

## Ukraine Addendum to Strategic Direction Summary (SDS) COP23

### Geographic Expansion:

#### YR1 Expansion maintained in YR2:

PEPFAR Ukraine has expanded to all government-controlled regions of Ukraine, specifically for the purpose of:

- **Provision** of antiretrovirals (ARVs) for pre-exposure prophylaxis (PrEP) and antiretroviral therapy (ART);
- Above-site support and technical assistance to the national **treatment program** and national **prevention program** (PrEP initiation).

**HIV case-finding activities** (at community and facility level) have expanded to Ivano-Frankivska, Lvivska, Zakarpatska, and Zhytomyrska oblasts.

#### Further YR2 Expansion:

**HIV case-finding:** Mobile case finding will be resumed in Kherson in YR2 and will expand to Kharkiv Oblast, given the perceived needs close to the front lines and the epidemic profile of these regions prior to the onset of the full-scale war. Resumption of provider-initiated testing and counseling (PITC) will be considered for YR2 in Kherson Oblast, where case-finding activities are now paused due to security and safety considerations. With this expansion, PEPFAR will support case-finding activities in 17 oblasts.

The **recency surveillance** program will expand to all oblast-level antiretroviral therapy (ART) sites.

**Medication-assisted treatment (MAT)** program will expand to Lviv and Kharkiv oblasts.

In YR2, **orphans and vulnerable children (OVC)** programming will add six oblasts (Chernivetska, Ivano-Frankivska, Volynska, Rivnenska, Khmelnytska, Zhytomyrska) to the five where it is already operating (Cherkaska, Chernihivska, Dnipropetrovska, Poltavska, and Zaporizska oblasts), for a total of 11 oblasts. The Target Table 2 includes the increased FY25 Benchmarks for OVC\_SERV and OVC\_HIVSTAT disaggregated by oblast (SNU).

### Program Oversight:

PEPFAR Ukraine has launched a remediation plan for the Department of Defense (DOD) portion of the program. This plan will bring the DOD-supported testing algorithm in line with the national standard, improve data sharing between the Ukrainian Ministry of Defense (MOD) and Center for Public Health (CPH), and improve linkage to care.

### Pillar 1. Health Equity for Priority Populations

Hepatitis C: PEPFAR will work closely with the CPH to establish a confirmatory patient pathway, to ensure optimal access of key populations (KP) to the Government of Ukraine (GoU) Hepatitis C treatment program. PEPFAR plans to extend the referral of clients from the existing PEPFAR case-finding cohort to the GoU Hepatitis C treatment program.

Gender-based Violence (GBV) Prevention/Vulnerable Women: PEPFAR will explore interventions that address the heightened risks of GBV in the context of conflict and displacement. This initiative will incorporate GBV prevention strategies focusing on community engagement and empowerment, targeting vulnerable populations with tailored messages and interventions. We will leverage existing PEPFAR infrastructure and partnerships to ensure integration within the broader HIV prevention and treatment programs, with a specific focus on post-exposure prophylaxis (PEP) provision to address the intersecting vulnerabilities of GBV survivors to HIV.

Prevention: PEPFAR will enhance patient empowerment through community strengthening, to increase the current, low (1%) coverage of PrEP among female sex workers (FSW).

MAT: Despite successful MAT expansion during COP22, MAT coverage remains suboptimal. Average MAT coverage nationally is 11.7% of the total estimated number of the people who inject drugs (PWID), which does not meet the goals of Ukraine's National HIV Prevention Strategy (15% and 40% for 2025 and 2030, respectively).

In COP23, PEPFAR will implement well-balanced, practical, and patient-centered strategies to increase MAT coverage and increase the number of MAT patients to 36,900 nationwide. In COP23 YR2 we increased KP\_MAT benchmark by **31%** compared and extended our program's coverage to Kharkiv and Lviv oblasts.

HIVST Expansion: In YR2, both community and facility-based self-testing options will be expanded with scale-up of blood-based self-testing.

## **Pillar 2. Sustaining the Response**

PEPFAR Ukraine will intensify PrEP scale-up through a more effective client referral to GoU-supported PrEP programs from across all PEPFAR HIV Testing efforts. We will continue to scale up the long-acting cabotegravir (CAB-LA) pilot based on lessons learned from the initial implementation in COP23 YR1 (expected to launch in March 2024), and plan to expand CAB-LA availability to other KP communities.

Mobile MAT intervention, while a promising model for MAT scale-up, requires further advocacy for changes in the regulatory environment. PEPFAR Ukraine continues to support the MAT Hub in CPH with the goal of strengthening GoU leadership of MAT sustainability and expansion.

PEPFAR Ukraine supported CPH advocacy of multi-month dispensing (MMD). Corresponding changes to National Health Service of Ukraine (NHSU) regulation have been made, and MMD is now accepted by national authorities as the desired standard of care.

PEPFAR Ukraine continues to work on ART adherence and re-engaging patients after an interruption in treatment (IIT) by improving patient tracking through customized electronic tools. PEPFAR Ukraine will provide training and technical assistance for adherence improvement.

### **Pillar 3. Health Systems and Security**

Mental Health: PEPFAR Ukraine has incorporated mental health activities in its PrEP program during COP23 YR1. To respond to the growing need for mental health support in the current war environment, in COP23 YR2, PEPFAR will continue to advance mental health knowledge and skills among healthcare workers and patients of the PrEP program. Expanded mental health activities will include, but are not limited to: expanding current training and education activities for HCWs at priority PrEP sites nationally; launching a pilot program to strengthen and build capacities of psychologists already working at prioritized healthcare facilities; continuing to strengthen resilience and enhance professional supervision efforts for HCWs at all priority sites; and addressing substantial gaps in information available around PrEP and mental health, particularly for the representatives of key populations at site level.

Commodities: In addition to the procurement commitments made in Year 1 for adult and pediatric ARVs; PrEP; HIV and non-HIV rapid test kits; and a small selection of laboratory consumables, PEPFAR will address emergent commodities needs as requested by the Center for Public Health of the Ministry of Health during the COP23 Y2 strategic review. Specifically, Year 2 procurement support will include additional buffer stock for ARVs, as well as harm reduction and prevention commodities requested by CPH, such as Hepatitis C tests, condoms, and lubricants.

### **Pillar 5. Follow the Science**

PrEP Quality Improvement: A new initiative will focus on the Quality Improvement of the PrEP provision program, to reinforce more accurate testing prior to initiation and monitoring of PrEP in order to reduce and prevent cases of seroconversion among PrEP clients.

HIV Testing Quality Assurance: External Quality Control (EQC) activities will be expanded to keep up with the growing number of HIV-testing providers.

Provider-Initiated Testing & Counseling (PITC): A World Health Organization (WHO) - implemented PITC tool is currently being piloted and is expected to increase the HIV Testing yield. PEPFAR Ukraine plans to expand the use of the tool to the secondary level of healthcare facilities.

Surveillance: The recency surveillance program will expand to oblast-level ART sites. Mortality surveillance will transition to CPH where it will be institutionalized.

Expanding the evidence: In YR1, the Mylan blood-based demonstration project showed the feasibility and acceptability of this HIVST option. Therefore, in YR2, PEPFAR will expand the choice of HIVST options by expanding the distribution of blood-based self-test kits.

In YR2, PEPFAR will work to develop evidence around lay provider testing in Ukraine through an implementation study. The advantages and challenges of HIV screening and linkage services by lay providers will be studied, analyzed, and shared with MoH.

## Target Updates

In COP23 YR2 (FY25) PEPFAR Ukraine will continue to utilize the benchmark approach instead of formal targets, as full-scale war is still ongoing and war-related program challenges persist. PEPFAR Ukraine calculated COP23 Y2 TX\_CURR benchmarks to reflect an adjusted projection of the number of people on ART by the end of Y1 based on the current implementation factors. At the same time, the program will continue to expand HIVST distribution, technical assistance for MAT program, HIV recency testing and OVC program coverage.

Target Table 1 ART Benchmarks by Prioritization for Epidemic Control							
Prioritization Area	Total PLHIV (FY23)*	New Infections (FY23)*	Current on ART (FY23)	Current on ART Benchmark (FY24) TX_CURR	Newly Initiated Benchmark (FY24) TX_NEW	ART Coverage (FY24)	ART Coverage (FY25)
Scale-Up Aggressive			117,059	128,985	12,056	N/A	N/A

*\*PLHIV population size estimate and estimated number of new infections are not available in Ukraine for FY23.*

Target Table 2 Benchmarks for OVC and Linkages to HIV Services					
SNU	Estimated # of OVC*	Benchmark # of active OVC OVC_SERV Comprehensive	Benchmark # of OVC OVC_SERV Preventative**	Benchmark # of active OVC OVC_SERV DREAMS**	Benchmark # of active beneficiaries receiving support from PEPFAR OVC programs whose HIV status is known in program files OVC_HIVSTAT
Cherkaska		83	N/A	N/A	42
Chernihivska		112	N/A	N/A	58
Chernivetska		20	N/A	N/A	10
Dnipropetrovska		243	N/A	N/A	114
Ivano-Frankivska		20	N/A	N/A	10
Khmelnytska		20	N/A	N/A	10
Poltavska		122	N/A	N/A	45
Rivnenska		20	N/A	N/A	10
Volynska		20	N/A	N/A	10
Zaporizka		46	N/A	N/A	18
Zhytomyrska		20	N/A	N/A	10
FY25 TOTAL		726	N/A	N/A	337

## Staffing Updates

- The U.S. Embassy in Kyiv continues to operate with significant limitations. Movement within Ukraine is severely limited. Russia's forces routinely attack civilian targets across Ukraine (including Kyiv) from land, sea, and air. PEPFAR staff's ability to conduct site improvement through monitoring system (SIMS) visits is limited.

- The position of DHAPP (DoD HIV/AIDS Prevention Program) in-country program manager remains unfilled due to the lengthy classification process.
- U.S. Embassy Kyiv has reclassified the position of Strategic Information Advisor in PEPFAR Coordination Office to Deputy PEPFAR Coordinator for Ukraine for Strategic Information.
- CDC is reclassifying an LES position from Administrative Assistant to Cooperative Agreement Management Team Lead. One LE Staff member (SI advisor) resigned during COP23 YR1, while three other staff (M&O Specialist, CoAg Management Specialist, Treatment Specialist) remain on Leave Without Pay (LWOP). CDC has secured permission to temporarily backfill the three LWOP positions, of which a treatment specialist (term-limited) has been hired.

## APPENDIX B – Budget Profile and Resource Projections (Updates)

For budget updates, add an updated version of tables B.1.1-B.1.4

COP23/FY25 & ROP24/FY25-26 FAST Dossier

SDS Appendix B - B.1.1 Intervention - Table B.1.1: FY 24, FY25, FY26 Bud...

Operating Unit	Country	Fiscal Year	2025
		Intervention	Budget
<b>Total</b>			<b>\$58,665,451</b>
Ukraine	Ukraine	ASP>Health Management Information Systems (HMIS)>Non Service Delivery>Key Populations	\$80,000
Ukraine	Ukraine	ASP>Health Management Information Systems (HMIS)>Non Service Delivery>Non-Targeted Populations	\$1,529,389
Ukraine	Ukraine	ASP>Human resources for health>Non Service Delivery>Non-Targeted Populations	\$404,000
Ukraine	Ukraine	ASP>Laboratory systems strengthening>Non Service Delivery>Non-Targeted Populations	\$828,336
Ukraine	Ukraine	ASP>Laws, regulations & policy environment>Non Service Delivery>Non-Targeted Populations	\$747,270
Ukraine	Ukraine	ASP>Management of Disease Control Programs>Non Service Delivery>Key Populations	\$120,000
Ukraine	Ukraine	ASP>Management of Disease Control Programs>Non Service Delivery>Non-Targeted Populations	\$1,188,969
Ukraine	Ukraine	ASP>Procurement & supply chain management>Non Service Delivery>Non-Targeted Populations	\$1,821,390
Ukraine	Ukraine	ASP>Public financial management strengthening>Non Service Delivery>Key Populations	\$45,000
Ukraine	Ukraine	ASP>Surveys, Surveillance, Research, and Evaluation (SRE)>Non Service Delivery>Key Populations	\$150,000
Ukraine	Ukraine	ASP>Surveys, Surveillance, Research, and Evaluation (SRE)>Non Service Delivery>Non-Targeted Populations	\$1,246,008
Ukraine	Ukraine	C&T>HIV Clinical Services>Non Service Delivery>Non-Targeted Populations	\$3,800,579
Ukraine	Ukraine	C&T>HIV Clinical Services>Service Delivery>Key Populations	\$4,076,500
Ukraine	Ukraine	C&T>HIV Clinical Services>Service Delivery>Non-Targeted Populations	\$290,000
Ukraine	Ukraine	C&T>HIV Drugs>Service Delivery>Children	\$714,970
Ukraine	Ukraine	C&T>HIV Drugs>Service Delivery>Non-Targeted Populations	\$11,437,337
Ukraine	Ukraine	C&T>HIV Laboratory Services>Service Delivery>Non-Targeted Populations	\$194,677
Ukraine	Ukraine	HTS>Community-based testing>Non Service Delivery>Key Populations	\$1,451,026
Ukraine	Ukraine	HTS>Community-based testing>Non Service Delivery>Non-Targeted Populations	\$256,140
Ukraine	Ukraine	HTS>Community-based testing>Service Delivery>Key Populations	\$3,325,420
Ukraine	Ukraine	HTS>Community-based testing>Service Delivery>Non-Targeted Populations	\$2,031,686
Ukraine	Ukraine	HTS>Facility-based testing>Non Service Delivery>Non-Targeted Populations	\$1,218,000
Ukraine	Ukraine	HTS>Facility-based testing>Service Delivery>Non-Targeted Populations	\$2,420,000
Ukraine	Ukraine	PM>IM Program Management>Non Service Delivery>Key Populations	\$1,945,220
Ukraine	Ukraine	PM>IM Program Management>Non Service Delivery>Non-Targeted Populations	\$5,552,640
Ukraine	Ukraine	PM>USG Program Management>Non Service Delivery>Non-Targeted Populations	\$4,009,913
Ukraine	Ukraine	PREV>Condom & Lubricant Programming>Service Delivery>Non-Targeted Populations	\$1,255,542
Ukraine	Ukraine	PREV>Medication assisted treatment>Non Service Delivery>Key Populations	\$1,570,948
Ukraine	Ukraine	PREV>Medication assisted treatment>Service Delivery>Key Populations	\$950,000
Ukraine	Ukraine	PREV>Non-Biomedical HIV Prevention>Non Service Delivery>Key Populations	\$422,840
Ukraine	Ukraine	PREV>Non-Biomedical HIV Prevention>Service Delivery>Key Populations	\$165,510
Ukraine	Ukraine	PREV>Not Disaggregated>Non Service Delivery>Non-Targeted Populations	\$10,750
Ukraine	Ukraine	PREV>Not Disaggregated>Service Delivery>Key Populations	\$50,000
Ukraine	Ukraine	PREV>PrEP>Non Service Delivery>Non-Targeted Populations	\$1,301,838
Ukraine	Ukraine	PREV>PrEP>Service Delivery>Key Populations	\$1,292,494
Ukraine	Ukraine	PREV>PrEP>Service Delivery>Non-Targeted Populations	\$761,059

Table B.1.2: FY 24, FY25, FY 26 Budget by Program Area

Operating Unit	Country	Fiscal Year	2025
		Program	Budget
<b>Total</b>			<b>\$58,665,451</b>
Ukraine	Ukraine	C&T	\$20,514,063
Ukraine	Ukraine	HTS	\$10,702,272
Ukraine	Ukraine	PREV	\$7,780,981
Ukraine	Ukraine	ASP	\$8,160,362
Ukraine	Ukraine	PM	\$11,507,773

Table B.1.3: FY 24, FY 25, FY 26 Budget by Beneficiary			
Operating Unit	Country	Fiscal Year	2025
		Targeted Beneficiary	Budget
Total			\$58,665,451
Ukraine	Ukraine	Children	\$714,970
Ukraine	Ukraine	Key Populations	\$15,644,958
Ukraine	Ukraine	Non-Targeted Populations	\$42,305,523

Table B.1.4: FY 24, FY 25, FY 26 Budget by Initiative			
Operating Unit	Country	Fiscal Year	2025
		Initiative Name	Budget
Total			\$58,665,451
Ukraine	Ukraine	Core Program	\$58,665,451

## **APPENDIX C – Above site and Systems Investments from PASIT and SRE (Updates)**

Mortality surveillance in COP23 YR1 will be conducted in Dnipro, Cherkasy, and Chernihiv regions after which these activities will be institutionalized.

**Table 1. Summary of SRE activities supported by PEPFAR Ukraine in COP23 YR2**

<b>Title</b>	<b>Short description</b>	<b>Implementing Agency</b>
MSM BBS	Implementation of the next round of BBS study in MSM to measure HIV prevalence and level of VLS, calculation of population estimated size.	CDC
HIV Recency	Continuation of detection of HIV recent cases among newly diagnosed HIV cases and expansion of geography and number of sites which implement surveillance.	CDC
HIV mortality surveillance	Mortality surveillance in Dnipro, Cherkasy, and Chernihiv. The study will contribute to the development of a national testing algorithm to detect HIV status of a deceased person using HIV rapid tests. This activity will also contribute to the regulations review and produce recommendations for institutionalizing the practice.	CDC
CADRE	Continuation of Cyclical Acquired HIV Drug REsistance (CADRE) Patient-Level monitoring to receive data on acquired HIV DR mutation including mutations to integrase inhibitor.	CDC
Study of Late Diagnostics of HIV infection	The study will evaluate the socio-demographic characteristics of the target population and analyze factors associated with late diagnosis of HIV infection, missed opportunities for HIV testing among the sample of patients to identify where HIV testing services can be improved, and factors that may contribute to delayed HIV diagnosis through direct interaction with patients who have personal experience or expert knowledge and insight into the situation.	CDC
The HIV case finding and linkage to care by lay providers	The evaluation study will investigate the quality of HIV testing services and linkage to care provided by lay providers, the cost effectiveness of such services, and the economic benefit (including time saving) from re-distribution of the functions from health care professionals to lay providers.	USAID



**Table 2. PASIT and SRE Summary**

Sub-Program	COP 23 Beneficiary	Short Activity Description	Measurable Interim Output by end of FY24	Measurable Interim Output by end of FY25	Measurable Expected Outcome from Activity
Surveys, Surveillance, Research, and Evaluation (SRE)	Key Populations	MSM BBS	Completed field stage of MSM IBBS	MSM IBBS 2024 data and report	The expected outcome is to get updated HIV cascade data for MSM and other critical information on HIV prevention and program use
Laws, regulations & policy environment	Non-Targeted Populations	Mentoring and support to national partners; Technical support and strategic guidance on HIV PrEP, MAT scale-up, including mitigation of conflict/ emergency related challenges and monitoring. TA to IPs on HIV, MAT, PrEP SOP and guideline development.	OI standard FY24; Review NHSU package 2024 FY24; Update PrEP guidelines FY24 (Cab LA); Regional MAT, PrEP, PITC gap analysis, remediation plan development and approval and implementation in 3 priority regions; Tele PrEP – guideline; MAT scale-up in Kyiv region (revision of the pathways, increased coverage)		The expected outcome is updated national legislation, SOPs and WHO guidelines. Developed OI standard; revised NHSU package; Updated PrEP guidelines (Cab LA, tele PrEP); MAT, PrEP, PITC gap analysis and developed remediation plan, updated MAT and testing pathways; reviewed HIV treatment, testing and prevention standards, Reviewed MAT order.
Human resources for health	Non-Targeted Populations	Strengthen national healthcare system for HIV care and treatment through targeted Capacity Building, Continuing Professional Development (CPD), mentoring and clinical training; mapping of mental health services locally; training development and delivery on PrEP and mental health sensitization for healthcare workers and patients at ART sites.	Number of trainings and HCWs trained; CPD certifications; completion of mental health mapping of services; updated PrEP SOPs; completion of training materials for courses.	Number of trainings and HCWs trained; CPD certifications; completion of mental health mapping of services; updated PrEP SOPs; completion of training materials for courses.	All mental health and PrEP trainings completed for healthcare workers; All course materials developed; Increased number of healthcare workers trained overall; All PrEP SOPs completed.
Surveys, Surveillance, Research, and Evaluation (SRE)	Non-Targeted Populations	Recency, mortality surveillance, CADRE, CBS, HIVMIS New modules development and implementation.	Collected Recency reporting, mortality surveillance	Recency reporting used for prevention and testing activities adjustment, mortality surveillance study	Analyzed surveillance results and used for adaptation of programmatic activities.

			study conducted, HIVMIS New modules developed.	reports and recommendation for institutionalization; HIVMIS New modules implemented	
Health Management Information Systems (HMIS)	Non-Targeted Populations	Direct technical assistance (staff time/travel).	Guaranteed technical assistance to Implementing Partners.	Guaranteed technical assistance to Implementing Partners.	Guaranteed technical assistance to Implementing Partners.
Laboratory systems strengthening	Non-Targeted Populations	Direct technical assistance (staff time/travel).	Guaranteed technical assistance to Implementing Partners.	Guaranteed technical assistance to Implementing Partners.	Guaranteed technical assistance to Implementing Partners.
Management of disease control programs	Non-Targeted Populations	Direct technical assistance (staff time/travel).	Guaranteed technical assistance to Implementing Partners	Guaranteed technical assistance to Implementing Partners.	Guaranteed technical assistance to Implementing Partners.
Laws, regulations & policy environment	Non-Targeted Populations	Direct technical assistance (staff time/travel).	Guaranteed technical assistance to Implementing Partners.	Guaranteed technical assistance to Implementing Partners.	Guaranteed technical assistance to Implementing Partners.
Management of disease control programs	Military	Stigma and Discrimination Training	Reduction of S&D amongst military medical workers.	Reduction of S&D amongst military medical workers.	Reduction of S&D amongst military medical workers.
Laboratory systems strengthening	Non-Targeted Populations	Lab Network capacity building and standard implementation, Optimization of laboratory network structure, National and regional EQA programs, Strengthen National HIV Reference laboratory capacity and Lab Unit under CPH. Pre- and in-service curricula development for laboratory specialists and HIV testing sites. CPH Certification body accreditation.	Improved Lab Network Capacity. EQA, Lab Accreditation preparation for leading laboratories and NRL. SPI-RRT results used for CQI for recency testing sites. 1) # of HIV RT sites covered with the Stepwise to improve the SPI-RT/RTQ score. 2) # of HIV RT sites participated and passed DTS EQA PT 3) # of VL testing lab passed EQA PT.	Improved Lab Network Capacity. EQA, Lab Accreditation preparation for leading laboratories and NRL. SPI-RRT results used for CQI for recency testing sites. 1) # of HIV RT sites covered with the Stepwise to improve the SPI-RT/RTQ score. 2) # of HIV RT sites participated and passed DTS EQA PT 3) # of VL testing lab passed EQA PT	Improved Lab Network Capacity. EQA for labs and sites performing HIV and VL testing maintained as a routine practice. Lab Accreditation preparation supported for leading laboratories and NRL. SPI-RRT results used for CQI activities for all involved recency testing sites.

Laboratory systems strengthening	Non-Targeted Populations	LIMS technical support, development, and sustainability. Establishment of LIMS interoperability with eHealth.	1) LIMS sustainability capacitated 2) LIMS interoperability with eHealth.	1) LIMS sustainability ensured. 2) LIMS interoperability with eHealth ensured.	1) LIMS sustainability ensured. 2) LIMS interoperability with eHealth ensured.
Health Management Information Systems (HMIS)	Non-Targeted Populations	Comprehensive data exchange among HIV MIS, eHealth other IS established, HIV CBS, LOINC developed, mob. application(s) promoted Sub-award to HIV Hotline. Support Hotline callers with consultations and referrals. Hotline analyzes its operations and reflect those in the format of power BI.	One data exchange platform with eHealth implemented. Number of consultations provided each quarter.	One data exchange platform with eHealth implemented. Number of consultations provided each quarter.	One data exchange platform with eHealth implemented. Number of consultations provided each quarter; Benchmarks: Over 3000 - excellent. Between 3000 and 2500 - good;
Surveys, Surveillance, Research, and Evaluation (SRE)	Non-Targeted Populations	Trainings, operational research, data collection, analysis, visualization and dissemination, program evaluation.	1) N of trainings conducted. 2) # of participants 3) # of disseminated products based on data analysis 4) SIRC evaluation conducted.	1) N of trainings conducted. 2) # of participants 3) # of disseminated products based on data analysis 4) SIRC evaluation conducted 5) Treatment evaluation conducted.	1) N of trainings conducted. 2) # of participants 3) # of disseminated products based on data analysis 4) SIRC evaluation conducted 5) Treatment evaluation conducted.
Management of disease control programs	Non-Targeted Populations	Build KPs capacities to advocate for quality HIV services via strengthening KP representation and advocacy in regional HIV/TB coordination councils, HIV services availability monitoring by KPs and sensitization on sub-Law normative documents developed by the MOH to enable revised HIV Law implementation.	50 KP representatives RCC members trained on advocacy capacity building.	HIV services availability monitoring introduced in 24 regions of Ukraine.	50 KP representatives RCC members trained on advocacy capacity building. HIV services availability monitoring introduced in 24 regions of Ukraine.
Public financial management strengthening	Key Populations	Support social contracting for HIV services by providing technical assistance to KPs led CBOs in fund mobilization from regional/territorial budgets.		Representatives of 10 NGOs trained on social contracting.	Social contracts with KPs' run NGOs established in two regions.

Health Management Information Systems (HMIS)	Key Populations	Technical support to CPH in development of approaches to integration of MIS/HIV and DataCheck data and improvement of data deduplication and verification on the national level.	The Action plan on Datacheck improvement developed based on common vision.	The strategy of integration the MIS/HIV and DataCheck data is developed.	50% of Action plan points on DataCheck improvement implemented. The strategy of integration the MIS/HIV and DataCheck data is implemented.
Management of disease control programs	Key Populations	Demand generation communication campaign to raise awareness of HIV prevention and testing services among key populations.	A demand generation communication campaign extended to 10 sub-national level covering KP and PP.	A demand generation communication campaign extended to 15 sub-national level covering KP and PP.	At least 50,000 representatives of KP and PP are covered by informational messages campaign.
Surveys, Surveillance, Research, and Evaluation (SRE)	Key Populations	This activity is to evaluate the task-sharing – the rational redistribution of tasks from higher-level health provider cadres to lower-level cadres to expand HTS availability by shifting the role of test-provider from doctors or nurses to lay providers.		Advantages and challenges of HIV screening and linkage services by lay providers analyzed and shared with MoH.	Effectiveness of HIV screening and linkage to care by lay providers is documented and recognized by the Ministry of Health.
Surveys, Surveillance, Research, and Evaluation (SRE)	Non-Targeted Populations	The People Living with HIV (PLHIV) Stigma Index is a standardized tool to gather evidence on how stigma and discrimination impacts the lives of people living with HIV.	Survey completed and published.		Data on stigma and discrimination collected and published to inform HIV programming.
Management of disease control programs	Non-Targeted Populations	Demand creation communication targeted at healthcare facilities' visitors. The activity includes provision of information on the availability and benefits of free HIV services, such as regular testing, antiretroviral treatment (including U=U messaging), partner testing, and PrEP to a broader audience of healthcare facilities' visitors.	Communication campaign conducted; communication materials produced.		Public awareness of and demand for HIV services increased.
Human resources for health	Non-Targeted Populations	Training program aimed at nationally recognized certification for doctors	Training completed.		Healthcare providers trained on essentials of HIV service provision.

		and nurses of healthcare facilities enabling them to provide HIV services in accordance with Ministry of Health Orders.			
Procurement & supply chain management	Non-Targeted Populations	Support the TWG tasked with developing the mechanisms to implement ARV delivery in pharmacies through technical & legal leadership. Ensure sufficient incentives for pharmacy participation and support pilot & implementation.	Finalize a pilot of ARVs in pharmacies and develop an implementation roadmap.	ARVs are delivered in pharmacies across Ukraine.	Center for Public health manages ARV delivery in pharmacies throughout Ukraine. The Center for Public Health has a clear understanding and mastery of implementation management for patients to receive ARVs (including PrEP) in pharmacies.
Procurement & supply chain management	Non-Targeted Populations	Provide technical & legal support to integrate additional medicines into the last-mile logistics to ensure that HIV centers and other relevant sites have sufficient medicines to provide comprehensive health services to HIV clients.	Medicines relevant for HIV services are integrated into monthly last-mile logistics deliveries in at least 6 regions.	Integrated commodity deliveries are made monthly in all regions of Ukraine.	Management of integrated commodity deliveries is carried out by regional authorities once the state budget of Ukraine is restored.
Procurement & supply chain management	Non-Targeted Populations	Monitor national rollout of ARV quantification tool and follow-up with regions underutilizing the tool. Pilot RTK quantification tool including training, gathering feedback, and refining the tool. Support laboratory quantification with analysis and technical support.	ARV and RTK quantification tools are used for annual quantification exercises.	ARV, RTK, and laboratory commodity quantification tools are used in annual quantification exercises.	The Center for Public Health manages annual quantification exercises leveraging tools managed by Medical Procurement of Ukraine. The tools are regularly maintained with routine data entry from the site level and updated as appropriate.
Procurement & supply chain management	Non-Targeted Populations	Support MPU to manage storage & distribution of PEPFAR-procured HIV commodities to ensure their continued involvement in the process despite temporary donor procurement. Support HIV commodity registration simplification. Provide technical and legal support to waste management policies to support HIV commodity optimization.	HIV drug registration enables state procurement and Medical Procurement of Ukraine has the HIV category management knowledge and expertise required for state procurement of ARVs.	HIV drug registration is maintained for ARVs procured using Government of Ukraine funding.	The State Expert Center has legislation, tools, and processes in place for a simplified registration of HIV commodities and suppliers have the knowledge and information available to use the simplified processes. Medical Procurement of Ukraine has an HIV category manager who has functional relationships with HIV suppliers, the State Expert Center, and Center for Public Health.

Laws, regulations & policy environment	Non-Targeted Populations	Initiate discussion of the inclusion of HIV self-tests into the Affordable Medicines Program. Provide legal support to develop legislation for its inclusion in the program and technical support to plan the inclusion.	Legislation exists to incorporate HIV self-tests into the Affordable Medicines Program.	Patients access HIV self-tests through the Affordable Medicines Program.	The National Health Service of Ukraine manages the Affordable Medicines Program including HIV self-tests.
Laws, regulations & policy environment	Non-Targeted Populations	Provide technical leadership and analytical support for the development of a horizon scanning procedure for new HIV technologies aligned with Health Technology Assessment procedures and guidelines. Ensure HTA department knowledge and use of the procedure.	A transparent analytical process exists to review new HIV technologies as part of the Ministry of Health's Health Technology Assessment guidelines.	New HIV technologies are analyzed per the approved guidelines before being funded through the state budget.	The Ministry of Health manages the implementation and relevant updates to the guidelines through an established independent Health Technology Assessment department.
Laws, regulations & policy environment	Non-Targeted Populations	Mentoring and support to National partners; Technical support and strategic guidance on HIV PrEP, MAT scale up, including mitigation of conflict/ emergency related challenges and monitoring. TA to IPs on the HIV, MAT, PrEP SOPs and guidelines development.		Update MAT, PrEP, testing pathways FY25	Laws, regulations & policy environment accommodate updated MAT and PrEP testing pathways.
Health Management Information Systems (HMIS)	Non-Targeted Populations	Comprehensive data exchange among HIV MIS, eHealth other IS established, HIV CBS, LOINC developed, mob. application(s) promoted Sub-award to HIV Hotline. Support Hotline callers addressing their problems in the format of consultations and referrals. Hotline analyzes its operations and reflect those in the format of power BI		1) # of CBOs demonstrating capacity to use innovative MA EIT (Mobile applications, electronic instruments and tools) to improve patient clinical management and service provision. [Target: 3; Quarterly report] 2)#of CBOs that timely collect, analyze, and use their own data for program and service delivery improvement [Target: 3; Quarterly report]	One data exchange platform with eHealth implemented. Benchmarks scale Yes/No; Expected result: Yes, Number of consultations provided each quarter; Benchmarks: Over 3000 - excellent. 3000 and 2500 - good;

Health Management Information Systems (HMIS)	Non-Targeted Populations	<p>"1) Support to the national CPH to develop, deploy, train, operate, and maintain country-wide electronic medical system, data analytics platforms.</p> <p>2) Broaden capacity on data visualization, MIS and other systems.</p> <p>3) Train on data analysis and data visualization techniques.</p>		<p>1) Strengthening data management system: # of data visualization tools developed and implemented.</p> <p>2) Advanced data analysis: # of staff trained on advanced data analysis techniques: 20 staff members.</p> <p>3) Capacity building and trainings: # of data management workshops conducted.</p>	<p>1) Ensured MIS sustainability and data collection.</p> <p>2) # of trainings developed.</p> <p>3) # of trainings provided, # of staff successfully passed the training.</p>
Health Management Information Systems (HMIS)	Non-Targeted Populations	Technical support for IS MSSD		<p>CBS implemented in 3 PEPFAR regions.</p> <p>Data quality at 95% for key PEPFAR indicators</p> <p>Technical requirements developed for clinical registry module for HEP C patients.</p> <p>customization of LIMS to 10 additional HIV labs.</p>	<p>CBS functional in 3 PEPFAR regions</p> <p>Data quality at 95% for key PEPFAR indicators</p> <p>Developed clinical registry module for HEP C patients.</p> <p>LIMS scale up to 10 additional HIV labs.</p>
Management of disease control programs	Non-Targeted Populations	IPC implementation at ART sites		Implemented core IPC measures in 25% of PEPFAR supported facilities	Improved compliance with WHO's recommendations for the 5 moments of hand hygiene, resulting in reduced spread of AMR and reduced healthcare-associated infections in 25% of PEPFAR supported facilities.
Procurement & supply chain management	Non-Targeted Populations	<p>(1) Provide technical and legal leadership to the TWG tasked with developing mechanisms to implement treatment ARV and PrEP distribution in pharmacies.</p> <p>(2) Support for coordination of supply chain logistics to ensure appropriate commodity availability for this initiative.</p>		ARVs are delivered in pharmacies across Ukraine.	MPU manages deliveries of ARVs including PrEP through pharmacies and has a clear understanding of the operational requirements and supply chain inputs.
Procurement & supply chain management	Non-Targeted Populations	Support commodity availability at health centers and other relevant sites through (1)		Integrated commodity deliveries are made monthly in all regions of	Management of integrated commodity deliveries is carried out by regional authorities once the state

		technical and legal support to integrate additional commodities into last mile distribution, and (2) implementation of transportation and delivery of commodities against approved distribution plans.		Ukraine.	budget is restored.
Procurement & supply chain management	Non-Targeted Populations	Support for improved supply availability as a result of broader use of quantification tools: (1) Legitimization of the RTK quantification tool including training at national and regional levels. (2) Legitimization and expansion of use of the ARV quantification tool including training at the national and regional levels.		ARV and RTK quantification tools are used at the national and regional levels.	The Center for Public Health manages quantification exercises using the optimized RTK and ARV tools. Data is maintained and updated regularly.
Procurement & supply chain management	Non-Targeted Populations	Technical and operational support to Medicines Procurement of Ukraine (MPU) for enhanced capacity to manage end-to-end supply chain operations. This will ensure MPU readiness to resume procurement operations which are temporarily assumed by international donors including PEPFAR.		HIV drug registration is maintained for ARVs procured using Government of Ukraine funding, and MPU/Ukrmedpostach staff are provided skills building in supply chain management.	MPU staff are capacitated to manage expanded supply chain operations including those at the integrated Ukrmedpostach. Processes and staff between the two entities are aligned and optimized.
Laws, regulations & policy environment	Non-Targeted Populations	(1) Reduce out-of-pocket costs for PLHIV through continued technical support for the Affordable Medicines Program, including technical and legal support for expansion of eligible products, such as advocacy for the inclusion of self-tests. (2) Provide support to strengthen legislation and regulation.		Reduced out-of-pocket costs for PLHIV.	Out-of-pocket costs for PLHIV are reduced; National Medicines Verification System Established.
Health Management Information Systems (HMIS)	Military	Procurement of the remaining IS-compliant computers and other required IT equipment		Limited access to the MIS-HIV for select military and/or civilian staff at 50%	Limited access to the MIS-HIV for select military and/or civilian staff at all military facilities where patients



		for the CPH-coordinated MIS-HIV roll-out for the military. Technical support and facilitation with military/civilians selected to work on this initiative.		of PEPFAR-supported military sites. Capability of the staff to electronically confirm whether a mil patient was definitely linked to C&T in the Civ AIDS system for 100% of patients.	receive testing services. Capability of the staff to electronically confirm whether a mil patient was definitely linked to C&T in the Civ AIDS system for 100% of patients. The linkage gap between MOH and MOD systems for HIV services is closed.
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