted 15 HIV positive orphaned children.

In general, judging from the results provided in the National Composite Policy Index of Ukraine for 2003–2009, there is a trend of improvement of government efforts to meet the needs of orphans and other vulnerable children (see Fig. 13).





*Fig. 13. General evaluation of Ukraine's efforts to meet the needs of orphans and other vulnerable children in 2003–2009 on the basis of interviews with experts*

## Part A: V. MONITORING AND EVALUATION.

### 1. Does the country have *one* national Monitoring and Evaluation (M&E) plan?

Yes

If NO, briefly describe the challenges:

#### 1.1. If YES, for which period is the M&E plan being developed?

It is being developed for 2009–2013

#### 1.2. If YES, was the M&E plan endorsed by key partners in M&E?

No

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

Yes

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

1. Yes, all partners
2. Yes, most partners
3. Yes, but only some partners
4. No

#### 1.5. If “YES, but only some partners”, or if “NO”, briefly describe what issues are not aligned.

### 2. Does the national Monitoring and Evaluation plan include:

A data collection strategy	Yes	No
----------------------------	-----	----

#### If YES, does it address:

- routine programme monitoring	Yes	No
- behavioural surveys	Yes	No
- HIV surveillance	Yes	No
- evaluation/research studies	Yes	No
a well-defined standardised set of indicators	Yes	No
guidelines on tools for data collection	Yes	No
a strategy for assessing data quality (i.e., validity, reliability)	Yes	No
a data analysis strategy	Yes	No
a data dissemination and use strategy	Yes	No

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

No

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

Yes

#### 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.*

If NO, briefly describe how priorities for M&E are determined:

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

Yes

If NO, what are the main obstacles to establishing a functional M&E Unit?  
\_\_\_\_\_

**5.1. If YES, where is the national M&E Unit based?**

In the NCC of Ukraine (or equivalent)

No

In the Ministry of Health

Yes

In the Ukrainian AIDS Prevention Centre

Elsewhere (write in) \_\_\_\_\_

No

**5.2. If YES, how many and what type of professional staff are working in the national M&E Unit?**

**Number of permanent staff** 7 people

**Position**

**Full time / Part time**

**Since when?**

1. Unit director

full time

Since August 2009

2. Specialist in sociological research

full time

Since August 2009

3. Specialist in epidemiological research

full time

Since August 2009

4. Specialist in monitoring of medical programmes

full time

Since August 2009

5. Specialist in development of a regional M&E system

full time

Since August 2009

6. Specialist in database management

full time

Since August 2009

7. Assistant

full time

Since August 2009

**Number of temporary staff** 3 people

**Position**

**Full time / Part time**

**Since when?**

1. Physician-epidemiologist

part time

Since August 2009

2. Physician-epidemiologist

part time

Since August 2009

3. Computer specialist

part time

Since August 2009

**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

**5.4. If YES, briefly describe the data sharing mechanism:**

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.

**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.

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

Yes, it meets regularly

**6.1. Does this Working Group include representatives from civil society?**

Yes

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.*

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

No

**7.1. If YES, briefly describe the national database and who manages it:**

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**7.2. If YES, does it include information about the content, target populations and geographical coverage of HIV services, as well as their implementing organizations?**

- A) Yes, all of the above
- B) Yes, but only some of the above
- B) No, none of the above

**7.3. Is there a functional<sup>49</sup> Health Information System?**

- At national level Yes
- At subnational level Yes
- If YES, at what level (s)? 24 oblasts, AR Crimea, Sevastopol and Kiev cities

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

Yes

**9. To what extent are M&E data used?**

**9.1. In developing/revising the national HIV/AIDS strategy:**

Low				High
0	1	2	3	5

**Provide a specific example of such use:**

*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.*

**What are the main challenges?**

*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.*

**9.2. For resource allocation**

Low				High
0	1	2	3	5

**Provide a specific example of such use:**

*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.*

**What are the main challenges?**

*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.*

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<sup>49</sup> Regularly reporting data from health facilities which are aggregated at district level and sent to national level; and data are analyzed and used at different levels

### 9.3. For programme improvement

Low										High
0	1	2	3	4	5	6	7	8	9	10

**Provide a specific example of such use:**

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

**What are the main challenges?**

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

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

No

**10.1. In the last 2009, was training in M&E conducted?**

At national level?

Yes

**If YES, who was trained and number of the trained:**

8 people + 7 people = 15 people

*During 2009, USAID/HIV/AIDS Service Capacity Project in Ukraine trained 8 M&E specialists from the regions of Ukraine on the use and introduction of the Country Response Information System (CRIS).*

*The International HIV/AIDS Alliance in Ukraine, in cooperation with key partners, trained 7 specialists from the National M&E Unit.*

At subnational level?

Yes

**If YES, who was trained and number of the trained:**

13 people + 18 people + 24 people = 55 people

*In 2009, USAID/HIV/AIDS Service Capacity Project in Ukraine conducted training for 13 members of the M&E group from Sevastopol (AR Crimea) on development of the regional M&E system in Sevastopol.*

*In 2009 the International HIV/AIDS Alliance in Ukraine conducted training workshops to train 18 regional M&E specialists and 24 regional M&E specialists on introduction of the CRIS database.*

At service delivery level including civil society?

Yes

**If YES, who was trained and number of the trained:**

120 people + 128 people + 19 people = 267 people

*The All-Ukrainian Network of People Living with HIV/AIDS organized training workshops for documentors of care and support projects to develop skills for work with database Case+ (SyrEx2). During 2009 116 people were trained. 4 experts were trained to perform monitoring visits to organizations implementing care and support projects.*

*In 2009 the International HIV/AIDS Alliance in Ukraine trained 128 representatives of NGOs on programme monitoring, and 19 representatives of sub-grantee NGOs on the introduction of the universal identification code.*

**10.2. Were other M&E capacity building activities conducted other than training?**

Yes

**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).*

**Overall, how would you rate the M&E efforts of the HIV programme in Ukraine in 2009?**

2009 Very poor																				Excellent
0	1	2	3	4	5	6	7	8	9	10										

**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.*

**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.*

**Narrative section to Part A. V. Monitoring and Evaluation.**

Certain developments in M&E occurred in Ukraine compared to previous years:

1) In August 2009 the National M&E Unit was established on the basis of the Ukrainian AIDS Prevention Centre at the MOH of Ukraine. The National M&E Unit has 10 employees, including 7 full-time and 3 part-time specialists.

Technical, financial and advocacy support to create this unit was provided by UNAIDS, WHO, International HIV/AIDS Alliance in Ukraine, USAID and others. The National Unit started its active operations with the basic evaluation and inventory of regional M&E centres and groups. On the basis of this evaluation, by 1 November 2009 there were 12 M&E centres in the regions, and 2 more under development. However, similar units or groups had not been established in the other 13 regions of the country.

2) In comparison to previous years, there is a trend of improvement of M&E data collection and use. Starting from 2006 the working group on M&E has been actively working in coordination with the International HIV/AIDS Alliance in Ukraine. This group includes representatives of governmental, non-governmental, international and research organizations. Key terms of reference for this group include planning, alignment and coordination of research and provision of methodological support to the national M&E system and discussion of research results.

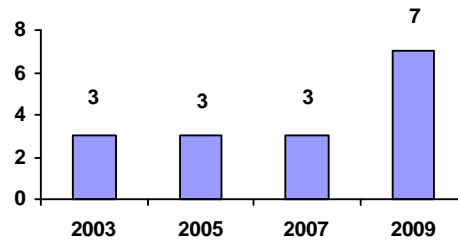
Since 2003 Ukraine has regularly conducted situation analysis of HIV/AIDS and size of risk groups and made forecasts of epidemic development. Such evaluations were conducted in 2003, 2007, 2008 and 2009. The evaluations were performed with the participation of the Ukrainian AIDS Prevention Centre at the MOH of Ukraine, Office of WHO in Ukraine, International HIV/AIDS Alliance in Ukraine and UNAIDS. The results of the most recent evaluations are based on improved data collection methodology (with the use of RDS and TLS samples, etc) and on analysis with the application of more updated software. The practice of aligning evaluation results with national experts, all other stakeholders and representatives of risk groups can be also considered an achievement.

Starting from 2003 behavioural studies have been regularly conducted among risk groups, including studies related to HIV testing. RDS and TLS samples were also used for such research.

The results of generalized HIV/AIDS situation analysis in Ukraine and data of behavioural and epidemiological surveillance were used for development of the National Programme to Ensure HIV Prevention, Treatment, Care and Support to HIV Infected People and AIDS Patients for 2009–2013, as well as for calculation of the programme budget. Regional data were also at the foundation of development of regional operational plans for implementation and budget calculation of the national programme.

This can be confirmed by interviews with experts in the process of development of the National Report of Ukraine on the Follow-up to the Declaration of Commitment on HIV/AIDS for reporting periods 2006–2007 and 2009–2010. Thus, in 2006–2007, according to the experts, M&E data were poorly used for the planning and implementation of prevention, treatment, care and support programmes (a score of 2 is marked on the scale), while in 2009–2010, when the situation has slightly improved, experts estimated it at a higher level (a score of 3 on the scale).

In general, HIV-related M&E programme efforts in Ukraine in 2003–2009 received the following evaluation from experts (see Fig. 14). Such a peak in the estimate for 2009 can be explained by creation of the National M&E Unit and other achievements of the country in HIV/AIDS situation analysis.



**Fig. 14. General evaluation of HIV-related M&E programme efforts in Ukraine in 2003–2009 on the basis of interviews with the experts**

In spite of essential achievements, Ukraine still faces unresolved problems which were also mentioned in previous years. Solution of these problems is a priority of the National M&E Unit in the immediate future. The main challenges include:

- creation of M&E centres or groups in all regions of Ukraine;
- development and introduction of an aligned system of national, sectoral and regional M&E indicators with clearly defined mechanisms and reporting formats;
- development and introduction of a national M&E plan;
- development and introduction of one system for data collection, analysis and sharing between all stakeholders and participants in the M&E process;
- solution of problems relating to accountability and subordination of different institutions and bodies at both national and regional levels;
- staff training in M&E at both national and regional levels. According to the experts who participated in development of this report, to date Ukraine lacks a national system to train M&E professionals. M&E training is mostly conducted by international organizations such as USAID/HIV/AIDS Service Capacity Project in Ukraine, UNAIDS and others, and Global Fund Principal Recipients (the International HIV/AIDS Alliance in Ukraine and the All-Ukrainian Network of People Living with HIV/AIDS). There is therefore an acute deficit of trained specialists, especially on the regional level.

**NATIONAL COMPOSITE POLICY INDEX (NCPI), PART B, 2010**

**COUNTRY: UKRAINE**

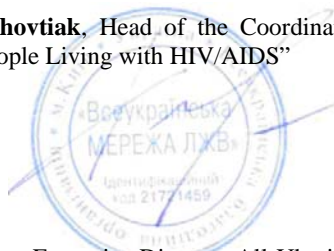
**Andriy Klepikov**, Executive Director, International Charitable Foundation “International HIV/AIDS Alliance in Ukraine”

Signature: 

Date of signing:

**Volodymyr Zhovtiak**, Head of the Coordination Council, All-Ukrainian Charitable Organization “All-Ukrainian Network of People Living with HIV/AIDS”

Signature:



Date of signing:

**Natalia Pidlisna**, Executive Director, All-Ukrainian Charitable Foundation “Coalition of HIV-service Organizations”

Signature:



Date of signing:



**NCPI – PART B (to be administered to representatives from civil society organizations, bilateral agencies, and UN organizations)**

Organization	Name/Position	Respondents to Part B [indicate which parts each respondent was queried on]			
		B.I	B.II	B.III	B.IV
Charitable Christian Fund "Solidarity"	Andriy Mykytin, Board Chairman	+	+	+	+
All-Ukrainian Charitable Organization "All-Ukrainian Network of PLHA"	Dmytro Sherembey, Director of Communication, Policy and Advocacy Department	+	+	+	+
All-Ukrainian Charitable Foundation "Coalition of HIV-service Organizations"	Natalia Pidlisna , Executive Director	+	+	+	
All-Ukrainian Charitable Foundation "Coalition of HIV-service Organizations"	Olena Davis Kuzmivna, Board Chair	+	+	+	+
Cherkassy Oblast Branch of ACO "All-Ukrainian Network of PLHA"	Olena Stryzhak, Board Chair	+	+	+	+
International Charitable Foundation "International HIV/AIDS Alliance in Ukraine"	Serhiy Filippovych, Head of Treatment, Procurement and Supply Management				+
International Charitable Foundation "International HIV/AIDS Alliance in Ukraine"	Pavlo Skala, Manager of Policy and Advocacy Programmes	+	+	+	+

## National Composite Policy Index (NCPI)

### Part B

#### 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	No
-----	----

**If YES, specify:**

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.

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

Yes	No
-----	----

**2.1. If YES, for which populations?**

Women	Yes	No
Young people	Yes	No
IDU	Yes	No
MSM	Yes	No
Sex workers	Yes	No
Prison inmates	Yes	No
Migrants/mobile populations	Yes	No
Other ( <i>write in</i> )	Yes	No

**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.

**If YES, 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.

**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).

**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	No
-----	----

**3.1. If YES, for which subpopulations?**

Women	Yes	No
Young people	Yes	No
IDU	Yes (2)	No (2)
MSM	Yes	No
Sex workers	Yes	No
Prison inmates	Yes	No
Migrants/mobile populations	Yes	No
Other ( <i>write in</i> )	Yes	No

**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.

**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.

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

Yes	No
-----	----

**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.

**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?**

Yes	No
-----	----

**If YES, briefly describe this mechanism:**

There is no single systematic mechanism. Several individual projects are dealing with documenting and reviewing cases of discrimination of people living with HIV. There are also some pilot projects documenting such cases among other most-at-risk populations.

**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	No
-----	----

**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.

**7. Does the country have a policy of free access to the following services:**

<b>HIV prevention</b>	<b>Yes</b>	<b>No</b>
<b>Antiretroviral treatment</b>	<b>Yes</b>	<b>No</b>
<b>HIV-related care and support interventions</b>	<b>Yes</b>	<b>No</b>

**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.

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

Yes	No
-----	----

Gender-sensitive programmes in most-at-risk populations are being implemented with financial support from the programme funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria.

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

Yes	No
-----	----

Prescription of treatment is regulated by treatment guidelines, which do not restrict access of women to treatment depending on whether or not they are pregnant. Ukraine applies the assumption of gender equality to provision of services to the population, including health care services. There are no legal documents that would restrict equal access of women or men to HIV treatment.

**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	No
-----	----

**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.

**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	No
-----	----

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.

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

Yes	No
-----	----

Current sectoral regulation of the Ministry of Defence of Ukraine and other uniformed ministries, and some employers, require compulsory HIV testing for all recruits, although this contradicts the law of Ukraine.

**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?**

Yes	No
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There is no separate committee dealing with HIV/AIDS-related research. The Central Commission on Ethics at the Ministry of Health of Ukraine operates according to the requirements of Directive 2001/20/EU of the European Parliament and the Council of Europe on clinical trials of medicines and expert evaluation of materials to ensure the rights, safety and well-being of research participants, and to provide corresponding guarantees to society. Similar commissions operate in health care facilities. Formally, each study should be approved by the Central Commission, while ethical commissions at health care facilities should supervise implementation of its decision. It is hard for NGO representatives to evaluate the efficiency of the Central Commission.

**11.1. If YES, does the ethical review committee include representatives of civil society including people living with HIV?**

Yes	No
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**If YES, describe the approach and effectiveness of this review committee:**

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

- 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	No
-----	----

- 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.

Yes	No
-----	----

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

Yes	No
-----	----

**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.

**13. In the last 2 years, have members of the judiciary been trained/sensitized to HIV and human rights issues that may come up in the context of their work?**

Yes	No
-----	----

**14. Are the following legal support services available in the country?**

- Legal aid systems for HIV casework.

Yes	No
-----	----

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

Yes	No
-----	----

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

Yes	No
-----	----

**If YES, what types of programmes:**

Media	Yes	No
School education	Yes	No
Personalities regularly speaking out	Yes	No
Other [write in]: Programmes implemented by NGOs funded by international donors; The Olena Franchuk Private Charity Foundation has a separate media programme to reduce stigma and discrimination.	Yes	No

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



**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.

**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”.

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

<b>Very poor</b>												<b>Excellent</b>
0	1	2	3	4	5	6	7	8	9	10		

**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.

**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.

## Narrative Section to Part B.I. Human Rights

Ukraine has a number of regulatory documents that protect the rights and freedoms of citizens. Discrimination is prohibited by the Constitution of Ukraine (article 24). The Law of Ukraine “Basic Principles of Health Care Legislation” (article 6) includes protection from all forms of discrimination. Several separate legal documents specifically protect the 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” adopted in 1991 (amended in 1998 and 2001) specifically states (Section 4, article 17) that people living with HIV/AIDS enjoy all rights and freedoms envisaged by the Constitution of Ukraine. This law also envisages redress for losses incurred due to disclosure of HIV positive status, free provision of medicines, and free transportation to and from health care facilities. Free antiretroviral therapy (ART) is provided on the basis of article 17 of this law to 13,013 HIV infected people (by 01.07.2009). 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.

A number of sectoral regulatory acts of ministries and institutions contain separate provisions on the protection of rights of people living with HIV.

A number of legal and regulatory documents aimed at improving the legal status of vulnerable groups have been 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 regulating the introduction of substitution maintenance therapy (SMT) were issued;
- the Coordination Council on HIV/AIDS, Drug Use and Tuberculosis under the President of Ukraine, which includes people living with HIV, was established.

At the same time, the efficacy of legal and regulatory acts to prevent discrimination of vulnerable groups is assessed by NGOs as low. Failure to enforce the provisions of current legislation, and violation of human rights of people living with HIV and representatives of most-at-risk populations by health care workers and law enforcement officers remain a problem.

A number of legal and regulatory acts are still in need of improvement and were mentioned in the previous Report (articles 309 and 303 of the Criminal Code of Ukraine and article 185 of the Administrative Code of Ukraine, laws of Ukraine “On Response to Illicit Drug Circulation...” and “On the Militia”). An inadequately high level of criminalization of drug dependent people, and the lack of antidiscrimination provisions for FSW and MSM are still unresolved, which poses barriers to the implementation of prevention programmes (harm reduction, substitution therapy). For instance, people are not allowed to take SMT during temporary detention or imprisonment. Legislation that regulates the penitentiary system significantly restricts access of NGOs to provide prevention services within the system and does not allow monitoring of prevention policy and budget expenses.

Another significant barrier to protecting human rights is the low awareness among vulnerable groups themselves of the laws that are supposed to protect their rights. The number of successful legal suits related to discrimination is very low. There is no single mechanism to monitor the observance of human rights of people living with HIV and representatives of vulnerable populations on a regular basis; instead, separate initiatives of non-governmental organizations are performing ad-hoc monitoring of human rights violations and individual sociological research.

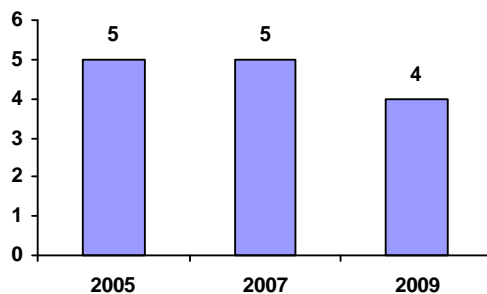
In spite of some progress in the adoption of legal and regulatory documents that have improved the legal status of vulnerable groups, some issues remain unresolved:

- 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;
- there are practically no government contracts with NGOs for provision of services to vulnerable populations and people living with HIV;
- annual education programmes to develop a tolerant attitude towards HIV positive people at government level in the judicial, executive, health care and education sectors are non-existent;
- activities to develop a tolerant public attitude towards people living with HIV are insufficient;
- HIV positive and discordant couples do not have access to supportive reproductive technologies. The legislative base for provision of such services is not regulated.

Formally, observance of human rights in Ukraine is supervised by many institutions, such as the Committee on Human Rights at the Verkhovna Rada of Ukraine; the National Council on the Response to Tuberculosis and HIV/AIDS at the Ministry of Health; oblast, district and city Coordination Councils on the Response to Tuberculosis and HIV/AIDS; civil society councils at the Ministry of Family, Youth and Sport (which, among other issues, exercise control over human rights violations and discrimination in relation to HIV in such areas as housing, education, employment, etc.), and the Ombudsman

who, although not specializing in protection of the rights of people living with HIV does in fact deal with the observance of rights of PLHA and other vulnerable population groups. NGO representatives consider that non-governmental organizations are taking the most active part in control over observance of the rights of people living with HIV.

NGO representatives emphasize the country's significant and improving base of legal and regulatory acts that are intended to ensure equality to all citizens of Ukraine, including people living with HIV. The key problem is violation or non-enforcement of current legislation, which is why NGO experts' general evaluation of efforts to ensure the practical implementation of existing policy and legislation remains on a medium level for 2005–2009 (see Fig. 15).



*Fig. 15. Evaluation of efforts to enforce existing policy, legislation and provisions in 2005, 2007 and 2009, on the basis of interviews with experts*

## II. CIVIL SOCIETY INVOLVEMENT

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

Low High  
0 1 2 3 4 5

#### 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.

### 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)?

Low High  
0 1 2 3 4 5

#### 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.

### 3. To what extent are the services provided by civil society in areas of HIV prevention, treatment, care and support included in:

#### a. national AIDS strategy?

Low High  
0 1 2 3 4 5

b. national AIDS budget?

Low High  
0 1 2 3 4 5

c. national AIDS reports?

Low High  
0 1 2 3 4 5

**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.

**4. To what extent is civil society included in the monitoring and evaluation (M&E) of the HIV response?**

a. developing the national M&E plan?

Low High  
0 1 2 3 4 5

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

Low High  
0 1 2 3 4 5

c. M&E efforts at local level?

Low High  
0 1 2 3 4 5

**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.

**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)?**



**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.

**6. To what extent is civil society able to access:**

a. adequate financial support to implement its HIV activities?



b. adequate technical support to implement its HIV activities?



**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.

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

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

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

2009										
Very poor										Excellent
0	1	2	3	4	5	6	7	8	9	10

#### 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.

**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.

**Narrative Section to Part B.II. Civil Society Involvement**

Civil society is the key driving force of the HIV/AIDS epidemic response. Representatives of non-governmental organizations are included in the National Council on the Response to Tuberculosis and HIV/AIDS at the Cabinet of ministers of Ukraine. Civil society in the National Council is represented by the PLHA community, AIDS-service organizations and associations of health care workers that provide services to sex workers, drug users, prison inmates and people discharged from prisons, and LGBT. Representatives of religious confessions are also members.

Representatives of civil society organizations are included in the Coordination Council on HIV/AIDS, Tuberculosis and Drug Use under the President of Ukraine, and in oblast, district and city Coordination Councils on the Response to Tuberculosis and HIV/AIDS that take part in development and approval of national and regional programmes, and participate in the work of expert groups in sectoral ministries developing and amending current legislation related to HIV/AIDS. National civil society and AIDS-service 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”. NGO representatives are included in the National Monitoring and Evaluation (M&E) Working Group.

Key achievements of civil society organizations in 2008–2009 included establishment of partnerships with both national and regional government, and improved coordination of service provision between organizations providing medical and social services in order to improve the quality of services for vulnerable groups. Civil society organizations took active part in the external evaluation of the national programme for 2004–2008 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, development of a legal mechanism for the introduction of social contracts was included in the national programme, in order to provide an opportunity for civil society organizations to provide social services funded by national and local budgets. Other efforts of civil society organizations helped to include people discharged from



prisons as another target group of the programme. At the regional level, civil society representatives participated in operational budget planning for 2011–2013.

During this period representatives of the PLHA community exposed corruption in the procurement of ARV drugs at the Ministry of Health of Ukraine. In cooperation with other partner NGOs they continued advocacy work to promote introduction of substitution therapy programmes in the regions of Ukraine. Now they are working hard to change public perception of SMT from a political issue to a social and medical one.

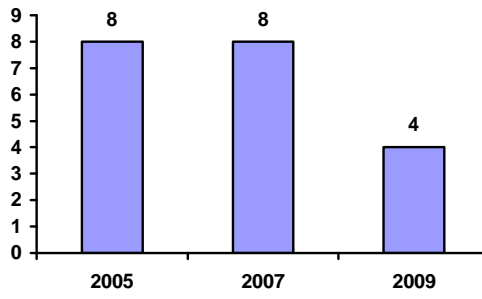
Together with the achievements of civil society organizations in this area several problems remain, some of which were mentioned in the previous report:

- Financial support to NGOs is provided mostly within the Global Fund project and by some other international donors. Funding from local budgets and the private sector is very limited and provided only in a few oblasts. The dependence of NGOs on one financial source in Ukraine poses a threat to programme and service sustainability, while limited funding sometimes leads to competition rather than partnership between NGOs.
- Some local NGO representatives complain of a lack of transparency in the system of funds distribution by the Principal Recipients, pointing out scarce information about opportunities to receive financial support. They believe that the system of funds distribution is closed, inviting accusations of abuse and protectionism.
- Although legal regulation of social contracts and approval of minimum standards of social services for vulnerable groups, as a mechanism to raise budget funds, are declared and 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 for the qualification of those social workers directly working with clients from most-at-risk populations, which poses the risk of staff deficit for large-scale implementation of prevention services.
- The government does not provide technical support to civil society organizations. NGO representatives say that employees of civil society organizations operating on the local level are hired sporadically and often include programme clients who need further training. The lack of modular training courses to improve skills and ensure social protection of employees leads to rapid staff turnover in these NGOs.
- Civil society organizations still have no control over allocation of funds from the state budget and implementation of plans. The process of approval of plans and budgets remains non-transparent, and some NGO representatives say they do not receive information about who approves or disapproves their proposals on plans and budgets, and by which criteria.
- There is 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 funds.
- Significant politicization of aspects of social and medical activities attracts attention to existing problems in these areas while distorting public information, creating a need to implement further information and education work with the public.
- There is no national monitoring and evaluation plan in the country, but the involvement of civil society in monitoring and evaluation (M&E) of HIV response activities is significant. This is due first of all to the fact that civil society organizations are Principal Recipients of the key donor (Global Fund) funds provided to respond to the HIV epidemic in Ukraine. As the Global Fund grant is the key source of funding for development of a national M&E system (in addition to programme monitoring within this grant), financial and technical support to the National M&E Centre, established in September 2009, is provided with these funds. Civil society organizations are not only involved, but often initiate national activities in the area of M&E of the HIV/AIDS epidemic response; in addition to representatives of the public sector and international organizations, the Working Group on M&E also includes NGO representatives, 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 set up and M&E groups have been established at 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 NGO competence. M&E activities being implemented now are funded by the Global Fund project, which poses risks for long-term sustainability.

This year experts have lowered their estimate of efforts to scale up civil society involvement compared to previous years. This can be explained by:

- limited provision of government financial and technical support (estimates of the level of such support has also fallen by half compared to previous years);
- lack of government contracts for social services;
- complications and sometimes impossibility for NGOs to control allocation of funds and implementation of plans in cooperation with the government; corruption in funds distribution.

All this has led to a significantly lower evaluation by NGO experts of efforts aimed at strengthening civil society involvement (see Fig. 16).



*Fig. 16. Evaluation of efforts to scale up civil society involvement in 2005, 2007 and 2009, on the basis of interviews with experts*

### III. PREVENTION

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

Yes	No
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##### 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.

#### 1.1 To what extent has HIV prevention been implemented?

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

\* IEC –information, education and communication

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

Very poor										Excellent
0	1	2	3	4	5	6	7	8	9	10

**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.

**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.

**Narrative Section to Part B.III. Prevention**

Although the national budget does not envisage funding for prevention among the general public, youth and vulnerable populations, this work is being implemented in the country. In particular, HIV prevention services for children, youth and IDU are provided by the government through the system of Centres for Social Services for Family, Children and Youth. Currently, a public information campaign on HIV/AIDS prevention is being developed in Ukraine for the first time. These activities are coordinated by the Ministry of Health of Ukraine with technical support from the German technical cooperation agency Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ).

HIV prevention services among most-at-risk populations (IDU, FSW, MSM and prison inmates) are provided primarily with financial support from the Global Fund programme, which is being implemented in partnership with more than 100 local NGOs and with support from other international donors. The activities of regional NGOs have helped to significantly expand the coverage and range of services for most-at-risk populations. Innovative approaches to cover representatives of most-at-risk populations with prevention services (mobile clinics, VCT with rapid tests for HIV and STI, STI treatment, harm reduction interventions through pharmacies, peer-driven interventions for IDU and their sub-groups, rapid testing for hepatitis B) have been introduced and are being widely implemented. HIV testing with rapid tests for representatives of vulnerable groups is now a regular service. Substitution therapy for injecting opioid users has been significantly scaled up; today IDU with opioid dependence are receiving substitution maintenance therapy in all administrative regions of Ukraine.

**The following services are provided within prevention programmes:**

- syringe distribution and exchange, distribution of alcohol wipes, condoms and lubricants at in-patient, street or mobile syringe exchange outlets and through outreach workers;
- voluntary counselling and testing for HIV with the use of rapid tests;
- STI diagnosis and treatment;
- counselling on HIV infection, drug use and safer behaviour provided by social workers who have been trained in the programme; provision of information about other prevention and treatment programmes available in the region (substitution maintenance programmes, ARV treatment);
- referral system to other specialists if there is a need for specialized medical, legal or other services. If necessary, social workers may accompany clients to respective facilities;
- group activities (self-help groups and therapeutic groups) are being conducted in projects on a regular basis;
- involvement of prevention programme clients in training sessions and provision of necessary literature and information materials;
- opiate and stimulant overdose prevention (with the use of Naloxone in some projects);
- distribution of common medicines and personal intimate hygiene means; organization of leisure activities for clients; professional training and employment of project clients, etc.;
- distribution of information materials.

In addition to the above mentioned services, in some places people can receive other services to organize their leisure time and resolve household and employment issues at community centres.

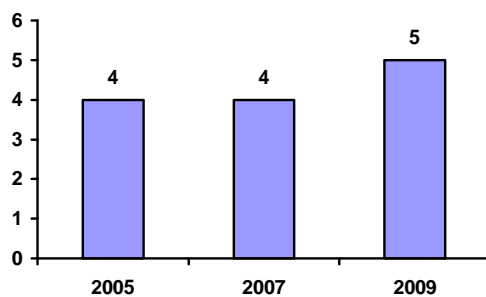
According to expert estimates, from 2007 the first signs of stabilization of the HIV epidemic among injecting drug users started to appear. Triangulated data from different sources indicate a reduction in HIV prevalence, confirmed by the increase in indicators of coverage and quality of harm reduction services.

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 the 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.

As in the other areas, some challenges still remain related to HIV prevention:

- HIV prevention programmes for vulnerable populations are financed only by the Global Fund programme and international donors, and cover only 30% of vulnerable populations. The national budget does not envisage funds for prevention;
- local NGOs are not included as implementing partners in the national programme for 2009–2013;
- access of most-at-risk populations to HIV counselling and testing is significantly limited;
- testing for HIV with the use of rapid tests among most-at-risk populations on the basis of NGOs and centres for social services is limited;
- testing for HIV is mostly performed for free, although NGO representatives say that sometimes regional drop-in centres abuse their authority and charge for testing;
- according to civil society organizations, health care personnel are insufficiently trained to provide counselling on prevention related to reproductive health. Problems with training specialists in reproductive health, including both prevention issues and provision of medical services, have not been resolved. Curricula in the graduate and post-graduate education system do not correspond to modern approaches, while opportunities to use the necessary information are limited;
- one barrier to effective prevention among injecting drug users is criminal responsibility for possession of small doses of drugs;
- HIV prevention among sex workers remains complicated. Although criminal responsibility for prostitution has been replaced with administrative sanctions, administrative responsibility for prostitution contributes to abuses of power on the part of law enforcement officers (violence, brutal treatment, illegal arrests), which creates obstacles to HIV prevention among FSW;
- NGOs have very limited access to penitentiary facilities to provide prevention services and substitution maintenance therapy;
- government attention to MSM is very limited and, correspondingly, targeted funds for specific HIV prevention among MSM are not allocated. Some representatives of law enforcement bodies have a prejudiced and discriminatory attitude towards MSM which hinders prevention programmes implemented by NGOs;
- creation of a national M&E system to evaluate impact and plan the epidemic response at national and oblast/city levels has not been completed;
- imperfect legislation limits access of adolescents to harm reduction programmes and to HIV/STI testing with rapid tests;
- lack of an independent monitoring system does not allow real estimates of the expansion of HIV prevention programmes to be made.

The general evaluation of efforts to implement HIV prevention programmes in 2008–2009 made by NGO representatives remains at the medium level although is slightly higher than for previous reporting periods (see Fig. 17).



*Fig. 17. Evaluation of efforts to implement HIV prevention programmes in 2005, 2007 and 2009, on the basis of interviews experts*

## IV. TREATMENT, CARE AND SUPPORT

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

Yes	No
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#### 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.

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

HIV Treatment, Care and Support	The majority of people in need have access		
Antiretroviral therapy	Agree	Don't agree	N/A
Nutritional care	Agree	Don't agree	N/A
Paediatric AIDS treatment	Agree	Don't agree	N/A
Sexually transmitted infection management	Agree	Don't agree	N/A
Psychosocial support for people living with HIV and their families	Agree	Don't agree	N/A
Home-based care	Agree	Don't agree	N/A
Palliative care and treatment of common HIV-related infections	Agree	Don't agree	N/A
HIV testing and counselling for TB patients	Agree	Don't agree	N/A
TB screening for HIV-infected people	Agree	Don't agree	N/A
TB preventive therapy for HIV-infected people	Agree	Don't agree	N/A

TB infection control in HIV treatment and care facilities	<b>Agree</b>	<b>Don't agree</b>	N/A
Cotrimoxazole prophylaxis in HIV-infected people	<b>Agree</b>	<b>Don't agree</b>	N/A
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	<b>Agree</b>	<b>Don't agree</b>	N/A
HIV treatment services in the workplace or treatment referral systems through the workplace	<b>Agree</b>	<b>Don't agree</b>	N/A
HIV care and support in the workplace (including alternative working arrangements)	<b>Agree</b>	<b>Don't agree</b>	N/A
Other programmes: <i>[write in]:</i> Treatment of viral hepatitis co-infections		<b>Don't agree</b>	N/A
Other programmes: <i>[write in]:</i> Substitution therapy for opioid dependence		<b>Don't agree</b>	

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

**2009**

**Very poor** **Excellent**  
0      1   2      3      4      **5**      6      7      8      9      10

**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.

**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.

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

Yes	No
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**2.1 If YES, is there an operational definition for orphans and vulnerable children in the country?**

Yes	No
-----	----

**2.2 If YES, does the country have a national action plan specifically for orphans and vulnerable children?**

Yes	No
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**2.3 If YES, does the country have an estimate of orphans and vulnerable children being reached by existing interventions?**

Yes	No
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**If YES, what percentage of orphans and vulnerable children is being reached? % [Write in]**

**Overall, how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2009?**

**2009**

Very poor											Excellent
0	1	2	3	4	5	6	7	8	9	10	

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

In 2008–2009 civil society organizations increased their work with orphaned children living in boarding schools, and with other vulnerable children. Compared to 2007, support for orphans became more professional and regulated (organizations now sign cooperation agreements with the management of children’s institutions). Work with orphaned children is aimed at improving their quality of life at boarding school. Employees of AIDS-service organizations conduct training seminars and classes for boarding school employees on development and follow-up of ARV treatment adherence for orphaned children, care and support, and development of a tolerant attitude towards HIV positive children. All kinds of development activities are available for HIV positive children and in some regions NGOs have started to prepare children for disclosure of their HIV status.

Creation of foster families and the search for potential adoptive families for HIV positive children has been scaled up. The “Children Plus” project has started activities in 10 regions of Ukraine to place HIV positive orphans with families. Over 18 months of project activities, 36 HIV positive children deprived of parental care have been placed with different kinds of families (adoption, foster families, guardianship) with the support of AIDS-service organizations.

Education on conducting HIV/AIDS/STI prevention activities for street children has begun for staff from orphanages, centres for social and psychological rehabilitation, schools and vocational training schools of social rehabilitation. Sets of prevention table games for street children have been printed. In 2008–2009 a cumulative indicator of coverage of street children with HIV/AIDS/STI prevention activities implemented by orphanages and centres for social and psychological rehabilitation, schools and vocational training schools of social rehabilitation, with financial support from the International HIV/AIDS Alliance in Ukraine, amounted to 28,816 children.

#### **What are remaining challenges in this area:**

NGO representatives point out significant challenges in this area:

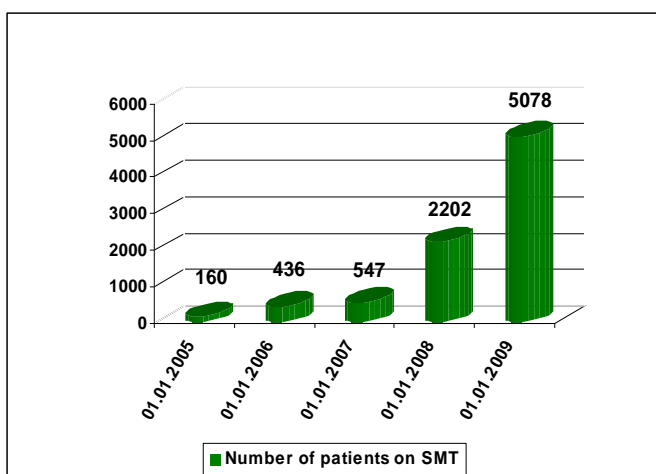
- Lack of unified statistics on the number of HIV positive orphaned children in orphanages.
- Closed nature of many orphanages and unwillingness of their administrations to cooperate with AIDS-service organizations.
- Lack of experience of work with orphans among employees of some children’s institutions, and a lack of negotiating skills. The administration of some children’s institutions do not recognize AIDS-service organizations as professionals.
- Stigma and discrimination against HIV positive orphaned children at orphanages. The problem occurs when children are transferred from children’s homes to boarding schools. Cases of orphaned children staying in children’s homes up to the age of 7–8 are quite frequent.
- Orphaned children who stay in orphanages often develop mental development delay (MDD) in the face of pedagogical negligence. Some children stay in orphanages until the age of 7–8 and older and do not go to school (or study on an individual basis). Such children are transferred not to the usual boarding schools but to specialized schools for children with MDD.
- Ukrainian legislation still includes provisions that discriminate against HIV positive people. These provisions limit the opportunities of HIV positive people to adopt children.
- Lack of adequate monthly governmental financial support for HIV positive children.

#### **Narrative section to Part B.IV. Treatment, Care and Support**

Free HIV-related care and support services are provided primarily with funds from 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 that include diagnosis and treatment of opportunistic infections are provided on a paying basis for people living with HIV.

In 2008–2009 the key achievement in the area of treatment, care and support was 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. Treatment for patients already on ART before the beginning of the financial crisis was continued. By 01.07.2006 ART was provided to 13,013 HIV positive people. Partial transition from Global Fund support to state budget funding of ART at the end of 2008 was another positive development and now therapy for 6070 PLHA is funded by the state budget. National budget expenses are mostly allocated to procurement of medicines, equipment and creation of specialized centres.

In 2009 intensive scale up of SMT continued in Ukraine. The groundwork for this was laid in the previous programme years within the Round 1 Global Fund Programme “Overcoming the HIV/AIDS Epidemic in Ukraine”. Methadone became available for use in the beginning of the year. It covered the treatment needs of 5293 patients for 10 months. A renewed indicator envisaged that by the end of December 2009 SMT would be provided to 4800 patients. Targeted and consistent implementation of programme activities by partner organizations resulted in great success. 5078 patients in 102 health care facilities in 26 regions of Ukraine were receiving SMT by 1 January 2010, fulfilling the SMT goal for 2009 by 105.8% (see Fig. 18).



*Fig. 18. Number of patients on SMT*

The following achievements were indicated by NGO representatives 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.
- 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 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 project clients.
- In 2008–2009 civil society organizations increased their work with orphaned children in boarding schools, and with other vulnerable children. Compared to 2007, support for orphans became more professional and regulated (organizations now sign cooperation agreements with the management of children’s institutions).
- Employees of AIDS-service organizations conduct training seminars and classes for boarding school employees on development and follow-up of ARV treatment adherence in orphaned children, care and support, and tolerant attitudes towards HIV positive children.
- Creation of foster families and the search for potential adoptive families for HIV positive children has become more active. During 18 months of project work 36 HIV positive children deprived of parental care were placed in different kinds of families (adoption, foster families, guardianship) with the support of AIDS-service organizations.
- In 2009 centres for integrated support to clients of substitution maintenance therapy programmes started work. 3 centres were created in Poltava and Mykolayiv within the programme “Support to Prevent HIV and AIDS and Ensure Treatment and Care for Most Vulnerable Populations in Ukraine”. By the end of 2009, 300 participants of substitution maintenance therapy programmes had access not only to treatment for drug dependence, but to other health services, in particular diagnosis and treatment of HIV, TB and STI. Health care facilities implementing projects to develop integrated service centres in partnership with AIDS-service organizations have created favourable conditions for access to other medical services needed by project participants, and to psychosocial support.

The following challenges remain the area of treatment, care and support:

- The 2009 national budget lines for provision of treatment, care and support services were significantly reduced, and even in this limited amount are not fully funded. Therefore services provided by NGOs are supported by the Global Fund programme.
- The national budget for 2009, as well as for 2010, does not envisage procurement of medicines to treat opioid dependence, despite the fact that the National Programme specifies the country’s commitment to provision of treatment to at least 20,000 drug users, 11,300 of whom receive SMT with support from the Global Fund. In view of this fact, the sustainability of substitution maintenance therapy programmes after completion of programmes funded by the Global Fund is questionable.
- The care and support component is not funded from the national budget.
- The government system to determine needs for treatment, care and support is based on the size of the 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.
- A specific feature of the budgeting process means the health care budget is allocated only for existing registered patients

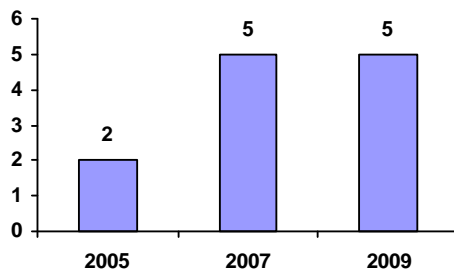
and not for the estimated number of infection and disease cases. Experts accordingly cannot reach consensus on the real needs for ART and care and support services, while the low level of HIV detection due to poorly equipped health care facilities with diagnostic test-kits does not permit development of precise needs projections. This is especially true for sub-populations such as prison inmates and detained people, migrants and others.

- 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.
- Understaffed AIDS Centres, insufficient professional level of some employees, limited cadre of paramedical personnel in clinics.
- Institutionalization of substitution therapy, which creates challenges for its scale up; limited access of pregnant women to ST at maternity hospitals.

NGO representatives point out significant barriers to the provision of treatment, care and support to children affected by HIV:

- There are problems with service provision to children abandoned at birth: not enough paramedics, 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.
- Many children are hospitalized without the care of mothers or guardians. Often these children come from children's homes, orphanages, boarding schools or crisis families.
- Multidisciplinary support to HIV positive children remains challenging. There are no schools or educational facilities in hospitals, and hence children fall behind their peers in education due to periods spent in hospital. This has a further emotional impact on children and their parents.
- The closed nature of many orphanages and unwillingness of their administration to cooperate with AIDS-service organizations.
- Lack of unified statistics about the number of HIV positive orphaned children in orphanages.
- Orphaned children in orphanages often develop mental development delay (MDD) in the face of pedagogical negligence. Some children stay in orphanages until the age of 7–8 and older and do not go to school (or study on an individual basis). Such children are transferred not to the usual boarding schools, but to specialized schools for children with MDD.
- Stigma and discrimination against HIV positive orphaned children at orphanages. The problem occurs when children are transferred from children's homes to boarding schools.
- Ukrainian legislation still has provisions that discriminate against HIV positive people. These provisions limit the opportunities of HIV positive people to adopt children.
- Lack of adequate monthly governmental financial support for HIV positive children.
- Lack of special in-patient clinics and hospices for children.

Although NGO representatives gave a very low estimate (a score of 2) of efforts to ensure that HIV-related needs of orphans and other vulnerable children are met, the general estimate of efforts to implement treatment, care and support programmes in relation to HIV remains on a medium level and does not differ from estimates given by NGO representatives in the previous reporting period (see Fig. 19).



*Fig. 19. Evaluation of efforts to implement HIV related treatment, care and support programmes in 2005, 2007 and 2009, on the basis of interviews with experts*

#### **Differences between parts A and B**

Overall, comparing estimates provided by representatives of public authorities and nongovernmental organizations, we may point out that the estimates of both sectors' experts do not come into conflict. Major differences in the estimates provided by representatives of various sectors consist of the fact that, in certain issues, public sector representatives focus mainly on achievements and nongovernmental representatives accentuate on problems and shortcomings whereas the experts' roles reverse in some other issues.

Among major differences, we can mention that representatives of nongovernmental organizations, unlike the public sector, pay attention to the fact that there is no unified mechanism in Ukraine for continuous monitoring of the

observance of the rights of people living with HIV and vulnerable population groups; there are no educational programmes to shape a tolerant attitude to HIV-positive people on the state level in the environment of the judicial, executive, medical and educational systems. Besides, representatives of nongovernmental organizations criticize the State for having no formulated policy on care and support for people living with HIV in Ukraine as well as for failing to secure full-scale use of the governmental resource system's capacity for care and support.

### ANNEX 3 COVER LETTER

Country:

**Ukraine**

Contact person in the National AIDS Committee  
(or equivalent):

**Chairperson of the Committee for Counteraction to  
HIV/AIDS and Other Socially Dangerous Diseases**

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Reporting period:    2007 calendar year    
                              2008 calendar year

or a fiscal year. For the fiscal year please indicate the year  
beginning and end: from \_\_\_ / \_\_\_ to \_\_\_ / \_\_\_

Monetary unit: Ukrainian hryvnia (UAH)

Average hryvnia/US dollar rate over the reporting period:

2007: 1 USD = **UAH 5,05**

2008: 1 USD = **UAH 5.27**

Methodology:

#### **NASA – National AIDS Spending Assessment**

Unaccounted spending:

Spending of local budgets on treatment and prevention measures is not included in full because not all 27 oblasts provided the necessary information. Due to the lack of centralized analysis of local spending on the HIV/AIDS response, spending assumptions and estimates were made on the basis of the number of staff physician positions and bed stock usage (HIV-oriented beds).

Spending from international sources is considered to be underestimated since not all organizations entered the study or provided the necessary information. Because of the large number of public organizations in Ukraine, their geographical location (mainly in the regions) and technical difficulties in their survey, spending by certain international organizations financing projects implemented by local NGOs was not taken into account or was underestimated. However, according to estimates, this study accounts for 85–90% of all spending from international sources on HIV/AIDS in Ukraine.

Private spending also does not include informal payments by the population (out-of-pocket household spending).

Budget support: is support from international sources (e.g. bilateral donor organizations) included in the categories “central/national” and/or “subnational” as a public funds source?

Yes  No