



**Ukraine**

**Operational Plan Report**

**FY 2010**



## Operating Unit Overview

### OU Executive Summary

The United States Government (USG) Ukraine's Country Operational Plan (COP) for FY 2010 reflects the USG commitment to partner with the Government of Ukraine (GOU) on a tactical, targeted response to Ukraine's HIV/AIDS epidemic. Activities conducted during FY 2010 directly contribute to the goals, principles, and objectives outlined in a five year U.S – Ukraine Partnership Framework currently under development. Through the Partnership Framework, the GOU and USG will deepen cooperation, strengthen coordination, and enhance collaboration on the programming of technical and financial resources in concerted support of Ukraine's National AIDS Program. Partnership Framework goals aim to: reduce the level of HIV transmission among injection drug users (IDUs) and other most-at-risk populations (MARPs); improve the quality and cost effectiveness of HIV prevention, care and treatment services for MARPs, particularly IDUs and their sexual partners; and strengthen national and local leadership, capacity, institutions, systems, policies, and responses to support the achievement of National AIDS Program objectives and build a sustainable national response.

To date, the USG's President's Emergency Plan for AIDS Relief (PEPFAR) program in Ukraine has made significant strides in strengthening national policy, delivering care and prevention services to MARPs and increasing in-country capacity to plan and manage the National AIDS Program. The Partnership Framework will redouble these efforts and work hand in hand with the GOU to consolidate gains made during the past several years in broadening MARP access to prevention, care, and support services in regions with the highest burden of disease, and in strengthening collaboration between civil society, government, donors, and international organizations.

Initiatives under the Partnership Framework reinforce the already robust collaboration on HIV/AIDS within the stakeholder community, acknowledge the significant role of UNAIDS and the Global Fund to fight AIDS, Tuberculosis (TB), and Malaria (GTFAM) in support the national AIDS response, and recognize the vital role played by civil society in these efforts. During FY 2010, the USG and its partners will continue to deepen collaborative alliances and activities by government, donors, partners, and civil society to enable a more coordinated, focused, and increasingly sustainable response.

The GOU highly values the assistance provided by the USG. The working relationship between the two countries is strong as a result of a long and close collaboration. As a result, even with limited resources, USG resources have provided key support to the National AIDS Program in health systems strengthening, policy reform, and health care services targeted to MARPs at the national and sub-national levels. The U.S. Centers for Disease Control and Prevention (CDC), the U.S. Agency for International Development (USAID), the U.S. Peace Corps, and the U.S. Department of Defense (DOD), as USG partner agencies working under PEPFAR in Ukraine, have built a 2010 program which effectively utilizes agency experience and comparative advantage for maximum impact and efficiency.

FY 2010 activities reflect a continued strategic shift towards enabling an increasingly sustainable National AIDS Program led by the GOU. With an annual budget of \$17,178,000, the USG program will advance previous initiatives to facilitate greater GOU emphasis on decentralizing and expanding quality HIV/AIDS services for MARPs, especially IDUs. The program will further improve the enabling policy environment to increase access to care and will undertake approaches to promote financial sustainability to engender sustained support for targeted HIV/AIDS programs. The USG program dedicates FY 2010 resources to an under-developed component of HIV prevention among MARPs in Ukraine – substance abuse treatment options for injecting drug users. FY 2010 activities in this area will build on the pioneering work



of USG partners during FY 2008 and 2009 to expand medication assisted therapy (MAT) in Ukraine. Intensified efforts in leadership and institutional capacity building will also build GOU leadership in addressing TB/HIV co-infection, building laboratory systems, and using strategic information to guide and improve the national AIDS response.

### ***Background on HIV/AIDS in Ukraine***

Ukraine plays an increasingly important role as an emerging regional leader. Indeed, the word Ukraine means “borderland”, illustrating its position as the strategic nexus between Europe and Eurasia. Since 1992, the United States Government (USG) has invested more than \$1.6 billion in programs to assist the Government of Ukraine (GOU) to achieve social and economic security and improvements in health for its citizens within a framework of democratic governance and economic growth. In turn, this enables Ukraine to fulfill its stated goal of joining NATO and the European Union.

However, the growing HIV/AIDS epidemic in Ukraine has the potential to significantly undermine Ukraine’s social and economic growth. The country is experiencing the most severe epidemic in Europe and the Commonwealth of Independent States today. Recently revised estimates endorsed by the National Council on TB and HIV/AIDS indicate that there were approximately 340,000 people living with HIV at the end of 2008, representing 1.28% of the adult population. The number of newly reported HIV cases in Ukraine has continued to increase annually, with 17,669 new cases of HIV infection reported in 2007 and 18,963 new cases registered in 2008. Southern and Eastern Ukraine are most affected by the epidemic, with seven Southeastern regions accounting for 70% of newly registered cases in 2007. However, HIV prevalence has also increased in central, northern and western regions, particularly in urban settings; 78% of new cases registered in 2007 were urban residents.

Over 80 percent of reported cases to date have been concentrated among MARPs, primarily in IDUs, sex workers (SWs), and men who have sex with men (MSM). The prevalence of HIV infection is significantly higher among IDUs than in any other MARP group, with surveillance studies in multiple regions during the past few years estimating IDU HIV prevalence levels at between 18 and 63 percent. Alarming, these studies also revealed high levels of transmission of HIV to IDU bridge populations. Elevated rates of HIV are reported in other MARPs as well. 2006 behavioral surveillance data revealed HIV prevalence of 11% among MSM, and sentinel surveillance conducted since 2006 demonstrate a large and growing epidemic among female sex workers, particularly those that inject drugs, with HIV prevalence ranging from 10-30% among this group.

There are indications that the dynamics of HIV transmission are changing, with increasing proportions of HIV cases linked to heterosexual transmission. However, data indicate that the majority of new cases of sexual transmission appear to be closely related to risk behaviors between MARP groups and their sexual partners, or bridge populations. As a result, women in Ukraine, particularly female IDUs and women with high-risk sexual partners, are increasingly becoming infected with HIV.

Groups such as street children and youth represent an emerging but as yet uncovered most-at-risk group with high risk behaviors that often intersect with those of IDUs, SWs and MSM; a 2008 study revealed high rates of infection in this population. Other groups more likely to practice high-risk behaviors and at risk of contracting HIV infection include adolescents in economically depressed areas and prisoners.

Ukraine’s HIV epidemic is exacerbated by a parallel and escalating TB epidemic, with TB the leading opportunistic infection associated with AIDS morbidity and mortality. While the magnitude of active TB among those infected with HIV is not reliably documented, a 2006 WHO investigation of HIV prevalence among TB patients in one region reported prevalence rates of 15.5% among the general population and 21.9% among penitentiary inmates. As of the end of 2007, 48% of all AIDS cases were diagnosed with TB co-infection. TB is the leading cause of AIDS mortality, with 53% of AIDS deaths in 2006 associated with TB. In one region, TB patients with HIV were nearly twice as likely to have drug-resistant TB than



patients without HIV.

Ukraine's escalating TB problem is exacerbated by growing rates of multi-drug resistant (MDR) TB. According to WHO estimates, Ukraine has the eighth highest number of MDR-TB cases in the world and is considered a high priority for action to prevent creation of additional cases of MDR-TB and extremely-drug resistant (XDR) TB and to detect and treat the cases that exist.

Other issues that constrain the national HIV/AIDS response include out-of-date and restrictive policies, high levels of social stigma and discrimination against the populations most impacted by HIV as well as discriminatory procedures affecting PLWHA, and insufficient government resources, both human and financial, to support achievement of National AIDS Program goals. Voluntary testing and counseling (VCT) is available through 27 government AIDS centers, limiting access to the already marginalized MARPs who are reluctant to reveal their status in these facilities. Finally, efforts to address the needs of IDUs are handicapped by the restricted availability of medication assisted therapy, including methadone, and the lack of integration of HIV, TB and drug dependence prevention, testing, counseling and care services.

### ***GOU Commitment to HIV/AIDS, Including Support for NGOs***

At the highest levels, the Government of Ukraine has recognized the importance of the HIV/AIDS epidemic, evidenced by several Presidential decrees and visible support for HIV/AIDS policy and programs by high-ranking officials. Ukraine is a signatory to several international commitments, including UNGASS.

Ukraine's national HIV/AIDS response proposes to contain the rapidly increasing epidemic and reduce levels of HIV/AIDS morbidity and mortality through providing universal prevention, treatment and care and support services for those living with and affected by HIV/AIDS. Three key programs -- the draft Ukraine 2009-2013 National AIDS Treatment, Care and Support Program, the 2007-2011 Global Fund Round Six Grant program, and Ukraine's Road Map on Scaling up Towards Universal Access to HIV/AIDS Prevention, Treatment, Care and Support in Ukraine by 2013 -- support attainment of coverage targets for MARP **prevention** programs of 60% for IDUs and CSWs, 30% for MSM, and 50% for prisoners. Opiate medication assisted therapy is key to halting the spread of HIV among IDUs, but only about 5,000 IDUs are currently enrolled in MAT programs against the current target of 53,000 patients by 2013. In **treatment**, the GOU plans to scale up coverage to reach over 50,000 Ukrainians nationwide with uninterrupted and equitable access to high quality treatment by 2013; 35% of HIV-infected patients in need of ART are currently receiving treatment. Finally, in non-clinical **care and support**, the GOU expects to make care and support services available to at least 30 percent of people living with HIV/AIDS.

The GOU acknowledges the complementary role that civil society organizations play in reaching MARPs with HIV prevention and care. In recent years there has been an increase in the number of non-governmental organizations (NGOs) working in HIV prevention among MARPs. However, there is no legislation that clearly outlines guidance and parameters for NGO service provision; this is an important area for advocacy and policy reform in FY 2010.

### ***How FY 2010 USG-Supported Activities Contribute to the Partnership Framework Goals***

The USG program of support to Ukraine contributes to broader USG Partnership Framework goals in several ways. First, it can serve as a potential learning laboratory for countries now beginning to grapple with concentrated epidemics. The innovative and effective HIV prevention approaches developed and implemented in Ukraine offer practical models for use with MARPs, particularly IDUs; these models can be replicated in countries with similar epidemics. USG technical support to enhance strategic information will enable the GOU to demonstrate measurable impact in reducing HIV transmission among MARPs and their sexual partners and in articulating the impact of medication assisted treatment programs. USG support to the GOU will also catalyze reforms that foster greater decentralization of high quality HIV/AIDS



services offered by public, non-governmental and private sectors increasingly playing appropriate roles. In addition, USG assistance will build stronger, more strategic Ukrainian professionals and institutions, a critical foundation for the long term sustainability of the National AIDS Program response. USG support overall, while directly addressing fundamental issues in HIV/AIDS, has the potential to influence broader change and achieve results that impact the Ukrainian health care system as a whole.

The following illustrates how FY 2010 USG-supported activities directly contribute to each of the Partnership Framework goals:

**Goal 1: Reduce the level of HIV transmission among IDUs and other MARPs**

The USG provides technical assistance and funding to government and NGO partners to adapt and implement proven approaches and models in HIV prevention in a resource-constrained setting. USG support for parallel policy reform and capacity building helps facilitate the subsequent adoption, dissemination, and scale-up of effective models.

During FY 2010, the USG will continue to support GOU National AIDS program efforts in the prevention of HIV among MARPs and at-risk and bridge populations which include IDUs, MSM, and SWs, giving particular focus to the expanded delivery of nine core interventions for IDUs, including MAT, as defined in the WHO/UNODC/UNAIDS Technical Guide for Universal Access for IDUs. The USG will strengthen efforts to target vulnerable adolescents such as street children, the sexual partners of these populations, and the uniformed services. USG programs will assist the GOU to further the expansion of decentralized, high quality, comprehensive services, to expand and enhance the role of NGOs in health care delivery, and to broaden availability of VCT services to lesser-served vulnerable populations, including MSM and street children. Strategic utilization of behavioral surveys and surveillance among MARPs will also be used by the USG to refine baseline data and guide program planning.

The USG will work closely with the MOH to conduct a review of MAT models and assess the quality and cost efficiency of the integrated service package and service delivery options in clinical, NGO, and other settings, also examining integrated and high volume rapid roll out models. The findings of this assessment will be used to help guide future geographic expansion of services throughout the country using cost effective treatment models and service packages.

During FY 2010, USG-supported partners will expand access to comprehensive prevention services for most-at-risk youth (MARA), with a focus on street children. In the case of youth who inject drugs, engage in sex work, and/or male-to-male sex, the USG will continue to support the development and pilot testing of innovative gender-sensitive, outreach-based and peer-driven prevention activities to reduce high risk behaviors and facilitate access to comprehensive prevention services, including harm reduction and MAT. Advocacy efforts will address the widespread stigma, discrimination, and harassment that MARA face.

**Goal 2: Improve the quality and cost effectiveness of HIV prevention, care, and treatment services for MARPs, particularly IDUs and their sexual partners**

USG programs will support targeted capacity building and systems strengthening activities aimed at improving the quality and cost effectiveness of HIV/AIDS services. Early in the year, a comprehensive assessment of HIV prevention programs targeted to MARPs will provide insight into the quality and effectiveness of HIV prevention service delivery. Findings from this assessment will form the basis of a multi-year technical assistance strategy that will aim to standardize approaches, guidelines, and quality across HIV prevention programs targeted to MARPs.

The USG will continue to strengthen the capacity of public sector and NGO organizations to address TB/HIV co-infection and provide integrated TB/HIV services to those groups most at risk of infection. HIV service organizations and people living with HIV/AIDS (PLWHA) NGOs will function as service points for TB symptom screening, referral and treatment support. USG resources will support the training of health



care providers within both TB and HIV settings and continue the roll out of TB/HIV case management teams in selected regions. To sustain training efforts, USG partners will assist the MOH to develop a standardized national TB/HIV training curriculum built on a TB/HIV case management model for use in pre-and post-graduate education. The USG will provide the National TB Reference Laboratory with direct technical assistance by both USG and partner TB laboratory experts to help it assume drug resistance monitoring and quality assurance/quality control (QA/QC) functions and to improve infection control activities. In addition, resources will expand enhanced TB/HIV surveillance, including systematic testing of TB patients for HIV and enhanced screening of PLWHA for TB throughout the supported regions.

To enhance blood safety, the USG will focus on the development of policies to allow creation of a nationally coordinated blood transfusion service, development of a low-risk volunteer donor oriented program, development of QA/QC systems in laboratories to cover 100% of transfusions, and the development of a monitoring and evaluation (M&E) system. Support will be provided to advocate for a single national authority with oversight over the blood safety system.

Drug and commodity procurement and supply management is a priority area in systems strengthening. The USG will work with the GOU to conduct a policy audit on HIV/AIDS drug and commodity procurement and supply management. The results will be used to develop a costed strategy on HIV/AIDS drug and commodity procurement and supply management within the MOH. The USG will also provide technical assistance as required to align policies, systems, and procedures to international standards.

The quality and cost effectiveness of HIV prevention services will be greatly enhanced by activities to institutionalize strategic information focused on data for decision making and building technical expertise to conduct strategic information activities. Through the National M&E Center, technical assistance will focus on targeted surveillance, M&E, and assessment activities, as well as on enhancing the use of data collected through these systems for program and policy decision making.

### **Goal 3: Strengthen leadership, capacity, institutions, systems, policies, and resources to support the achievement of National AIDS Program objectives**

The USG will use FY 2010 funding to support the development of a strategic policy agenda that will guide technical and program inputs during the second phase of PEPFAR programming in Ukraine. Policy reform and advocacy efforts will focus on building an environment that enables Ukraine's most vulnerable populations to access high quality, comprehensive, and decentralized health care. Continuing policy reform efforts in the year ahead will support activities which aim to: catalyze the development of framework legislation on NGO service provision; build a legislative base which endorses MAT expansion; define policies to eliminate parental consent for VCT services for at-risk adolescents age 15 and older; codify anti-discrimination laws and policies to ensure the legal protection of MARPs living with HIV; and facilitate the use of government funding to contract with local NGOs for services in support of the National AIDS Program.

One of the main aims of the Partnership Framework is to assist the GOU to reinforce the sustainability of Ukraine's National AIDS Program. To this end, in the year ahead the USG will initiate multi-year activities to strengthen the efficiency of HIV/AIDS programs and services; to improve the use of health spending information, including National AIDS Spending Assessment (NASA) data, for program and financial planning and budgeting purposes as well as to inform policymaking processes; and to support the development of a strategy for HIV/AIDS resource mobilization. In addition, the USG will assist the GOU in developing a costed human resource development strategy to provide direction in how to best meet the institutional and human resource requirements needed to support expanded, decentralized MAT delivery programs and scaled up HIV/AIDS prevention, treatment, care and support services.

To further build a sustainable national response, the USG will provide targeted technical assistance to a number of key GOU institutions. USG-supported technical assistance and logistical support will be used



to strengthen the capacity of the new National HIV Reference Laboratory (NHRL) and the regional HIV laboratory network to provide high quality services to prevention and treatment programs. Areas of technical support will include laboratory management and strategic planning, quality assurance/quality control, and the development of capacity building plans. Additionally, the USG will provide technical assistance to the new National M&E Center to help fulfill its mission of providing coherence to the national M&E effort and direction of MARP surveillance efforts. Assistance will enhance surveillance and data collection on prevention services targeted to MARPs, including MAT provision to IDUs. The USG will also provide technical assistance to the new National TB Reference Laboratory.

With FY 2010 resources, the USG will continue to support robust programs to develop public sector and NGO institutional leadership and capacity to plan, manage and monitor the national AIDS Program, to deliver HIV/AIDS services, and to engage and coordinate on key issues in HIV/AIDS. In this, USG resources will progressively build national and subnational leadership through training and mentoring of multisectoral national and regional councils on TB and HIV/AIDS, the MOH Committee on HIV/AIDS and Other Socially Dangerous Disease, and organizations of PLWHA and MARPs. USG investments will support the strengthening of regional and local coordination councils and HIV/AIDS monitoring and evaluation centers. Additionally, the USG will support work with the National HIV/TB/IDU Training Center and the Ukrainian AIDS Center to improve clinical mentoring and support training needs for further expansion of treatment and integrated HIV care.

### Population and HIV Statistics

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV						
Adults 15-49 HIV Prevalence Rate						
Children 0-14 living with HIV						
Deaths due to HIV/AIDS						
Estimated new HIV infections among adults						
Estimated new HIV infections among adults and children						
Estimated number of pregnant women in the last 12 months						

Estimated number of pregnant women living with HIV needing ART for PMTCT						
Number of people living with HIV/AIDS						
Orphans 0-17 due to HIV/AIDS						
The estimated number of adults and children with advanced HIV infection (in need of ART)						
Women 15+ living with HIV						

### Partnership Framework (PF)/Strategy - Goals and Objectives

(No data provided.)

### Engagement with Global Fund, Multilateral Organizations, and Host Government Agencies

Redacted

### Public-Private Partnership(s)

(No data provided.)

### Surveillance and Survey Activities

Name	Type of Activity	Target Population	Stage
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## Budget Summary Reports

### Summary of Planned Funding by Agency and Funding Source

Agency	Funding Source				Total
	Central GHCS (State)	GAP	GHCS (State)	GHCS (USAID)	
HHS/CDC			3,600,000		3,600,000
HHS/HRSA			300,000		300,000
HHS/NIH			100,000		100,000
PC			330,000		330,000
USAID			5,198,000	2,500,000	7,698,000
<b>Total</b>	<b>0</b>	<b>0</b>	<b>9,528,000</b>	<b>2,500,000</b>	<b>12,028,000</b>

### Summary of Planned Funding by Budget Code and Agency

Budget Code	Agency						Total
	HHS/CDC	HHS/HRSA	HHS/NIH	PC	USAID	AllOther	
HLAB	1,450,000						1,450,000
HMBL	200,000						200,000
HVAB				22,000			22,000
HVMS	800,000			258,000	998,000		2,056,000
HVOP				50,000	1,100,000		1,150,000
HVSI	850,000						850,000
HVTB	300,000				500,000		800,000
IDUP					1,300,000		1,300,000
OHSS		300,000	100,000		3,800,000		4,200,000
	<b>3,600,000</b>	<b>300,000</b>	<b>100,000</b>	<b>330,000</b>	<b>7,698,000</b>	<b>0</b>	<b>12,028,000</b>

### Budgetary Requirements Worksheet

(No data provided.)



## National Level Indicators

**National Level Indicators and Targets**  
REDACTED



## Policy Tracking Table

(No data provided.)

## Technical Areas

### Technical Area Summary

#### Technical Area: Biomedical Prevention

Budget Code	Budget Code Planned Amount	On Hold Amount
HMBL	200,000	
IDUP	1,300,000	
<b>Total Technical Area Planned Funding:</b>	<b>1,500,000</b>	<b>0</b>

#### Summary:

##### Context and Background: Injecting Drug Use

It is estimated that there are between 325,000 and 425,000 IDUs in Ukraine, with Ukraine ranked as having the sixth highest rate of increase in drug abuse in Europe. Sentinel surveillance studies in multiple regions during the past few years estimate HIV prevalence in IDUs in different regions to range from 18 to 62.8 percent and also suggest high levels of infection in their non-IDU partners. The average age of initiation of injection drug use ranges from 20 to 29; however, drug use can start as early as age 13, with initiation of drug use occurring earlier among males than females. Alarming, anecdotal information from health care specialists suggests an increasingly young patient presenting with drug-related disorders, with the age of initial drug use in some instances as low as seven to eight years of age.

The most popular and problematic drug in Ukraine is a homemade opiate, known as shirka, which is extracted opium from poppy straw. While injecting drug use remains the driving force of the epidemic, the epidemic in Ukraine is evolving, with a trend toward injection of home-made psychostimulants, increased use of amphetamine-type stimulants, emerging sub-groups such as younger IDUs, increasing numbers of female IDUs, and high risk injection-related practices associated with homemade opiates, such as the use of pre-loaded syringes that may be shared and shared drug solutions from which syringes are loaded.

Recent sentinel surveillance studies found elevated HIV rates (between 10-30%) among female sex workers (SW), particularly among the 24% of SWs who inject drugs. Six percent of IDUs sell sex and it is likely that a considerably higher percentage engage in unprotected sex; the overlapping sexual and injection risk practices of multiple risk groups are undoubtedly contributing to increases in heterosexual transmission.

Medication assisted therapy programs are key to halting the spread of HIV among IDUs. HIV/AIDS service providers, knowing that MAT increases adherence, frequently require IDUs to either be in sustained remission or to start MAT as a precondition for initiating antiretroviral therapy. Under the forthcoming five year Partnership Framework and in line with the National AIDS Program, the USG will collaborate with the GOU, Global Fund and other donors to reduce the level of HIV transmission among IDUs by providing at least 60% of IDUs with HIV prevention services. To date, approximately 140,000 IDUs, mostly in cities, receive harm reduction services provided by over 100 Ukrainian NGOs that are funded by the International HIV/AIDS Alliance under the Global Fund. The national MAT enrollment target is 53,000 IDUs by the end of 2013. As of January 1, 2010, a total of 5,078 IDUs were enrolled in buprenorphine- and methadone-based MAT programs on a national level; 2,217 of this group are HIV infected.



MAT enrollment is gaining speed; there has been a 23% increase in enrollment since July 2009. Nonetheless there are a number of continuing challenges to the ongoing scale up of MAT services, including low client flow in each site, insufficient and irregular commodity supply, insufficient local funding, and lack of integration with existing health services. With limited GOU resources allocated for MAT, there is as yet no operational state system or structure to oversee MAT programming or monitor MAT implementation. At the facility level, there is a lack of trained specialist staff to work with MAT patients and often low commitment regarding MAT among health care authorities; as a result, enrollment of patients for methadone-based MAT is quite slow and MOH orders on MAT are often not implemented. There is a clear need to increase the engagement of non-narcologists in the delivery of MAT. Current legal regulations on narcotic drugs are highly restrictive and do not facilitate expanded implementation of MAT.

#### Accomplishments since FY 2009 COP: Injecting Drug Use

Building on MAT programs supported by the Global Fund and Clinton Foundation and to expand access to comprehensive care for HIV-positive injecting drug users (IDUs), USG-supported Medication Assisted Treatment (MAT) programs implemented in three regions are piloting models of integrated MAT service provision for 150 HIV-infected IDUs, 30% of whom are women. Expansion of services to additional regions to accommodate up to 300 clients and additional service models is underway. USG-supported prevention services for IDUs include methadone-based MAT; voluntary counseling and testing; counseling and condom distribution to prevent sexual transmission; dissemination of high quality HIV-prevention information and educational materials to promote safe behaviors; referrals for medical treatment or diagnosis, including diagnosis and treatment of co-infections and sexually transmitted infections (STIs); provision of social support services and referrals to HIV care and treatment. The USG has also supported WHO to guide scale up of MAT integrated treatment approaches through the pilot program and to assist the MOH in the development of normative guidelines for integrated care, standard operating procedures for integrated treatment sites, site assessment and development instruments, and integrated treatment job aids for clinical teams to strengthen the technical skills of MAT providers. Pilot program results are expected to serve as a foundation for replication and progressive scale up of MAT throughout Ukraine.

FY 2009 resources supported implementation of a national level MAT working group, as well as ongoing activities of regional level MAT working groups in five sites established during 2008. These groups continue assessing MAT needs in regions, reviewing MAT performance against national targets, and addressing ongoing barriers to MAT implementation in order to develop policy-based responses.

#### Goals and Strategies for FY 2010: Injecting Drug Use

With FY 2010 resources, the USG will continue to implement USG pilot MAT services as well as expand implementation of MAT through the development, piloting and rollout of additional treatment models. In this, the USG will work closely with the MOH to conduct a review of MAT models, assessing the quality and cost efficiency of the integrated service package and other service delivery options in clinical, NGO, and other settings, and investigating the potential for additional integrated and high volume rapid roll out models. The findings of this assessment will be used to help guide future geographic expansion of services throughout the country as well as to develop cost effective service packages. The USG will continue to assist the MOH to strengthen the policy foundation for MAT in order to facilitate expansion of services, to continue to enhance MAT services with appropriate normative standards and guidelines, and to prepare costed operational plans for service scale-up.

Ongoing emphasis will be given expanding the provision of comprehensive prevention services for IDUs in line with the WHO/UNODC/UNAIDS nine component service package. Activities will also target sexual partners of IDUs and other "bridge populations".



FY 2010 resources will also be directed to supporting strategic advocacy and policy work to accelerate development of the legislative and operational policy adjustments needed to allow for more rapid and sustainable scale up of MAT, as well as to support human resource planning to meet needs associated with expanded, decentralized MAT delivery.

Particular attention will be given to increasing access to MAT by promoting policies to deregulate MAT and reduce associated program, logistical and other barriers. The USG will continue to support initiatives to sensitize medical providers to HIV/AIDS and reduce stigma and discrimination within medical facilities and in other service settings.

The MOH, Global Fund, and the USG will also work together on expanding and improving monitoring and evaluation (M&E), surveillance, and data collection on prevention services and MAT targeted to IDUs and their partners. The USG will provide technical assistance in establishing MAT indicators as an element within the national M&E system, and generate data to evaluate MAT impact and its effectiveness in averting HIV infections (ref: Technical Area Narrative, HSVI).

#### Context and Background: Blood Safety (HBML)

Significant deficiencies remain in the system to ensure blood safety in Ukraine. Despite the Ministry of Health's commitment to blood safety, no single individual or agency has fulltime responsibility for the regulation and administration of the blood transfusion system. Most blood donors continue to be paid and the level of HIV prevalence among blood donors in Ukraine is the highest in Europe. The laboratory system for blood donation screening in Ukraine is developed and is located at regional blood transfusion centers. However, this screening does not have quality assurance/quality control (QA/QC) systems in place, nor is there an active blood transfusion monitoring system (hemovigilance system) to accurately determine the rates of transfusion-transmitted infections. While the small number of cases of HIV infection transmitted through contaminated blood or blood products to date does not represent a significant threat to public health, progress in this area has been inadequate.

The blood transfusion system in Ukraine is considered to be relatively protected from the risk of HIV infection. All donors are screened for behavioural and medical risk factors for acquiring HIV infection using standard questionnaires. Consistent with WHO recommendations, 100% of the donated blood units are tested for HIV, viral hepatitis B, and viral hepatitis C by enzyme immunoassay (EIA) techniques; however no external quality assurance and quality control systems exist. Due to the lack of any system for external quality control of the blood system, the national UNGASS indicator in 2006 for blood safety – the percentage of donated blood units screened for HIV in a quality assured manner - was 0%. Plasma is frozen and quarantined for six months before use.

In 2007, the surveillance system detected 1,138 positive tests among 883,215 tests conducted among donors, the highest rate in Europe. Through 2008, a total of 21 cases of HIV infection have been reported related to contamination of blood and/or blood products, including two cases in 2006 and one case in 2007.

Accomplishments since FY 2009 COP: HBML

N/A

Goals and Strategies for FY 2010: HBML

Enhancing blood safety will be done through the development of a cooperative agreement (intended to be with Ministry of Health) that will include funding for blood safety using headquarters (formerly Track 1) blood safety funds; in addition, the USG will work with a TBD partner to provide needed TA to the MOH.



The goals over the implementation period of PEPFAR II include development of policies to allow creation of a nationally coordinated blood transfusion service, development of a low-risk volunteer donor oriented program, development of QA/QC systems in laboratories to cover 100% of transfusions; adequate training of blood system technical staff at all levels by 2013, review of clinical blood utilization, and development of an M&E system.

With technical assistance from Atlanta and the TBD partner, HBML activities will include an assessment of needs to implement QA/QC for HIV testing (including participation in external proficiency testing, introduction of updated standard operating procedures, supervisory visits) at transfusion centers, trainings of transfusion center staff as indicated by the assessment, and initiation of QA/QC activities. Support will be provided to advocate for a single national authority with oversight over the blood safety system, for initial steps leading to implementation and maintenance of an Information Management System for tracking donated units, and for development of a system to identify a network of low risk volunteer unpaid donors. The TBD partner will help to develop KAP surveys and supporting communications materials and campaigns.

The Ukraine PEPFAR Country Team will hire one LES whose portfolio will include the MOH cooperative agreement, including the blood safety component and the TBD blood safety implementing mechanism.

These activities are in support of objectives of the key goals of the Partnership Framework developed with the GOU (Goal 2: Improve the quality and cost effectiveness of HIV prevention, care and treatment services for MARPs, particularly IDUs and their sexual partners; and Goal 3: Strengthen national and local leadership, capacity, institutions, systems, policies and resources to support the achievement of National AIDS Program objectives).

**Technical Area: Health Systems Strengthening**

Budget Code	Budget Code Planned Amount	On Hold Amount
OHSS	4,200,000	
<b>Total Technical Area Planned Funding:</b>	<b>4,200,000</b>	<b>0</b>

**Summary:**

Context and Background

Building on U.S. assistance in HIV/AIDS during the past several years directed at strengthening national policy, delivering prevention and care services to most-at-risk populations, and increasing in-country capacity to plan and manage the national AIDS program, the Ukraine-United States Partnership Framework on HIV/AIDS will give significant attention to strengthening key health systems to support long term, sustainable HIV/AIDS health care. Fundamental elements required to achieve National AIDS Program objectives include national and decentralized leadership, state of the art technical capacity, enabling policies and systems, and adequate human, institutional and financial resources.

A number of broad systems issues constrain the effective implementation of Ukraine's National AIDS Program. First, vertical and specialized health structures without coordination systems greatly dilute access to a client-friendly continuum of integrated prevention, treatment, and care. Services and tasks are physician-centered, and policies limit the roles of facility-based lower cadre health care providers, NGOs, or the private sector in service provision. Other broad systems issues include the critical need for strengthened leadership, coordination, and management across all levels of the health system, despite strong and visible support for HIV/AIDS initiatives at the highest political levels. A top priority is strengthening procurement and supply chain management to ensure reliable access to essential



HIV/AIDS medications and commodities in light of expected large scale expansion.

The USG is the Government of Ukraine's (GOU) primary financial supporter for organizational and systems strengthening activities, designed to enhance national and local epidemic responses in both government and nongovernmental settings. With the Global Fund Round Six Grant aiming to scale up services for MARPs by mobilizing both NGO and public sector providers, ongoing strengthening of technical and management capacity of local organizations is vital to the achievement of HIV/AIDS program objectives. To leverage Round Six resources and ensure their effective use, the USG continues to accord priority to building the capacity of National AIDS Program institutional partners and programs.

To date, the USG has played a major role in policy reform to create an enabling environment for high quality HIV/AIDS health care targeted to MARPs. USG activities support multisectoral collaboration between civil society and public and private sector stakeholders to promote policies which expand access to quality care for MARPs and reduce policy, legal, regulatory and fiscal barriers to services. Under the Partnership Framework, the USG is redoubling efforts to collaborate with the GOU on eliminating key policy barriers to services.

Fostering national and sub-national leadership on HIV/AIDS, particularly in decentralized integrated health care, is another USG priority. USG assistance gives focus to enhancing the role of the multi-sectoral National Council on HIV/AIDS and TB and their equivalent regional councils. The USG also supports the efforts of national level technical and coordination bodies, such as technical working groups, to align Ukraine's HIV/AIDS response to international standards.

The USG will continue to provide strategic assistance to improve HIV/AIDS and TB drug and commodity procurement and supply management (PSM) systems. The National Law on HIV/AIDS commits the Government of Ukraine to universal access to HIV treatment and care, with free treatment for all patients with HIV/AIDS. However, the PSM system suffers from suboptimal resource utilization, frequent stockouts of commodities, poor procurement practices, poor quantification of needs, and inadequate management. If national treatment targets are to be successfully achieved and sustained, optimal utilization of resources and improvements in pharmaceutical management capacity to ensure uninterrupted supplies of drugs and commodities is essential.

Further areas for USG support to the GOU include strengthening the financial and operational sustainability of the National AIDS Program and building systems to ensure that adequate human resources are in place to meet the needs of Ukraine's concentrated epidemic. These elements are critical to achieving an integrated, decentralized, and sustainable health care delivery platform capable of achieving the National AIDS Program's ambitious goals.

Specific human resources for health needs expressed by the GOU and international partners include strengthening of the HIV treatment training and mentoring systems to allow further decentralization and improvement of HIV treatment (goal 2.5 PF), and addressing inadequate human capacity in public health monitoring and evaluation, laboratory sciences, and operational research to guide the response to the HIV/AIDS epidemic (goal 3.3 PF). The National HIV/TB/IDU Training Center and the National HIV Treatment Mentoring Unit (Lavra Clinic) are training and mentoring health care workers (HCW) at the regional level in adult treatment; however, the capacity of the system as currently established is inadequate to support the additional HCWs needing to be trained and mentored at the subregional level. In M&E, laboratory, and research disciplines, the Ukrainian educational system (14 medical schools and 900 universities) provides a large cadre of individuals with strong basic education in medicine and the sciences. However, there is a strong need (especially with the creation of a new National HIV M&E unit and new National TB Reference and National HIV Reference Laboratories over the last 18 months) for individuals with skill sets in disciplines not provided by the current educational system (biostatistics, M&E skills, operational research).



The Technical Area Narratives for strategic information, laboratory services, and biomedical prevention describe additional USG support in health care systems strengthening.

#### Accomplishments since FY 2009 COP

With 2009 funds, USG-support partners assisted the GOU to prepare a number of legal and regulatory documents adopted by the MOH and other GOU authorities on issues such as the National AIDS Law; voluntary counseling and testing for MARPs; methadone-based treatment services for HIV-infected injection drug users (IDUs); HIV/AIDS drug and commodity procurement; and support for vulnerable children. A National Operational Plan to prevent HIV in children and support youth who are HIV-positive or at high risk of HIV was finalized and submitted to the Ministry of Family, Youth and Sports for approval. At the regional level, USG assistance to regional TB and HIV Coordinating Councils; regional monitoring and evaluation centers; and municipal TB, HIV and drug abuse coordinating councils strengthened strategic planning, management and monitoring of local programs, engaged municipalities in HIV/AIDS advocacy, and facilitated the development of regional HIV programs for 2009-2013. USG programs also increased the engagement of NGOs and MARP community leaders in policy development and monitoring. Training of civil society representatives in HIV advocacy enabled people living with HIV/AIDS (PLWHA), HIV-service NGOs, and MARP representatives to work more effectively with policymakers; leadership development programs built skills to communicate with community and government officials; training of MARP support group members improved peer counseling and negotiation skills; and provincial NGO representatives trained in fundraising and resource mobilization developed organizational fundraising plans.

#### Goals and Strategies for FY 2010

With 2010 funding, the USG will support a series of coordinated assessments to review the status of key health systems. This process will include a comprehensive audit of policies, laws, and regulations related to MARP access to HIV/AIDS services. Cross-cutting issues to be covered will include human resources for health, gender, children and adolescents, counseling and testing, access to low cost medications, stigma and discrimination, and multi-sectoral responses. Based on the results of the audit, Partnership Framework stakeholders will work with the MOH to develop a strategically-focused policy reform agenda that will guide technical inputs and drive progress during the life of the PEPFAR Partnership Framework. With FY 2010 funds, the USG will also support a broad range of targeted assessment work with both policy and programmatic implication, including: a policy assessment of IDU service barriers; a costed assessment of medication assisted therapy (MAT) service models; and a human resources assessment that will serve as the basis for a strategy to expand human resources for MARP services.

2010-resourced programs will continue to facilitate collaboration between policymakers and civil society to advocate for amendments to HIV/AIDS laws. Some of the issues which remain include the legalization of VCT service provision by NGOs, the elimination of parental consent for VCT services offered to at-risk adolescents age 15 and older, the development of anti-discrimination laws and policies to ensure the legal protection of MARPs living with HIV, and the codification of TB/HIV-coordination mechanisms. Advocacy efforts will continue to promote government funding of local NGOs at regional and local levels.

To assist the GOU to improve the cost-effectiveness of HIV services, the MOH and USG will conduct a study to assess the cost of various models for MARP service delivery and use the recommendations to guide the rollout of efficient models. Within its planned policy audit, the USG will assess specific barriers to service by IDUs, set a strategic policy agenda, and provide targeted support to promote policies that enable the provision of an integrated system of care for MARPs within different facility settings. It will also audit policies related to counseling and testing, and assess the types of advocacy and policy changes required to provide HIV testing services in a broad range of settings.

Results from an assessment of prevention services targeted to MARPs that will be undertaken with FY



2010 resources will inform development of a quality improvement and assurance strategy for MARP prevention services. The strategy will outline approaches to rolling out packages of prevention services for MARP groups and provide guidance for routine monitoring of standards to ensure quality. Targeted technical assistance will assist the MOH to develop a supporting M&E plan and monitoring tools.

In order to increase the efficiency of drug and commodity procurement and supply management, the USG will work with the GOU, the Clinton Foundation, and GTZ to conduct a policy audit on HIV/AIDS drug and commodity procurement and supply management. The results will be used to develop a costed strategy on HIV/AIDS drug and commodity procurement and supply management within the MOH. The strategy will provide direction on the reduction of drug procurement costs. The USG will use the findings to support advocacy efforts and provide technical assistance to align policies, systems, and procedures to international standards.

To strengthen the financial sustainability of the National AIDS Program, the USG will provide technical assistance to strengthen the efficiency of HIV/AIDS programs and services; to improve the use of health spending information, including National AIDS Spending Assessment (NASA) data for program and financial planning and budgeting purposes as well as to inform policymaking processes; and to support the development of a strategy for HIV/AIDS resource mobilization. The USG will work with the GOU to develop a resource mobilization strategy to promote financial sustainability, based on National AIDS Program goals. This will include estimating increased GOU in-kind and cash contributions to HIV/AIDS service delivery as the range of providers who deliver services expands.

Using the results from the human resources assessment, the USG will work with the GOU to develop a costed human resource development strategy to provide direction in how to best meet the institutional and human resource needs required to support expanded, decentralized MAT delivery programs and scaled up HIV/AIDS prevention, treatment, care and support activities.

In FY 2010, the USG will address expressed needs from the Ukrainian AIDS Center and WHO to strengthen the system of training and mentoring for adult treatment. Through a centrally managed contract with ITECH, the USG will support work with the National HIV/TB/IDU Training Center, the national HIV treatment mentoring unit at the Lavra clinic, and the Ukrainian AIDS Center to improve clinical mentoring and HIV treatment curricula and meet the training needs for further expansion of ARV treatment and integrated HIV care. This work will be in close collaboration with WHO.

In FY 2010, the USG will begin work to strengthen human capacity in HIV-related public health monitoring and evaluation, laboratory sciences, and operational research through an arrangement with the Fogarty International Center, NIH. This will allow short or long-term trainings in the U.S. or Ukraine in a variety of HIV related disciplines through NIH supported U.S. academic institutions already working in Ukraine.

The USG will continue to support both national level and decentralized leadership and coordination, with work beginning in the year ahead to strengthen the governance and performance of HIV/AIDS national coordination entities. Nine regional and 28 municipal TB and HIV councils have already received technical assistance in HIV-related strategic planning, coordination, and management. One additional regional TB and HIV council and related municipal councils will receive similar technical assistance. The bodies will receive additional support to address key issues and barriers in integrated prevention, care, and treatment services and referral systems, and technical assistance in the development of regional annual work and M&E systems plans. In addition, the USG will provide technical assistance to strengthen coordination between the national and sub-national level. The USG will also assist with advocacy efforts aimed at increasing representation from local coordination councils in national policy and planning efforts.

Informed by FY 2009 activities to assess NGO organizational capacity, the USG will continue to support NGO capacity development during FY 2010. The USG will build on FY 2009 activities to train



representatives of people living with HIV/AIDS (PLWHA) and most-at-risk populations (MARPs) in leadership and advocacy, as well as to train health care providers in stigma reduction.

**Technical Area: Laboratory Infrastructure**

Budget Code	Budget Code Planned Amount	On Hold Amount
HLAB	1,450,000	
<b>Total Technical Area Planned Funding:</b>	<b>1,450,000</b>	<b>0</b>

**Summary:**

Context and Background

The USG's Ukraine Strategic plan for HIV/AIDS aims to assist the Government of Ukraine (GOU) to prevent the development of a generalized epidemic. By 2008, there were an estimated 350,000 HIV-positive persons (> 15 years of age) in the total population of 46 million (adult prevalence=1.28%). Laboratories play an important role in the diagnosis and identification of HIV infected persons, prevention of HIV infection, surveillance, estimation of the magnitude of new infections, emergence of drug resistance, immunologic and virologic monitoring of patients on ART and identification, care and treatment of HIV-infected infants by early infant diagnosis (EID).

Ukraine has an extensive, tiered HIV laboratory system with screening for HIV performed at 124 laboratories nationwide and confirmatory testing performed at 20 regional and one central laboratory. In 2008, 3.2 million HIV screening tests were performed. Virologic and immunologic testing is done at an increasing number of the 27 regional AIDS center laboratories as well as a central HIV reference laboratory. Rapid testing has been done by NGOs providing MARP outreach when accompanied by a medical doctor from an AIDS center, but NGO-delivered rapid testing has not been recognized as an official testing strategy by GOU.

Previous assessments by consultants for UNAIDS and WHO have highlighted needs, included in the MOH's July 2009 Strategy described below, including the following:

- 1) Inadequate policy on laboratory diagnosis
- 2) Inadequate training in laboratory diagnosis
- 3) Inadequate physical infrastructure for the NHRL
- 4) Inadequate action plan to develop needed capacity for
  - a. CD4 and VL clinical monitoring
  - b. opportunistic infection diagnosis
  - c. surveillance and clinical monitoring for resistant HIV strains
  - d. PCR based early infant diagnosis
- 5) Absence of quality assurance and quality control programs including for control of test kits
- 6) Inadequate procedures for procurement
- 7) Absence of capacity building plan for NHRL and HIV laboratory network
- 8) Absence of capacity for dry blood spot HIV testing
- 9) Inadequate financial and human resources for clinical patient monitoring

With technical support from WHO, the Ukrainian Ministry of Health (MOH) developed a "Strategy to improve the system of HIV-related counseling and testing and standardized laboratory diagnosis for 2009 – 2013", which was issued as an official decree in July 2009. The decree recognizes the need for funding from other donors and international technical assistance for implementation of the needed activities. Two of the four key objectives of the decree involve the reorganization and redirection of the HIV reference laboratory under the Ukrainian AIDS Center (UAC) to assume its function as a National HIV Reference



Laboratory (NHRL). The NHRL is being tasked with assuming coordinating, organizational and technical roles for overseeing the HIV laboratory network in Ukraine. Currently, the elements that will constitute the NHRL are housed in two separate locations in Kiev. With the expansion of USG collaboration with Ukraine through the development of a Partnership Framework, the USG will provide technical and logistic support to Ukraine's laboratory infrastructure and capacity building by strategically working with the NHRL to enable it to assume its intended functions and by providing training support to the regional level of the HIV laboratory network to maximize the impact of the NHRL reforms.

Accomplishments since FY 2009 COP  
NA

#### Goals and Strategies for FY 2010

USG's FY 2010 laboratory infrastructure strategy in Ukraine is to begin technical assistance and logistical support to influence the development of the NHRL and strengthen the capacity of the NHRL and the regional HIV laboratory network to enable them to provide high quality service to prevention and treatment programs. USG will work with the appropriate Ukrainian national and regional government agencies, international organizations, and GAP Atlanta to ensure the establishment of sound laboratory guidelines, regulations and testing algorithms, as well as the timely delivery of quality-assured laboratory results to all prevention and care/treatment programs.

The USG will also include support for equipment for the NHRL into a cooperative agreement being developed with the MOH to be awarded in 2010. Guided by a focused assessment that will be conducted by staff from Atlanta and APHL in the second quarter of 2010 using prior year funding, the USG will develop a plan to bring in technical assistance to address these needs; the MOH partner will procure necessary equipment and make renovations to allow a more conducive physical environment. Initial areas of focus for technical assistance will include laboratory management and strategic planning, quality assurance/quality control (including for rapid testing), and development of plans for needed trainings.

The technical assistance will be provided through Atlanta staff, with the CDC Lab Coalition as an umbrella partner with centrally managed USG contracts for provision of technical assistance in laboratory strengthening with the Association of Public Health Laboratories (APHL), the American Society of Clinical Pathologists (ASCP), and the American Society for Microbiology (ASM).

APHL will work to develop a national strategic plan for the NHRL. This plan will detail how the NHRL can strengthen a networked approach to HIV QA/QC that will link the NHRL with oblast-level HIV reference labs. The QA/QC strengthening will include the development and implementation of standard operational procedures (SOP), management training, and improvements to the laboratory information systems. This will focus on rapid testing as well as ELISA HIV diagnostics, CD4, viral load, hematology, and chemistry. They will also provide management training and laboratory policy development.

ASCP will work with training institutions to adapt and translate curricula for rapid testing, CD4, hematology, chemistry, and smear microscopy training. They will work with the NHRL to develop a national training strategy and will train and mentor national-level trainers who will, in-turn, train staff in the oblast-level reference laboratories.

ASM technical experts (mentors) will provide in-country support for microbiology for tuberculosis, TB laboratory systems and strategic planning, standardization of protocols for cost effective testing, and good laboratory and clinical practices. ASM's major emphasis area will be to support technical and human capacity development in order to establish rapid quality-assured diagnosis of TB, including the introduction of liquid-media and molecular diagnosis, and strengthening the TB external quality assurance program.



The Ukraine PEPFAR Country Team will be hiring one LES who will focus on laboratory strengthening issues; their portfolio will include the laboratory strengthening component of the MOH cooperative agreement and oversight of the APHL and ASCP activities.

These activities are in support of objectives of the July 2009 Strategy of the MOH and key goals of the Partnership Framework developed with the GOU (Goal 2: Improve the quality and cost effectiveness of HIV prevention, care and treatment services for MARPs, particularly IDUs and their sexual partners; and Goal 3: Strengthen national and local leadership, capacity, institutions, systems, policies and resources to support the achievement of national AIDS program objectives).

**Technical Area: Management and Operations**

Budget Code	Budget Code Planned Amount	On Hold Amount
HVMS	2,055,996	
<b>Total Technical Area Planned Funding:</b>	<b>2,055,996</b>	<b>0</b>

**Summary:**  
(No data provided.)

**Technical Area: Sexual Prevention**

Budget Code	Budget Code Planned Amount	On Hold Amount
HVAB	22,000	
HVOP	1,150,000	
<b>Total Technical Area Planned Funding:</b>	<b>1,172,000</b>	<b>0</b>

**Summary:**  
Ukraine has the most severe HIV/AIDS epidemic in Europe and the Commonwealth of Independent States (CIS) today, with approximately 340,000 people living with HIV at the end of 2008, or 1.28% of the adult population. The number of new HIV cases has continued to increase annually, with 17,669 new cases of HIV infection reported in 2007 and 18,963 in 2008. Southern and Eastern Ukraine are most affected by the epidemic, with seven Southeastern regions accounting for 70% of newly registered cases in 2007. However, HIV prevalence has also increased in central, northern and western regions, particularly in urban settings; 78% of new cases registered in 2007 were urban.

Over 80 percent of reported cases to date have been concentrated in most at risk populations (MARPs), primarily injection drug users (IDUs), sex workers (SWs), and men who have sex with men (MSM). The prevalence of HIV infection is significantly higher among IDUs than in any other MARP, with surveillance studies in multiple regions during the past few years estimating IDU HIV prevalence levels at between 18 and 62.8 percent with high levels of HIV transmission as well to IDU bridge populations. Elevated rates of HIV are also reported in other MARPs. 2006 behavioral surveillance data reported 11% HIV prevalence among MSM, and sentinel surveillance conducted since 2006 demonstrates a large and growing epidemic among female sex workers, particularly those that inject drugs, with HIV prevalence ranging from 10-30% among this group.



The dynamics of HIV transmission appear to be changing, with increasing proportions of HIV cases linked to heterosexual transmission, but data suggest that the majority of new cases of sexual transmission are closely related to risk behaviors between MARPs and their sexual partners, or bridge populations. Thus, female IDUs and women with high-risk sexual partners are increasingly becoming infected. Groups such as street children and youth also represent an emerging but unaddressed group with high risk behaviors that often intersect with those of IDUs, SWs and MSM; a 2008 study revealed high rates of infection in this population. Other groups likely to practice high-risk behaviors and at risk of contracting HIV include adolescents in economically depressed areas and prisoners.

At the highest levels, the Government of Ukraine has recognized the importance of containing the HIV/AIDS epidemic, evidenced by several Presidential decrees, visible support by high-ranking officials for HIV/AIDS policies and programs, and Ukraine's accession to key global commitments in HIV/AIDS, including UNGASS. Ukraine was one of the first countries in the CIS to repeal laws or policies that explicitly discriminate against MARPs, with decriminalization of sex between males in 1991 and of sex work in 2006. However, high levels of stigma and discrimination against MARPs limit their access to quality services and pose a major barrier to slowing HIV transmission.

Ukraine's 2009-2013 National AIDS Program seeks to prevent transmission among MARPs and promote alignment with international principles such as the right of access to quality care and protection of human rights. In line with Ukraine's 2008 policy approval of opioid substitution therapy and 1998 state policy approving harm reduction for IDUs, the national HIV/AIDS program provides for implementation of medication assisted treatment and harm reduction for IDUs. However, it does not allocate the technical, institutional and financial resources needed to achieve national goals for MARPs and continues to rely on nongovernmental and external resources to increase program coverage. If Ukraine is to meet and sustain its commitment to provide MARPs with universal access to services, significant GOU resources will need to be made available in the years ahead. The GOU will also need to operationalize policies to scale up comprehensive services for MARPs, endorse and support a formal role for NGOs in HIV/AIDS service delivery, and reduce continuing barriers to care.

Building on Ukraine's 2009-2013 National AIDS Program, the planned Ukraine-United States Partnership Framework on HIV/AIDS aims to reduce the level of HIV transmission among most-at-risk populations, particularly IDUs, by progressively intensifying Ukrainian leadership in: managing a targeted response to the epidemic; building the systems that support quality services for most-at-risk populations; and strengthening the policies that facilitate the delivery of appropriate services to MARPs. During the five year Partnership Framework period (2009-2013), which coincides with Ukraine's National AIDS Program period, the USG will contribute to the GOU/NAP goal of reaching at least 60% of MARPs (30% of MSM) with comprehensive HIV prevention programs and help sustain gains through strengthened national and local leadership, capacity, institutions, policies and resources.

#### Accomplishments since FY 2009 COP

With 2009 resources, USG programs in HIV/AIDS continued to leverage Global Fund and other donor resources to reduce the rate of HIV transmission among most-at-risk populations and expand needed prevention, treatment, care and support services. USG programs supported activities to build institutional capacity and leadership in public and nongovernmental entities; to deliver targeted HIV/AIDS prevention information and services, including voluntary counseling and testing for MARPs as well as for the military; to prevent risky behaviors and increase awareness of HIV/AIDS among highly vulnerable youth in impoverished communities; to strengthen HIV-TB service collaboration; and to reduce policy, legal, and regulatory barriers constraining access to care by MARPs.

The USG has, since 2002, supported the ongoing scale up of services to prevent transmission of HIV among IDUs, MSMs and SWs, focusing on nine regions with the highest HIV burden. With primary attention given to reaching IDUs, programs also focused on accessing lesser-reached MARPs such as



male and female SWs and MSMs. Using innovative approaches such as peer outreach models to provide MARPs with appropriate risk reduction messages and information on preventive behaviors, USG partners to date have reached over 201,476 IDUs, over 34,388 SWs, and more than 24,923 MSM with prevention services which included VCT, condoms, referral for diagnosis and treatment of sexually transmitted infections (STIs), and counseling and informational materials on prevention.

With FY 2009 resources, USG implementing partners initiated approaches to reach sexual partners and contacts of high-risk groups; expanded approaches to engage lesser-reached MARPs such as MSM and Female IDUs; and helped institutionalize ongoing prevention with positives approaches through a series of field-based training workshops targeting local service providers. Using peer-based participatory site assessments as a mechanism through which to identify appropriate interventions for street children, USG partners initiated piloting of innovative service models for this vulnerable group. USG partners also continued to develop the capacity of NGOs and civil society to implement HIV prevention and advocacy.

FY 2009 resources supported efforts to expand reach to MSM through the piloting of an innovative HIV prevention program developed by the Metro Center Limited, UK and adopted by the UK Department of Health's HIV Prevention Program as one of its key prevention strategies. The program pairs trained volunteer mentors with MSM at-risk who have recently tested negative. The MSM and mentor meet biweekly to work through one of a series of nine structured modules that explore the broader emotional and contextual issues that often fuel high-risk behavior and cover issues such as self-esteem, sexual identity, goal building and personal responsibility. In addition, to increase female IDU uptake of MAT services, programs utilized approaches such as leadership development and self-help groups.

Concentrated in economically depressed small and medium communities and focused on youth between the ages of 15 and 24, Peace Corps volunteer-catalyzed activities engaged a diverse range of change agents and opinion leaders including young people's peers, parents, social workers, teachers, and NGOs to reduce major misconceptions about HIV, to increase awareness of HIV prevention approaches by promoting reductions in risky behaviors, and to combat stigma and discrimination against people living with HIV. USG efforts also made high quality HIV counseling and testing available through activities in both the NGO sector and within the military. USG-supported VCT activities serve as a replicable model through which NGOs partner with public sector HIV/AIDS Centers to collaborate on quality service provision. US Department of Defense programs with the Ukrainian military strengthened services in five counseling and testing centers established in 2008, improved staff technical skills in HIV prevention education and counseling and testing, and continued to build laboratory testing capacity. Finally, USG partners continued to contribute to national efforts to scale up HIV care and support, with nearly 3,000 people receiving care and support services which included TB-HIV palliative care services.

During FY 2009, USG resources supported GOU-led multisectoral working group activities to address policy, legal and regulatory barriers to services faced by MARPs with the aim of promoting universal access to comprehensive care. USG support for policy working groups on VCT and MAT also assisted stakeholders to develop enabling policies to facilitate the scale up of these two critical services.

Since 2007, Ukraine's HIV/AIDS program has benefited annually from the provision of USAID centrally financed condoms for HIV prevention purposes, receiving over 93 million male condoms and 450,000 female condoms to date for use within prevention programs. The USG donation provides a significant contribution to HIV prevention efforts nationwide. As the USG's primary HIV/AIDS implementing partner utilizes prevention with positives approaches as part of MARP outreach programs, it can be anticipated that a fair proportion of these donated condoms will be utilized within prevention with positives activities.

#### Goals and Strategies for FY 2010

During FY 2010, the USG will continue to support the National AIDS response through interventions to prevent HIV among MARPs, their sexual partners and other at-risk populations, and expand efforts to



target most-at-risk adolescents (MARA). Interventions will focus on the most affected regions of Ukraine, primarily in the south-west and Crimea. A great deal remains to be understood about the magnitude, distribution, and dynamics of the epidemic, as well as the behaviors of MARPs, at-risk populations, and their partners throughout the country. Thus, an early priority is the expansion of behavioral surveys and surveillance activities, data from which will be used to refine baseline data and drive program planning (ref: Technical Area Narrative, HVSI).

Using FY 2010 Partnership Framework funds, the USG will work with the MOH to increase evidence-based information on IDUs and other MARP groups by conducting qualitative studies, including ethnographic assessments, to understand MARP attitudes, practices, and behaviors related to prevention services, including MAT and HIV testing, and to inform the scale-up of appropriate prevention services. FY 2010 funds will also support a comprehensive assessment of HIV prevention activities supported by the USG, Global Fund and other donors. The USG will collaborate closely with key stakeholders, including the MOH, in the design and implementation of this assessment; findings will be used to develop and implement a strategy to improve the content, quality and effectiveness of prevention programs and guide rollout of a comprehensive service package for various MARP groups.

The USG will focus on expanding access to the package of nine core interventions for the prevention of HIV among IDUs outlined in the WHO, UNODC, UNAIDS Technical Guide for Universal Access for Injecting Drug Users. IDU prevention services include MAT (ref: Technical Area Narrative, IDUP). Policy and systems strengthening activities will continue to develop enabling policies and structural mechanisms to facilitate referral of HIV-infected individuals to a continuum of services, including the diagnosis and treatment of opportunistic diseases (ref: Technical Area Narrative, HTXS, HVTB).

USG implementing partners will build on efforts initiated with FY 2009 funds to increase the availability of gender-sensitive outreach interventions to reach MARA, especially street children. To address the needs of youth who inject drugs, engage in sex work, or practice male-to-male sex as well as youth with overlapping risk behaviors, the USG will continue development of differentiated activities to reduce high risk behaviors and facilitate access to comprehensive prevention services. Finally, with FY 2010 resources, the USG will continue to work closely with the Ministry of Defense (MOD) to support HIV/AIDS prevention education programs for members of the uniformed services.

Recognizing that prevention initiatives are undermined by widespread misunderstanding of HIV/AIDS and stigma and discrimination is widespread throughout the public sector and society at large, the USG will continue to integrate sensitization and reduction of stigma and discrimination initiatives into implementing partner activity portfolios.

FY 2010 resources will support targeted strategic information activities to inform prevention programming. The USG will assess the efficiency of pilot integrated MAT models. Building on the results of an ethnographic assessment of IDUs, the USG will also support operational research to review the expansion of high volume/rapid rollout MAT services. With 2010 resources, the USG will support ethnographic studies of MSM and SWs to assess, among other issues, overlapping risk behaviors and potential contact points, and to identify potential outreach initiatives. The USG will also support improved assessment of sero-prevalence among MSM (ref: Technical Area Narrative, HSVI).

With 2010 resources, the USG will support a comprehensive policy audit to identify key barriers to the provision of comprehensive services for MARPs and their sexual partners. The USG will then work closely with the MOH to develop a strategically targeted policy agenda to increase MARP access to quality care and increase the efficiency and effectiveness of HIV/AIDS programs. As part of this effort, the USG will continue to work with the GOU to build an enabling legislative framework for NGO service delivery. The USG will support ongoing efforts to strengthen the capacity of NGOs to work with MARPs and at-risk and bridge populations. (ref: Technical Area Narrative, OHSS).



**Technical Area: Strategic Information**

Budget Code	Budget Code Planned Amount	On Hold Amount
HVSI	850,000	
<b>Total Technical Area Planned Funding:</b>	<b>850,000</b>	<b>0</b>

**Summary:**

**Context and Background**

Ukraine has the most severe HIV/AIDS epidemic in Europe and the Commonwealth of Independent States (CIS), with an estimated 350,000 adults living with HIV at the end of 2008. The number of newly reported HIV cases is increasing rapidly, with 17,687 newly reported cases of HIV infection in 2007. This represents a 10 percent increase over the number of newly reported cases in 2006. With an estimated HIV prevalence rate of 1.3 percent among the adult population ages 15-49, the epidemic remains concentrated among most at risk populations (MARPs), primarily among injection drug users (IDUs) and sex workers (SWs), especially those who are also drug users, and the sex partners of injecting drug users. Limited data suggests a substantial epidemic among non-injecting men who have sex with men as well.

Considerable progress has been made in Ukraine in improving surveillance information on MARPs and M&E information on NGO HIV programs, primarily through Global Fund and USG support. The Government of Ukraine (GOU) also routinely collects data on national indicators for UNGASS reporting. However, information collected through MARP surveillance, M&E activities, research, or the UNGASS process are not routinely used to inform national and regional decisions on policy and program planning. The recent creation of a dedicated National M&E unit as part of the Ukrainian AIDS Center provides an opportunity to improve the use of data for decision making.

**Surveillance:** Targeted surveillance and behavioral surveys among MARPs have been supported by the Global Fund since 2004 to monitor Ukraine's concentrated HIV/AIDS epidemic. These surveys have been organized by the International HIV/AIDS Alliance in Ukraine in an increasing number of regions, for some of which valuable trend data is already available. To date, these studies have been concentrated in the more-affected regions. Considerable expertise in MARP surveillance has been developed by NGOs; however, the involvement of GOU epidemiological staff in organizing, analyzing, or interpreting the surveys has been limited. Additional surveillance data is available from the long standing GOU serologic screening and case-reporting system. This system, in which 3.2 million HIV tests were conducted in 2008, reports limited but valuable data on screening among different subpopulations including pregnant women, IDU, STI patients, TB patients, blood donors, prisoners, adults and children with clinical signs compatible with HIV infection, and medical personnel. More extensive data (with individual identifiers) is reported on individuals who follow-up in the national network of AIDS Centers. Despite the progress made in surveillance, many critical questions remain incompletely addressed, including whether HIV incidence is increasing or if increases in newly reported HIV cases represent increasing detection and whether significant sexual transmission is occurring beyond sex partners of IDU.

**Monitoring and Evaluation:** The USG has worked closely with the Global Fund, UNAIDS, and other stakeholders and partners in HIV/AIDS to strengthen M&E under the framework of the Three Ones Principles. Data collection and reporting for HIV/AIDS by the GOU focuses on a list of national indicators, developed with USG and international support, which are consistent with UNGASS guidelines. Data is systematically collected on these by five governmental authorities (Ministry of Health (MOH); the Ministry of Family, Youth and Sports; the Ministry of Education and Science; the Ministry of Defense; and the



State Penitentiary Department of Ukraine). The MOH of Ukraine is responsible for coordination of the national response to HIV/AIDS, and within the MOH, the Committee on the Prevention of HIV/AIDS and Other Socially Dangerous Diseases is responsible for overall coordination of UNGASS reporting. The national indicators were an important first step in developing a national M&E system. USG implementing partners have coordinated closely with UNAIDS in providing targeted assistance to establish eight regional M&E centers that are responsible for the collection and analysis of regional level data. To date, however, there is not a GOU- endorsed, national M&E system in line with the Three Ones for use in monitoring the national AIDS program, although draft M&E frameworks have been developed and efforts put in place to strengthen M&E systems in different government ministries and at the regional level. In early 2007, however, the Cabinet of Ministers mandated the development of a clear M&E framework with specific indicators for the National AIDS Program for 2009-2013.

Finally, in August 2009, a new national HIV M&E unit with ten staff (National M&E Center) was created within the Ukrainian AIDS Center to be responsible for overarching M&E activities. In addition, Global Fund-supported activities continue to strengthen the collection of M&E data on Global Fund-supported HIV programs, primarily in NGO settings.

#### Accomplishments since FY 2009 COP

USG partners continued to develop the capacity of regional M&E centers (eight) and working groups (nine) through development of curricula and implementation of trainings on M&E topics. Regional working groups produced regional targets and indicators for the 2009-2013 National AIDS Program, estimated regional numbers of MARP groups, developed regional M&E system development plans for 2009, and used 2008 data to improve the monitoring of regional HIV/AIDS programs. Agreements were reached to establish centers in three additional regions. USG support also contributed to the establishment of the National M&E Center through input into development of Terms of Reference for the Center, Position Descriptions for staff and support for initiation of activities in the unit's new location. A USG interagency team conducted a strategic information assessment in May 2009 and developed a report outlining priorities in strategic information. Primary recommendations from that assessment included the following:

#### Strategic Information

- ? Support to the new National M&E Center
- ? Augment support of Regional/Oblast M&E Centers
- ? Support knowledge management and health information systems
- ? Evaluation (basic program evaluation, PHE, cost studies)

#### Surveillance

- ? Support to National Surveillance Center
- ? Improve the effectiveness of the current system
- ? Develop and implement surveillance improvements to improve monitoring of changes in the epidemic, especially of changes indicating generalization

#### Goals and Strategies for FY 2010

The UNAIDS Document - Organizing Framework for a Functional National HIV Monitoring and Evaluation System – identifies twelve key components for an effective HIV M & E system. The overarching goals of the USG in strategic information for Ukraine are to build on the existence of GOU organizations with HIV M&E functions to strengthen the other components by assistance to 1) ensure the availability of sufficient data for decision making (program monitoring, surveys, databases, evaluation and research); 2) enhance the national capacity, especially of government structures, to direct and conduct strategic information activities (human capacity, partnerships, M&E plan and workplan, advocacy; and 3) increase the use by government structures of available data (dissemination and use). In collaboration with GOU, UNAIDS, WHO and other international partners, the USG will support HVS! activities to meet these goals by 1) filling existing gaps in strategic information through support for targeted surveillance, M&E, and assessment activities; 2) enhancing the technical capacity of the new National M&E Center to fulfill its mission of providing coherence to the national M&E effort and direction of MARP surveillance efforts; 3)



enhancing the ownership and technical capacity of other GOU structures, including through continued support of the recently established regional M&E centers, in order to collect, analyze and interpret the surveillance and M&E data; 4) enhancing the use of data collected through these systems for program and policy decision making Goals and Strategies; and 5) piloting innovative methods that can be scaled-up by the government.

Ensuring the availability of sufficient data will be a major component of a cooperative agreement with an NGO with expertise in strategic information. This mechanism will support data collection activities to address important data gaps identified during development of the Partnership Framework. These gaps include additional data on MARPs and bridge groups, and on the effectiveness and acceptability of prevention, care and treatment models, especially rapid testing and MAT.

Enhancing the capacity of the National and the regional M&E Centers is a major component of a cooperative agreement being developed with the Ministry of Health to be awarded in 2010. Technical assistance in surveillance and M&E will be provided by USG staff, USG implementing partners, and through a cooperative agreement with an NGO with strategic information expertise Specific TA will include activities to improve GOU capacity to undertake: 1) costing exercises; and 2) evaluation of MAT and ART outcomes and strategies. Support will also be provided for national level GOU structures as well as for the recently established regional M&E centers. To this end, one existing implementing partner will continue to support training for established M&E centers while aiding in the establishment of new centers in three additional regions; one implementing partner tracks national and regional level indicators in close coordination with UNAIDS in data collection and with UNAIDS and GOU in the dissemination, reporting and utilization of the data. Enhancing the use of data will be a key part of the activities through each of the mechanisms listed; initial activities to enhance data use will include a data triangulation project which will begin in February 2010 using prior year, non-PEPFAR funding utilized as wrap-around funds. The piloting of innovative surveillance methods will be undertaken through the cooperative agreements as part of the USG strategy to increase the capacity of the National M&E Center and the National HIV Reference Laboratory in collaboration with Global Fund and other international partners; activities will include enhancing existing contact tracing of newly registered HIV cases, conducting pilot studies of nucleic acid testing testing of high-risk antibody negative screening specimens to identify individuals with recent HIV infection, and enhancing the use of models such as the UNAIDS Estimation and Projection Package and the Asian Epidemic Model for epidemic prediction and advocacy purposes.

The Ukraine PEPFAR Country Team does not have a strategic information team. Plans are under development, however, to scale up staffing in order to expand strategic information skills within the team. The establishment of a CDC office with the placement of a full-time USG DH epidemiologist in August 2010 to oversee activities which will include strategic information related activities will expand USG team expertise in SI; in addition, one LES will be hired to focus on Strategic Information; their portfolio will include the strategic information cooperative agreements.

These activities are in support of key goal 3 of the Partnership Framework developed with the GOU (Strengthen national and local leadership, capacity, institutions, systems, policies and resources to support the achievement of national AIDS program objectives) and are highlighted in the Partnership Framework ("..enhance the capacity of the National HIV/AIDS Monitoring and Evaluation Center..; ..continued strengthening of Regional and Local Coordination Councils and regional HIV M&E Centers..; ..support interventions to enhance the quality and range of surveillance methodologies and strengthen institutional skills in conducting surveillance and M&E and using data for national program management..). These activities also follow recommendations from the 2009 USG interagency strategic information assessment. The USG strategic information activities complement other support by donors including the Clinton Foundation, Global Fund, UNAIDS, and WHO.



**Technical Area: TB/HIV**

Budget Code	Budget Code Planned Amount	On Hold Amount
HVTB	800,000	
<b>Total Technical Area Planned Funding:</b>	<b>800,000</b>	<b>0</b>

**Summary:**

Context and Background

Ukraine's rapidly growing HIV epidemic is exacerbated by a parallel and escalating Tuberculosis (TB) epidemic with steady growth in drug resistant TB. TB is the leading cause of AIDS mortality, with 53% of AIDS deaths in 2006 associated with TB. In one region, TB patients with HIV were nearly twice as likely to have drug-resistant TB as patients without HIV. While the magnitude of active TB among those infected with HIV is not reliably documented, a 2006 WHO investigation of HIV prevalence among TB patients in one region reported prevalence rates of 15.5% among the general population and 21.9% among penitentiary inmates. As of the end of 2007, 48% of all AIDS cases were diagnosed with TB co-infection.

The number of TB cases more than doubled between 1993 and 2003 as a result of the economic and social challenges that followed independence in 1991. TB incidence continues to increase. At present, Ukraine's annual TB incidence rate of 101 cases per 100,000 people is more than twice the regional average for the Eastern and Central European region and the eighth highest rate of new TB cases in Europe and Eurasia (WHO 2006), making Ukraine one of Europe's highest priority countries for TB control.

Ukraine's TB burden is estimated at approximately 40,000 cases per year which occur throughout the country, but as with HIV/AIDS, there are higher concentrations of TB in the industrial southern and eastern regions of the country. Ukraine's 2007 and 2009 applications to the Global Fund to Fight AIDS, Tuberculosis and Malaria noted that TB was a disease of socially disadvantaged populations, with 43% of individuals with active TB unemployed and 13.6% retired.

Ukraine's escalating TB problem is exacerbated by growing rates of multi-drug resistant (MDR) TB, which not only poses higher risk for people living with HIV but represents a substantial additional burden to the health care system as it is vastly more difficult and costly to treat. Ukrainian data suggest that MDR TB occurs in 10-15% of newly diagnosed TB cases and in 30-40% of relapses. According to WHO estimates, Ukraine has the eighth highest number of MDR-TB cases in the world and is considered a high priority for action to prevent creation of additional cases of MDR-TB and extremely-drug resistant (XDR) TB and to detect and treat the cases that exist.

In 2005, the World Health Organization Regional Bureau for Europe (WHO/EURO) declared TB a regional emergency and called upon host countries and donors to redouble efforts to scale up effective TB control using the internationally-accepted Directly Observed Treatment Short-Course (DOTS) strategy. In November of that year, the Ministry of Health made DOTS the standard national protocol for TB treatment and approved the nationwide adoption of the DOTS strategy, consistent with internationally recommended norms. Nonetheless, expanding DOTS coverage is a slow process, partly due to the fact that the Government of Ukraine (GOU) TB national program budget continues to allocate substantial funds to less effective, traditional practices which include long term treatment in 26 specialized national TB sanatoriums and use of x-ray and fluorography diagnosis. Currently, only about 40% percent of the population have access to high quality DOTS services; USG assistance continues to provide critical DOTS program support to give important momentum to DOTS rollout.

In spite of sharp increases in HIV/TB co-infection in Ukraine, collaboration between the National AIDS



Program and National TB Program remains weak, as does collaboration between the two programs at the regional level. This is due to the fact that systems of service provision in Ukraine are highly vertical and specialized; there are not horizontal linkages between health services, and the roles of TB, HIV and primary care services in addressing TB-HIV co-infection are not delineated. Accordingly, there is no systemic coordination between HIV and TB services and TB and HIV services are not integrated into primary health services. While the USG has supported initial activities to build coordinating linkages between TB and HIV services, there is as yet no established system for early TB detection among people living with HIV/AIDS. As a result, many co-infected clients receive inadequate care and are often shifted back and forth between services. Continuing broad lack of provider knowledge and skills on TB/HIV co-infection also represents a significant barrier. Airborne pathogen infection control is lacking or insufficient in both HIV and TB facilities and is felt to contribute to the increased risk of MDR-TB among HIV-infected persons. Until 2008, no National TB Reference Laboratory existed.

The USG has provided assistance to GOU TB prevention and control efforts since 2000. In FY 2008, the USG began implementation of a new five year program in TB control. The program focuses on expanding DOTS coverage to 50% of the population and improving the quality of DOTS implementation; building adequate capacity for rapid implementation of DOTS Plus programs for MDR/XDR-TB and increasing access to TB/HIV co-infection services; and developing policies and attitudes to reduce barriers to care and support an appropriate enabling environment for DOTS implementation. This program is carefully coordinated between the MOH, Global Fund, and the USG to ensure the most cost effective linkages and to maximize impact.

#### Accomplishments since FY 2009 COP

USG resources supported the training of both TB providers on interpersonal communication, diagnostic counseling, and HIV Testing (DCT) and of NGOs working in HIV/AIDS in TB screening to improve public and nongovernmental capacity to address TB/HIV co-infection. USG resources supported the training of HIV-service NGOs in use of a TB symptom screening tool to assist at-risk clients with symptom screening and to provide referral and treatment support as needed.

Using FY 2009 funds, USG implementing partners in TB and HIV/AIDS continued to collaborate in building the capacity of Regional and Local Coordination Councils on TB and HIV/AIDS to strategically guide and monitor TB/HIV collaborative activities at local and regional levels. To enhance NGO participation on these committees, USG resources supported the training of NGO members of Regional Councils.

As part of wider efforts to promote policy change and address broad health systems strengthening in Ukraine, the USG provided support to strengthen collaborative HIV/TB mechanisms within the MOH Committee on HIV and TB, with advocacy efforts focused on updating TB-related issues within the national HIV/AIDS Law to increase awareness among key policy makers and health administrators of the global strategic response to the TB epidemic and best practices in combating TB.

#### Goals and Strategies for FY 2010

With 2010 funds, the USG will continue to strengthen the capacity of both public sector and NGO organizations to address TB-HIV co-infection and provide integrated TB/HIV services to those groups most at risk of infection. To enhance skills in TB/HIV collaborative case management, USG resources will support the training of health care providers within both TB and HIV settings and continue the roll out of TB/HIV case management teams in selected regions. Following an assessment of communications barriers between TB/HIV clients and providers in two regions, 2010 funds will support the development and dissemination of informational materials for vulnerable populations and the ongoing training of providers on interpersonal communication and counseling in order to improve treatment adherence as well as diagnostic counseling and HIV testing. Use of a WHO-recommended TB/HIV monitoring tool will facilitate supervision of TB/HIV case management and strengthen surveillance of TB/HIV cases. To



sustain training efforts, USG partners will assist the MOH to develop a standardized national TB/HIV training curriculum for use in pre-and post-graduate education to help roll out a TB/HIV case management model.

Providers will receive training in TB infection control, with ongoing TA from USG infection control experts to reinforce training. In addition, the USG will support training of laboratory technicians on TB-HIV diagnostics and infection control to address critical laboratory needs related to HIV-TB co-infection. In coordination with ongoing USG partner activities, the USG will provide the National TB Reference Laboratory with direct technical assistance by both USG and partner TB laboratory experts to help it assume QA/QC functions and improve infection control activities.

In addition, a TBD implementing mechanism will supplement this TA for laboratory and infection control. The mechanism will also work with the current TB partner to extend systematic screening of TB patients for HIV with referral and enhanced TB/HIV monitoring throughout supported regions. Through support of the National HIV M&E Center, national TB/HIV surveillance will be assessed and strengthened.

2010 USG resources will build the capacity of HIV service organizations and PLHIV NGOs to function as TB service points for TB symptom screening, referral and treatment support. Health providers, HIV service NGOs and NGOs of People Living with HIV/AIDS will receive training in basic DOTS service provision. A TB symptom screening tool for use outside of health facilities will be utilized at NGO service points.

Finally, to further enhance implementation of policy, legal, regulatory and fiscal standards and health systems related to TB/HIV prevention, diagnosis, treatment and care, the USG will continue to provide support to the MOH Committee on HIV and TB and to Regional Coordination Councils for TB in areas such as HIV/TB planning, strategic planning, and advocacy. Technical assistance will also be provided to support the penitentiary system in the development of policies, guidelines, and protocols in line with international standards.

Sufficient numbers of well-trained providers and technicians are critical to the long term sustainability of Ukraine's TB/HIV collaborative management approaches. During FY 2010, the USG will work with the GOU and WHO to conduct an HIV/AIDS human resources assessment and strategic plan that supports the expanded scale up of services for MARPs, particularly IDUs; TB and TB/HIV requirements and issues will be included in this review (ref: TBD USAID OHSS).



**Technical Area Summary Indicators and Targets**  
REDACTED

## Partners and Implementing Mechanisms

### Partner List

Mech ID	Partner Name	Organization Type	Agency	Funding Source	Planned Funding
7520	U.S. Department of Defense Southern Command	Other USG Agency	U.S. Department of Defense		
7521	The Program for Appropriate Technology in Health	Implementing Agency	U.S. Agency for International Development	GHCS (State), GHCS (USAID)	500,000
10553	The International HIV/AIDS Alliance	NGO	U.S. Agency for International Development	GHCS (State), GHCS (USAID)	2,400,000
10616	The Futures Group International	NGO	U.S. Agency for International Development	GHCS (State), GHCS (USAID)	2,000,000
11757	U.S. Peace Corps	Implementing Agency	U.S. Peace Corps	GHCS (State)	72,000
12084	QED Group, LLC	Private Contractor	U.S. Agency for International Development	GHCS (State)	200,000
12085	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
12086	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
12087	Abt Associates	Private Contractor	U.S. Agency for International Development	GHCS (State)	600,000
12088	TBD	TBD	U.S. Department	Redacted	Redacted

			of Health and Human Services/Centers for Disease Control and Prevention		
12089	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
12090	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
12091	NIH	Implementing Agency	U.S. Department of Health and Human Services/National Institutes of Health	GHCS (State)	100,000
12092	International Lab Coalition	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	700,000
12093	University of Washington	University	U.S. Department of Health and Human	GHCS (State)	300,000

			Services/Health Resources and Services Administration		
12094	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
12095	University of North Carolina at Chapel Hill, Carolina Population Center	University	U.S. Agency for International Development		
12096	World Health Organization	Multi-lateral Agency	U.S. Agency for International Development		
12097	Management Sciences for Health	NGO	U.S. Agency for International Development	GHCS (State)	150,000



## Implementing Mechanism(s)

### Implementing Mechanism Details

<b>Mechanism ID: 7520</b>	<b>Mechanism Name: VCT for the military</b>
Funding Agency: U.S. Department of Defense	Procurement Type: Contract
Prime Partner Name: U.S. Department of Defense Southern Command	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

<b>Total Funding: 0</b>	
<b>Funding Source</b>	<b>Funding Amount</b>

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative

Within the USG framework, each USG agency focuses on its area of comparative advantage. The United States Department of Defense (DOD) manages USG support for HIV prevention programs in the military, with a focus on voluntary counseling and testing (VCT).

According to the 2007 Comprehensive External Evaluation of the National AIDS Response in Ukraine, relatively stable but consistent rates of HIV infection have been reported among sub-groups within the general population, including military recruits. There are an estimated 152,000 persons in active military services. The number of HIV cases among military personnel is small, but has increased in recent years. Higher rates are seen among those serving in United Nations peacekeeping missions overseas, indicating that this sub-population within the military is at particular risk for HIV. Behavioral surveillance among military personnel indicate frequent risk behaviors.

To date, limited HIV prevention programs have been implemented with the military, to most part funded by external sources. The 2007 External Evaluation calls for scaled up efforts to reach a significant proportion of the military with HIV prevention interventions, including HIV testing and referrals to care and treatment services. Of existing interventions, coverage, intensity, and quality should be strengthened.

To date, PEPFAR funding support for DOD collaboration with the Ukrainian military has to date resulted in the establishment of five counseling and testing centers, the development of related laboratory capacity,



and improved staff technical skills. The DOD has also facilitated the utilization of rapid testing technology into these facilities that serve military personnel and their families.

The DOD technical assistance directly contributes the achievement of all three of Ukraine's forthcoming Partnership Framework goals and benchmarks. These are: expanded HIV prevention services targeted to MARPs; improved quality and cost effectiveness of HIV prevention, care, and treatment services for MARPs; and strengthened national and local ability to achieve Ukraine's National AIDS Program objectives.

DOD contributes to the USG strategy for health systems strengthening in service delivery within the Ukrainian Ministry of Defense. This is in line with Ukraine's National AIDS Program strategic goals and objectives, which include strengthened capacity of Ukrainian institutions to provide high quality HIV prevention services.

HVCT

Budget Code Narrative DOD

\$0 (full pipeline)

Building on its existing programmatic achievements, the DOD will continue to collaborate with the Ukrainian Ministry of Defense to enhance the delivery of VCT services and effectiveness of laboratory diagnostic systems through the provision of related equipment and supplies. It will also provide ongoing support to strengthen military HIV prevention programs through the training of military trainers to educate military personnel on HIV prevention. As of September 2009, DOD estimated that its program had sufficient funding from previous years to continue activity implementation during FY 2010.

### **Cross-Cutting Budget Attribution(s)**

(No data provided.)

### **Key Issues**

Military Population



### Budget Code Information

(No data provided.)

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 7521</b>	<b>Mechanism Name: TB Control</b>
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: The Program for Appropriate Technology in Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

<b>Total Funding: 500,000</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	200,000
GHCS (USAID)	300,000

### Sub Partner Name(s)

Coalition of HIV Service Organizations	Network of People Living with HIV/AIDS	Prison Support Network
Ukrainian Red Cross Society	Ukrainians Against TB	

### Overview Narrative

Via a task order under the USAID IQC TASC 2 contract ending September 2011, The Program for Appropriate Technology in Health (PATH) is implementing the "TB Control in Ukraine" project. The project's goal is to help Ukraine achieve a TB case detection rate of 70% and a treatment success rate of 85% by 2011, thereby contributing to a reduction of TB morbidity and mortality. The project directly contributes to the goals and benchmarks outlined in Ukraine's National TB Control Plan, 2007 -2011.

The project works closely with the Government of Ukraine (GOU) at the national and local levels to improve the prevention, detection, and treatment of TB and TB/HIV co-infection in harmony with international best practices. This requires increasing both the quality and coverage of (Directly Observed



Treatment Short-Course) DOTS-based services nationwide. As per the project's M&E plan, it is expected that PATH will achieve the following outcomes by the end of the contract:

- High quality DOTS services available to 50% of the population
- High quality DOTS Plus, including MDR, XDR, and TB/HIV co-infection services, available to 30% of the population
- Reduced policy, legal, regulatory, fiscal, and attitudinal barriers inhibiting access to TB and TB/HIV co-infection prevention, diagnosis, treatment, and care according to international DOTS-based standards

PATH operates in ten administrative territories of Ukraine, including the seven oblasts of Kersonska, Zaporizhska, Sniproperovska, Donetska, Odeska, Luganska, Kharkivska, the Autonomic Republic of Crimea, and two cities, Kyiv and Sevastopol.

PATH's program directly contributes the achievement of two of Ukraine's forthcoming Partnership Framework goals and benchmarks: (1) improved quality and cost effectiveness of HIV prevention, care, and treatment services for MARPs; and (2) strengthened national and local ability to achieve Ukraine's National AIDS Program objectives.

PATH contributes to the USG strategy for health systems strengthening in service delivery quality, and national, regional, and local leadership in health care. PATH's technical assistance also supports Ukraine's civil society to advocate for GOU commitments to improving TB control, and to catalyze the establishment of GOU – civil society partnerships in monitoring and evaluating the implementation of the five year National TB Control Plan. This is in line with Ukraine's National AIDS Program strategic goals and objectives, which include the national provision of TB and TB/HIV services.

### **Cross-Cutting Budget Attribution(s)**

Human Resources for Health	200,000
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### **Key Issues**

(No data provided.)

### **Budget Code Information**



<b>Mechanism ID:</b>	7521		
<b>Mechanism Name:</b>	TB Control		
<b>Prime Partner Name:</b>	The Program for Appropriate Technology in Health		
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>
Treatment	HVTB	500,000	

**Narrative:**

During FY 2010, PATH will continue to support the achievement of goals and benchmarks outlined in Ukraine's National TB Control Plan, 2007 -2011. This includes the expansion of high quality DOTS services to at least 46% of the population. Technical assistance will include on-going support to the MOH and health care providers in the implementation, monitoring, and evaluation of the National TB Control Program, including infection control and laboratory capacity. PATH will continue to collaborate with medical schools to integrate DOTS training in pre- and post- diploma curricula, building on previous years' efforts. Similarly, PATH will continue to provide technical assistance as required to strengthen the national TB Control Program's drug management strategy and systems.

With the goal of achieving DOTS Plus service coverage to 30% of the population, PATH will continue to provide technical support to the MDR-TB Center of Excellence and the MDR-TB Center in Kyiv. Based on previous years' work in standardizing training curricula in TB/HIV case management, PATH will work with the MOH roll the training out to health care providers in the target oblasts and cities. The training will include a model on provider/client communication.

In regards to policy reform, PATH will continue to support local NGOs in TB/HIV and drug resistance related advocacy and communications activities, collaborating with USG funded projects managed by the International HIV/AIDS Alliance and The Futures Group. Depending on achievements and continuing needs from activities conducted in FY 2009, PATH will support the MOH Committee on TB/HIV and the Oblast Coordination Councils for TB and HIV/TB planning, strategic planning, and advocacy. Continuing technical assistance will be provided to the penitentiary system in the development of policies, guidelines, and protocols in line with international standards.

Sufficient numbers of well-trained providers and technicians are critical to the long term sustainability of Ukraine's National TB Control Program. During FY 2010, the USG will work with the GOU and WHO to conduct a national HIV/AIDS human resources assessment and strategic plan; TB and TB/HIV requirements and issues will be included in these exercises (ref: TBD USAID OHSS).

PATH routinely reviews and reports project data in partnership with Ukraine's National TB Program.



PATH collects selected TB-related epidemiological data and project performance indicators. The project works with the MOH to analyze these data to better understand the national TB situation and assess Ukraine's TB control program performance.

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 10553</b>	<b>Mechanism Name: Alliance Sunrise Project (121-A-00-04-0071)</b>
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: The International HIV/AIDS Alliance	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

<b>Total Funding: 2,400,000</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	1,300,000
GHCS (USAID)	1,100,000

### Sub Partner Name(s)

All Ukrainian Network of People Living with HIV/AIDS		
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### Overview Narrative

The International HIV/AIDS Alliance (the Alliance) Cooperative Agreement, "Scaling Up the National Response to HIV/AIDS through Information and Services", or SUNRISE, currently runs until 2011. The purpose of the SUNRISE project is to decrease HIV transmission by: a) reaching at least 60% of high-risk populations with effective, high quality information services; b) increasing the accessibility of high quality care and support services for people living with HIV/AIDS; c) strengthening the prevention-care continuum with a particular focus on VCT; and d) strengthening the ability of local NGOs and communities to deliver services.



SUNRISE directly contributes to the achievement of all three of Ukraine's forthcoming Partnership Framework goals and benchmarks. These are: the reduction of HIV transmission among most-at-risk populations (MARPs); improved quality and cost effectiveness of HIV prevention, care, and treatment services for MARPs; and strengthened national and local ability to achieve Ukraine's National AIDS Program objectives.

The Alliance supports activities designed to reduce the incidence and prevalence of HIV/AIDS. This entails reducing transmission among MARPs (SWs, IDUs, MARA, and MSM) as well as the sexual partners of these MARPs and other bridge populations. The project receives funding in the following technical areas: sexual prevention, biomedical prevention (injecting drug use), counseling and testing, and orphans and vulnerable children. Since the Alliance is also a Principal Recipient under a Global Fund Round Six grant, the Alliance gives focus to maximizing institutional efficiency through the leveraging of USAID and Global Fund resources where appropriate. The Alliance also plays a key role in advocacy, encouraging the GOU to increase state funding for MARP programming.

The SUNRISE monitoring and evaluation plan indicates that the project will achieve the following tangible outcomes by the end of the award:

- 60% of key populations covered through outreach and HIV prevention services
- 4,450 people trained in HIV prevention
- 26,000 HIV positive individuals provided with care and support services
- 43,000 people had HIV counseling and testing and received their test results
- 300 VCT centers supported by the project
- 900 providers trained in VCT service provision
- 300 IDUs on medication assisted treatment (MAT)

With limited USG PEPFAR resources in Ukraine and escalating rates of HIV among IDU, the primary focus of the program is on expanding prevention activities among MARPs, with attention to comprehensive prevention services for IDUs. Alliance's technical assistance efforts and program support for prevention activities among IDUs are closely coordinated with HIV/AIDS prevention, care, and treatment services supported by the GOU, Global Fund, and other donors.

The Alliance supports the USG strategy for health systems strengthening by building the capacity of local NGOs in HIV/AIDS project design, management, and service delivery. By introducing and strengthening NGO institutional skills and technical capacity, the Alliance's USG-supported efforts enhance the non-governmental response to the HIV/AIDS epidemic. This has tangibly increased the role and influence of civil society on national decision making as well as NGO participation in the National AIDS Program.



The Alliance's activities also contribute to the cross cutting issue of gender and in particular, in the areas of increasing gender equity in HIV/AIDS activities and services. MARPs face considerable barriers in accessing friendly, high quality, integrated HIV/AIDS services, but women especially so due to widespread stigma and discrimination. The Alliance mainstreams gender into its MARPs programming, including approaches to target female MARPs, and enhance service provider sensitivity. In addition, to ensure that 30% of IDUs receiving MAT are female, the Alliance is piloting innovative models to increase female IDUs access to services and MAT. The Alliance will support advocacy efforts to reduce coercion targeted to MARPs, both male and female, including coercive sex by authorities and oppressive raids by security forces.

**Cross-Cutting Budget Attribution(s)**

Gender: Reducing Violence and Coercion	940,000
Human Resources for Health	160,000

**Key Issues**

Increasing gender equity in HIV/AIDS activities and services

**Budget Code Information**

<b>Mechanism ID:</b>	10553		
<b>Mechanism Name:</b>	Alliance Sunrise Project (121-A-00-04-0071)		
<b>Prime Partner Name:</b>	The International HIV/AIDS Alliance		
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>
Prevention	HVOP	1,100,000	

**Narrative:**

During FY 2010, the Alliance will continue to implement activities targeting IDUs, SWs and MSM via small grants to local NGOs to provide prevention services for these MARPs. Prevention services include peer counseling via outreach, medical and psychological counseling by project specialists, self-help groups, referrals to AIDS Centers and other medical facilities, VCT, care and support services for HIV infected individuals, and support for clients' relatives. Local NGOs also target the



sexual partners of these MARPs; these bridge populations are critical to stemming the expansion of Ukraine's epidemic from concentrated to generalized. Due to the concentrated nature of the HIV/ADS epidemic and the difficulty of targeting and achieving multiple points of contact with individuals in these populations, the Alliance utilizes an outreach-based approach, using case management and referral systems, to implement prevention with MARPs.

The Alliance will update its peer mentoring program for MSM. During FY 2010, it will update and adapt the context of the training model and materials, train volunteer coordinators, and pilot the peer mentoring program among MSM in Odessa and Kyiv. Based on pilot results, the Alliance will produce and disseminate a final version of materials to its partner organizations.

The Alliance's activities help improve health care systems in the areas of decentralized service delivery and building the role of NGO providers in the substantive provision of HIV/AIDS services. In light of the high levels of stigma and discrimination directed at MARPs, and the reluctance of many MARPs to utilize public sector health facilities, local NGOs are critically positioned to provide and support service delivery to MARPs. Via the Alliance, the USG has contributed substantially toward decentralized non-public sector HIV/AIDS service delivery.

Via its "Onward Grant" Program, the Alliance has competitively issued subawards to 29 Ukrainian NGOs to conduct prevention activities targeted to MARPs. These services include prevention education outreach, case management, referrals, and medication assisted therapy (MAT) to IDUs. The organizations have received training and support in human resource management, financial management, technical updates, advocacy, and monitoring and evaluation. Additionally, as a larger inter-linked entity they have played an increasingly critical role in advocacy for health care reform in Ukraine.

During FY 2010, the Alliance will continue to provide technical support and mentoring to these local organizations. Supporting linkages include policy reform in decentralized health care; to this end, the USG will continue to work with the GOU to build a legislative framework for NGO service delivery (ref: Technical Area Narrative, OHSS).

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	IDUP	1,300,000	

**Narrative:**

Ukraine has the most severe HIV/AIDS epidemic in Europe and the Commonwealth of Independent States (CIS). With an estimated HIV prevalence rate of 1.6 percent among the adult population ages 15-49, the epidemic remains concentrated among most at risk populations (MARPs), primarily in injection

drug users (IDUs). It is estimated that there are between 325,000 and 425,000 IDUs in Ukraine, and sentinel surveillances studies in multiple regions from the past few years estimate HIV prevalence in IDUs to range from 18 to 62.8 percent, with 95,000 of their non-IDU partners infected as well. With an average age of 20-29, the age of initiation of injecting drug use ranges from 13 to 30 years of age with initiation of drug use occurring earlier among males than females.

The Alliance will build on its work conducted during FY 2009 in piloting a medication assisted therapy (MAT) program to 150 IDUs in the three most affect oblasts in Ukraine (Kyiv, Odessa, and Donetsk). The pilot also tested linkages to ART and TB treatment for HIV infected IDUs. During FY 2010, the Alliance will expand MAT services, accompanying psychosocial support, and referrals to treatment and care to at least 300 HIV infected IDUs in the three pilot oblasts as well as in two additional oblasts. Of the IDUs targeted, at least 30% will be women. Comprehensive prevention services for IDUs will also target their sexual partners.

The Alliance will continue to manage subaward agreements with implementing local NGOs, conduct trainings among project staff, psychologists, social workers, and health care providers, and finalize clinical indicators for MAT projects. During FY 2010, the Alliance will award two new awards to local NGO to implement the expansion of MAT services to IDUs, and procure methadone for MAT clients. MAT work under SUNRISE will pilot comprehensive HIV/ TB/ STI referral systems for HIV infected IDUs, and advocate for the prescription and supervision of ARV treatment at the same health care institutions where IDUs receive MAT..

As part of a wider rollout of MAT services, the Alliance will work closely with WHO, CDC, USAID, MOH, and local organizations in testing new models for MAT provision in a variety of settings (mid to low resource, facility versus NGO service provision, etc.). This includes the adaptation of approaches, tools, referrals systems, and materials for each model and approach, and baseline assessments. This assessment will include a cost effectiveness analysis of MAT models (ref: CDC TBD SI, WHO IDUP).

Additionally, WHO will conduct a quality and cost assessment of the Alliance-supported delivery of integrated MAT packages (ref: implementing mechanism WHO). This technical assistance will provide critical direction in standardizing quality throughout MAT programs.

In early FY 2010, the Alliance will support two study tours to Lithuania and China for key stakeholders to investigate models and approaches to MAT delivery in a variety of settings. Participants will present their findings and recommendations at the local and national levels as a key information and advocacy tool to lead to revised MAT implementation models. The Alliance will facilitate the development of guidelines for MAT service delivery with a focus on implementing a continuum of services from prevention through

care.

Throughout the expansion of MAT services, the Alliance will provide technical assistance to local NGOs in data collection, data quality, and results monitoring. This information will feed into national and regional reporting. The Alliance will assist with the analysis of key MAT program results and present results to the regional government, the MOH, and the wider community on an annual basis.

The Alliance will develop a module of gender-based interventions for female drug users, and reach at least 100 female IDUs with prevention services. The Alliance will support implementation of the pilot project using local NGOs in three sites, thus building the capacity of Ukrainian civil society to provide gender-sensitive IDU services. The Alliance will conduct a baseline assessment at pilot initiation and provide oversight and supportive supervision to each of the local NGOs implementing the intervention. The Alliance will then conduct a follow up assessment and evaluation in FY 2011, disseminate results, and produce program and communications materials.

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 10616</b>	<b>Mechanism Name: HIV/AIDS Service Capacity Project</b>
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: The Futures Group International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

<b>Total Funding: 2,000,000</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	900,000
GHCS (USAID)	1,100,000

### Sub Partner Name(s)

All Ukrainian Network of People	Coalition of HIV Service	
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Living with HIV/AIDS	Organizations	
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## Overview Narrative

Futures Group International has a five year Cooperative Agreement, ending 2012, to implement the "HIV/AIDS Service Capacity Project in Ukraine" (USCP). The project's purpose is to reduce HIV transmission and improve the quality of life for those affected by expanding access to quality HIV/AIDS prevention, diagnosis, treatment, care, and support services for most-at-risk populations, including IDUs, SWs, OVC, MSM, and prison populations. The project, as designed, contributes to this goal by enhancing the policy environment, strengthening the institutional capacity of individual HIV/AIDS service organizations, building links between organizations to enhance access to a continuum of care for HIV-affected individuals and families, and developing and testing new approaches to reach the most marginalized risk groups.

USCP activities support the achievement of all three of Ukraine's forthcoming Partnership Framework goals: to reduce HIV transmission among most-at-risk populations (MARPs); to improve the quality and cost effectiveness of HIV prevention, care, and treatment services for MARPs; and to strengthen national and local public and NGO entity capacity to achieve Ukraine's National AIDS Program objectives, through a broad range of activities to strengthen the policy environment and build capacity of NGOs and the public sector to plan, manage and monitor the National AIDS Program.

The project receives funding in health systems strengthening aimed at strengthening the role and capacity of NGOs supported through the Global Fund to implement HIV/AIDS activities. Project activities are closely leveraged with those of the Global Fund, and project advocacy efforts coordinate with those of the Global Fund to promote increased state funding for MARP programming.

In USCP's monitoring and evaluation plan, it is expected that the project will achieve the following tangible outcomes by the end of the award:

- 30 local organizations provided with technical assistance for HIV-related policy development
- 80 individuals trained in HIV-related policy development
- 200 individuals training in HIV-related community mobilization for prevention, care, and/or treatment
- 150 local organizations provided with technical assistance for HIV-related institutional capacity building
- 800 individuals trained in HIV-related institutional capacity building
- 450 individuals trained in counseling and testing according to national and international standards
- Three advisory groups to work with most marginalized MARPs established and supported to be more involved with program and policy development



USCP supports the USG strategy for health systems strengthening and policy reform to support access to high quality service delivery by NGO and public sector entities with improved technical and institutional capacity. With prior year USG funding, USCP has supported increased collaboration between public, private, and civil society stakeholders in addressing legal, regulatory, policy, and fiscal issues to reduce barriers to HIV/AIDS health care. This has been achieved through support to multi-sectoral policy development groups at the oblast level, and six multi-sectoral policy development groups that work with the Ministry of Health (MOH) and Ministry of Family, Youth, and Sports (MFYS) at the national level. Issues addressed through the working group fora include HIV legislation, HIV voluntary counseling and testing (VCT), medication assisted therapy (MAT), vulnerable children and adolescents, national TB and HIV Council operational planning, and procurement systems. A particular focus in policy reform has been facilitating MARPs access to high quality HIV/AIDS services.

USCP has also provided extensive training and technical assistance to increase the capacity of civil society and public sector bodies to coordinate and provide improved services to MARPs. By strengthening institutional and management skills, as well as technical capacity, USCP's USG-supported efforts are resulting in a stronger non-governmental response to the HIV/AIDS epidemic. This has significantly increased the participation and influence of civil society on national decision making in the National AIDS Program.

**Cross-Cutting Budget Attribution(s)**

(No data provided.)

**Key Issues**

(No data provided.)

**Budget Code Information**

<b>Mechanism ID:</b>	10616		
<b>Mechanism Name:</b>	HIV/AIDS Service Capacity Project		
<b>Prime Partner Name:</b>	The Futures Group International		
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>
Other	OHSS	2,000,000	
<b>Narrative:</b>			



During FY 2010, Future Group International's "HIV/AIDS Service Capacity Project in Ukraine" (USCP) will continue to provide technical support in policy reform and local NGO capacity building.

In line with the USG's wider efforts in expanding medication assisted therapy (MAT) to injecting drug users (IDUs), USCP will continue to provide technical assistance to national and regional level working groups to improve MAT-related policies, regulations, and service standards. Issues include the removal of operational barriers at the local level related to IDU access to ART within the same facilities that provide MAT. USCP will work closely with other USG-supported partners in these efforts, including the International HIV/AIDS Alliance and WHO.

USCP will facilitate collaboration between policymakers and the civil society to advocate for amendments to HIV/AIDS laws. Key issues include the legalization of VCT service provision by NGOs, the elimination of parental consent for VCT service offered to at-risk adolescent age 15 and older, the development of anti-discrimination laws and policies to ensure the legal protection of MARPs living with HIV, and the updating of TB/HIV-related issues. Advocacy efforts will seek to increase government funding for local NGOs at the regional and local levels.

During FY 2010, USCP will conduct a comprehensive policy audit that will also consider counseling and testing by assessing the types of advocacy and policy changes required to provide HIV testing services in a broad range of settings.

USCP is a major contributor to the Partnership Framework objective of fostering national and sub-national leadership in HIV/AIDS, with a focus on regional capacity building. The project collaborates closely with the MOH to ensure alignment with the GOU's overall efforts in strengthening decentralized leadership. USCP has already worked with nine regional and 28 municipal TB and HIV councils to strengthen and sustain HIV-related strategic planning, coordination, and management skills. USCP will extend capacity building to the tenth regional TB and HIV council, as well as peripheral municipal councils. USCP will work with these bodies to address key issues and barriers in integrated prevention, care, and treatment services and referral systems. USCP will also provide technical assistance in the development of regional annual work and M&E systems plans.

USCP will continue to support local NGO capacity building during FY 2010. With FY 2009 funds, the project is undertaking detailed institutional NGO assessments in order to guide strategic approach to building NGO capacity. Training themes will include fundraising, financial management and budget planning, project management, team work, public relations, monitoring and evaluation, and information resources management. USCP will provide on-site training and mentoring to local NGOs that have just entered the program.



USCP will build on previous years' efforts in leadership training for people living with HIV/AIDS (PLWHA) and most-at-risk populations (MARPs) leaders. This has included advocacy and communications skills for MARP leaders who interact with community and government officials in policy development. In FY 2010, MARPs leaders will receive further training in advocacy as well as in leadership development and organizational management. USCP will continue to support local NGO workers and physicians who were trained in FY 2009 as Master Trainers to conduct stigma reduction sessions with health care providers

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 11757</b>	<b>Mechanism Name: US Peace Corps</b>
Funding Agency: U.S. Peace Corps	Procurement Type: USG Core
Prime Partner Name: U.S. Peace Corps	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No
<b>Total Funding: 72,000</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	72,000

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative

Peace Corps\Ukraine supports the USG PEPFAR Strategy and the Partnership Frameworks by continuing to focus on prevention and building the capacity of NGOs providing services to MARPs, and thus contributing to Objective One of PEPFAR Partnership Frameworks ("Expand coverage of prevention activities in defined areas among targeted most-at-risk adolescents, including youth who inject drugs, are MSM or CSW, who live and / or work in the streets, and at-risk youth in impoverished areas"). Primarily focused on young people most at risk for using drugs and engaging in sex work before they initiate these behaviors (but also benefiting older populations), PC/Ukraine's HIV prevention program addresses misconceptions about HIV, risky behaviors and stigma and discrimination towards people living with HIV and MARPs. Besides general youth, Volunteers and community counterparts target the following most-at-



risk populations: orphans, children from single-parent homes or families experiencing alcohol abuse or domestic violence; street youth; adolescents at risk of initiating injection drugs use (non-injecting drug users); Roma communities (on-going projects in several communities in Zakarpatska Oblast)

At more than 300 Volunteers, Peace Corps/Ukraine is the agency's largest program and is poised to grow in FY10-11. Each of PC/Ukraine's three projects – Youth Development, Community Development, and TEFL includes an HIV prevention component. Volunteers in all three sectors receive training in developing HIV prevention outreach and capacity building activities with their counterparts. Most Peace Corps Volunteers involved in HIV prevention activities serve in medium-sized towns and Rayon Centers that are often close to large urban areas and industrial centers; they also serve in all Oblast centers, as well as rural areas. Volunteers serve in all areas that have been impacted by HIV/AIDS most - Mykolayiv, Donetsk, Odessa, Lugansk, etc. Peace Corps partners with local organizations, such as the All-Ukrainian Network for People Living with HIV/AIDS, to conduct pre- and in-service trainings for Volunteers and their counterparts. Trainings focus on behavior change communication and appropriate ways to address risky behaviors and reach at-risk populations (such as orphans and street children) with prevention interventions.

Peace Corps Volunteers and their counterparts receive training in monitoring and evaluation and report their activities in a standardized reporting tool (called Volunteer Reporting System), as well as monitoring spreadsheets for PEPFAR-funded projects. Peace Corps/Ukraine staff provide oversight by reviewing these reports and through periodic site visits and discussions with Volunteers' counterparts and supervisors. The training in monitoring and evaluation will be re-designed to reflect the next generation indicators.

**Cross-Cutting Budget Attribution(s)**

Human Resources for Health	72,000
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**Key Issues**

(No data provided.)

**Budget Code Information**

<b>Mechanism ID:</b> 11757
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<b>Mechanism Name:</b>	<b>US Peace Corps</b>		
<b>Prime Partner Name:</b>	<b>U.S. Peace Corps</b>		
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>
Prevention	HVAB	22,000	

**Narrative:**

PC/Ukraine's AB activities are aimed at raising the level of information about HIV prevention and reducing major misconceptions about HIV. Most Peace Corps Volunteers involved in HIV prevention activities serve in medium-sized towns and Rayon Centers that are often close to large urban areas and industrial centers; they also serve in all Oblast centers, as well as rural areas. Volunteers serve in all areas that have been impacted by HIV/AIDS most - Mykolayiv, Donetsk, Odessa, Lugansk, etc. Reducing stigma towards PLWH is a primary component of all AB activities. AB prevention activities target at risk 15-24 year olds before they initiate risky behaviors and address various aspects of young people's life. Activities also involve a diversity of change agents, including peers, parents, teachers and school nurses, representatives of state departments for social services for youth. Volunteers integrate HIV prevention interventions into their work in the Education, Youth Development, and Community Development sectors.

Beginning in FY09, all Peace Corps/Ukraine Volunteers are trained on how to design and execute individual and/or small group level prevention interventions that are evidence-based or meet a minimum set of standards. Timely feedback is given to Volunteers by programming staff when their activities can be strengthened, their reporting is insufficient, or their activities do not align with PC/Ukraine's overall goals in each technical area.

Volunteers have used the PEPFAR-funded small grants program called VAST as an important instrument of building an HIV prevention system in local communities. The Volunteers use this system to conduct local HIV prevention trainings and provide otherwise scarce resources (e.g., brochures, lesson plans, etc). Most projects entail a Training of Trainers (e.g., for teachers/peer educators), followed by a series of trainings in schools and colleges by the newly trained trainers, and other activities in the community, such as small group interventions with young people, service providers, or other groups; and awareness events. Behavior change communication (BCC) is an important aspect of all Peace Corps/Ukraine program. BCC in HVAB includes building skills to resist peer pressure and delay sexual debut, and to lead a healthy life (abstain from smoking, alcohol and other harmful habits). Volunteers and communities implementing PEPFAR-funded projects are trained to administer pre-training tests and post-training tests one month after the training. The tests include a section on behavior change, and the results are reported in project completion reports.



As part of teaching English as a foreign language, TEFL Volunteers integrate Life Skills in their work, both during in-class English language lessons and as part of extracurricular activities (introducing topics of HIV/AIDS and building life skills as part of youth clubs). To promote sustainability, most projects involve regional governments and parents. High quality printed information is also made available for distribution in local communities.

Peace Corps Volunteers catalyze community-level linkages between municipalities, education institutions and NGOs, Centers for Social Services, and health centers, thus contributing to the broad goal of improving universal access to prevention, care and treatment services.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	50,000	

**Narrative:**

PC/Ukraine's other prevention activities, aim to raise the level of awareness and reduce major misconceptions about HIV, promote behavior change among MARPs, and reduce stigma and discrimination towards at-risk populations, including PLWH. Targeted behaviors include unprotected sex, sex with IDUs, and injecting drug and alcohol use. Volunteers and community counterparts target the following most-at-risk populations: adolescents from single-parent homes or families experiencing alcohol abuse or domestic violence; street youth; adolescents at risk of initiating injection drugs use (non-injecting drug users); Roma communities.

Most Peace Corps Volunteers involved in HIV prevention activities serve in medium-sized towns and Rayon Centers that are often close to large urban areas and industrial centers; they also serve in all Oblast centers, as well as rural areas. Volunteers serve in all areas that have been impacted by HIV/AIDS most - Mykolayiv, Donetsk, Odessa, Lugansk, etc.

Volunteers integrate HIV prevention interventions into their work in the Education, Youth Development, and Community Development sectors. Beginning in FY09, all Peace Corps/Ukraine Volunteers are trained on how to design and execute individual and/or small group level prevention interventions that are evidence-based and meet a minimum set of standards. Timely feedback is given to Volunteers by programming staff when their activities can be strengthened, their reporting is insufficient, or their activities do not align with PC/Ukraine's overall goals in each technical area.

Volunteers have used the PEPFAR-funded small grants program (called VAST) as an important instrument of building an HIV prevention system in local communities. The Volunteers use this system to conduct local HIV prevention trainings and provide otherwise scarce resources (e.g., brochures, lesson plans, etc). Most projects entail a Training of Trainers (e.g., for teachers/peer educators), followed by a



series of trainings in schools and colleges by the newly trained trainers, and other activities in the community, such as small group interventions with at-risk youth, service providers, or other groups; and awareness events High quality printed information is also made available for distribution in local communities.

A critical component in HVOP programming is Behavior Change Communication (BCC) promoting messages of avoiding unprotected sexual relations, sharing needles, and engaging in sexual relations with multiple partners, resisting peer pressure, and going through periodic HIV tests. The BCC activities include interactive trainings, with role-plays, situation analysis, and peer support. Volunteers and communities implementing PEPFAR-funded projects are trained to administer pre-training tests and post-training tests one month after the training. The tests include a section on behavior change, and the results are reported in project completion reports.

To promote sustainability, most projects involve regional governments. Peace Corps Volunteers catalyze community-level linkages between municipalities, education institutions (schools, colleges, vocational schools, universities, and orphanages) and NGOs, Centers for Social Services, libraries, and health centers, thus contributing to the broad goal of improving universal access to prevention, care and treatment services. Where possible, PCVs and counterparts utilize local resources, and in some cases, they help create links between organizations working in different communities within a region or an Oblast.

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 12084</b>	<b>Mechanism Name: GH Tech Project</b>
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: QED Group, LLC	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

<b>Total Funding: 200,000</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	200,000



**Sub Partner Name(s)**

(No data provided.)

**Overview Narrative**

During FY 2010, USAID will continue to access technical support for the PEPFAR-funded health portfolio through the Global Health Technical Assistance Project (GH Tech), managed by The QED Group.

Key areas of assistance from the GH Tech Project might include:

- Program Evaluations
- Health Sector Assessments
- Program Designs
- Technical Program Assistance
- Convening of Consultative Groups
- Research Tracking
- Dissemination of Lessons Learned
- Technical Reviews

**Cross-Cutting Budget Attribution(s)**

(No data provided.)

**Key Issues**

(No data provided.)

**Budget Code Information**

<b>Mechanism ID:</b> 12084			
<b>Mechanism Name:</b> GH Tech Project			
<b>Prime Partner Name:</b> QED Group, LLC			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	200,000	
<b>Narrative:</b>			
With FY 2010, the mission will continue to source technical support for the PEPFAR-funded health			



portfolio through the Global Health Technical Assistance Project (GH Tech), managed by The QED Group.

**Implementing Mechanism Indicator Information**

(No data provided.)

**Implementing Mechanism Details**

<b>Mechanism ID: 12085</b>	<b>Mechanism Name: TBD: HIV/AIDS Policy Assessment</b>
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
<b>Funding Source</b>	<b>Funding Amount</b>
Redacted	Redacted

**Sub Partner Name(s)**

(No data provided.)

**Overview Narrative**

This TBD implementing mechanism will support the forthcoming Partnership Framework objective by undertaking a comprehensive audit of policies, laws, and regulations related to HIV/AIDS, MARPs, and access to services to provide baseline information on policy. The audit will be followed by the development of a policy agenda/strategy that will guide technical inputs and progress during the second phase of PEPFAR programming in Ukraine. The policy reform agenda will address, among other issues, human resources for health, gender, children and adolescents, counseling and testing, access to low cost medications, stigma and discrimination, and multi-sectoral responses. In addition, the implementing mechanism will provide technical assistance to the Government of Ukraine (GOU) and USG-supported partners in advocacy for related policy reform.



### Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	REDACTED
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### Key Issues

Increasing gender equity in HIV/AIDS activities and services

### Budget Code Information

<b>Mechanism ID:</b> 12085			
<b>Mechanism Name:</b> TBD: HIV/AIDS Policy Assessment			
<b>Prime Partner Name:</b> TBD			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	Redacted	Redacted

#### Narrative:

This TBD implementing mechanism will support the forthcoming Partnership Framework objective by undertaking a comprehensive audit of policies, laws, and regulations related to HIV/AIDS, MARPs, and access to services to provide baseline information on policy. The audit will be followed by the development of a policy agenda/strategy that will guide technical inputs and progress during the second phase of PEPFAR programming in Ukraine. The policy reform agenda will address, among other issues, human resources for health, gender, children and adolescents, counseling and testing, access to low cost medications, stigma and discrimination, and multi-sectoral responses. In addition, the implementing mechanism will provide technical assistance to the Government of Ukraine (GOU) and USG-supported partners in advocacy for related policy reform.

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID:</b> 12086	<b>Mechanism Name:</b> TBD: HIV Prevention
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	



Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
<b>Funding Source</b>	<b>Funding Amount</b>
Redacted	Redacted

**Sub Partner Name(s)**

(No data provided.)

**Overview Narrative**

This TBD implementing mechanism will support the forthcoming Partnership Framework objectives of reducing the level of HIV transmission among most-at-risk populations (MARPs), improving the quality and cost effectiveness of HIV prevention, care, and treatment services for MARPs and their sexual partners, and strengthening leadership, capacity, institutions, systems, policies, and resources to support National AIDS Program objectives. The implementing mechanism will conduct an extensive assessment of HIV prevention programs targeted to MARPs, with a particular focus on the quality and effectiveness of prevention services for injecting drug users (IDUs. Elements to be reviewed will include the targeting of services, reach and coverage, the delivery of a comprehensive targeted package of services and the quality of individual services in the package, referral systems, and the optimal utilization of public sector and non-governmental resources. The implementing mechanism will assess programs funded via all USG agencies. The forthcoming recommendations will form the basis of a multi-year technical assistance strategy that will aim to harmonize approaches, guidelines, standards, and quality across HIV prevention programs targeted to MARPs.

**Cross-Cutting Budget Attribution(s)**

Gender: Reducing Violence and Coercion	REDACTED
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**Key Issues**

Increasing gender equity in HIV/AIDS activities and services



### Budget Code Information

<b>Mechanism ID:</b> 12086			
<b>Mechanism Name:</b> TBD: HIV Prevention			
<b>Prime Partner Name:</b> TBD			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	Redacted	Redacted

**Narrative:**

This TBD implementing mechanism will support the forthcoming Partnership Framework objectives of reducing the level of HIV transmission among most-at-risk populations (MARPs), improving the quality and cost effectiveness of HIV prevention, care, and treatment services for MARPs and their sexual partners, and strengthening leadership, capacity, institutions, systems, policies, and resources to support National AIDS Program objectives. The implementing mechanism will conduct an extensive assessment of HIV prevention programs targeted to MARPs, with a particular focus on the quality and effectiveness of prevention services for injecting drug users (IDUs. Elements to be reviewed will include the targeting of services, reach and coverage, the delivery of a comprehensive targeted package of services and the quality of individual services in the package, referral systems, and the optimal utilization of public sector and non-governmental resources. The implementing mechanism will assess programs funded via all USG agencies. The forthcoming recommendations will form the basis of a multi-year technical assistance strategy that will aim to harmonize approaches, guidelines, standards, and quality across HIV prevention programs targeted to MARPs.

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID:</b> 12087	<b>Mechanism Name:</b> Health Systems 20/20: Health Systems Assessments in Human Resources and Financial Sustainability
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Abt Associates	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No



<b>Total Funding: 600,000</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	600,000

**Sub Partner Name(s)**

(No data provided.)

**Overview Narrative**

This implementing mechanism will support two assessments, one in human resources planning and a second in financial sustainability to determine baseline information for Partnership Framework planning in these two health system areas. Assessments will be followed by the development of related strategic plans and the startup of targeted interventions.

**Cross-Cutting Budget Attribution(s)**

Human Resources for Health	600,000
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**Key Issues**

Increasing gender equity in HIV/AIDS activities and services

**Budget Code Information**

<b>Mechanism ID:</b>	12087		
<b>Mechanism Name:</b>	Health Systems 20/20: Health Systems Assessments in Human		
<b>Prime Partner Name:</b>	Resources and Financial Sustainability		
	Abt Associates		
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>
Other	OHSS	600,000	
<b>Narrative:</b>			
This implementing mechanism will support two assessments, one in human resources planning and a second in financial sustainability to determine baseline information for Partnership Framework planning in			

these two health system areas. Assessments will be followed by the development of related strategic plans and the startup of targeted interventions.

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 12088</b>	<b>Mechanism Name: TBD: Blood Safety</b>
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
<b>Funding Source</b>	<b>Funding Amount</b>
Redacted	Redacted

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative

CDC is developing a central mechanism to provide technical assistance to Ministries of Health in Blood Safety to assist in meeting PEPFAR blood safety goals. Ukraine will participate in this mechanism. The goals for the HBML project are to assess the needs and provide the technical assistance required by the MOH to be able to 1) develop policies to allow creation of a nationally coordinated blood transfusion service; 2) develop a national strategy for creation of a low-risk volunteer donor oriented program; 3) establish a QA/QC system to cover all laboratories in the blood donation system; 4) adequately train blood system technical staff at all levels; 5) assess and improve clinical blood utilization; and 6) develop a M&E system.

In addition to additional activities identified through the assessment, the TA through this project will include the following activities:

In support of a national strategy on voluntary donorship

- Conduct KAP (knowledge, attitude and practices (behavior)) surveys among general population about



motivations and challenges for blood donations

- Provide technical assistance in IEC (information, education and campaign) development
- Develop trainings on donor recruitment based on the results of KAP surveys
- Conduct trainings for donor recruiters (25 participants in each training; total amount of participants – 25 people in each oblast .)

To introduce QA/QC system implementation in laboratories of the regional blood services

- To invite an international expert from an International Reference Laboratory (TBD) to assess laboratories of blood services and to develop strategic plan with NHRL on implementation of QA/QC system into the laboratories of blood services.
- To collaborate with international reference laboratories (experts) and the Ukrainian National HIV Reference Laboratory (NHRL) on EQAS (External Quality Assessment Schemes) by developing or purchasing panels for proficiency testing on the national level.
- To provide TA at the national level, including to the NHRL, on selection and purchasing of positive standards to use for internal controls in laboratories within blood services.
- To collaborate with other HLAB projects in ensuring the conduct of trainings for laboratory staff in blood services on introduction of QA/QC systems in the laboratory.

The Implementing Mechanism will work closely with WHO and with Global Fund implementing partners. Through these activities, the TBD HBML project would contribute to the achievement of goals 2 and 3 of Ukraine's forthcoming Partnership Framework goals: goal 2 (improved quality and cost effectiveness of HIV prevention, care, and treatment services for MARPs) and goal 3 (strengthened national and local ability to achieve Ukraine's National AIDS Program objectives).

### **Cross-Cutting Budget Attribution(s)**

(No data provided.)

### **Key Issues**

TB

### **Budget Code Information**



<b>Mechanism ID:</b> 12088			
<b>Mechanism Name:</b> TBD: Blood Safety			
<b>Prime Partner Name:</b> TBD			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMBL	Redacted	Redacted
<b>Narrative:</b>			
<p>CDC is developing a central mechanism to provide technical assistance to Ministries of Health in Blood Safety to assist in meeting PEPFAR blood safety goals. Ukraine will participate in this mechanism. The goals for the HBML project are to assess the needs and provide the technical assistance required by the MOH to be able to 1) develop policies to allow creation of a nationally coordinated blood transfusion service; 2) develop a national strategy for creation of a low-risk volunteer donor oriented program; 3) establish a QA/QC system to cover all laboratories in the blood donation system; 4) adequately train blood system technical staff at all levels; 5) assess and improve clinical blood utilization; and 6) develop a M&amp;E system.</p> <p>In addition to additional activities identified through the assessment, the TA through this project will include the following activities:</p> <p>In support of a national strategy on voluntary donorship</p> <ul style="list-style-type: none"> <li>• Conduct KAP (knowledge, attitude and practices (behavior)) surveys among general population about motivations and challenges for blood donations</li> <li>• Provide technical assistance in IEC (information, education and campaign) development</li> <li>• Develop trainings on donor recruitment based on the results of KAP surveys</li> <li>• Conduct trainings for donor recruiters (25 participants in each training; total amount of participants – 25 people in each oblast .)</li> </ul> <p>To introduce QA/QC system implementation in laboratories of the regional blood services</p> <ul style="list-style-type: none"> <li>• To invite an international expert from an International Reference Laboratory (TBD) to assess laboratories of blood services and to develop strategic plan with NHRL on implementation of QA/QC system into the laboratories of blood services.</li> <li>• To collaborate with international reference laboratories (experts) and the Ukrainian National HIV Reference Laboratory (NHRL) on EQAS (External Quality Assessment Schemes) by developing or purchasing panels for proficiency testing on the national level.</li> <li>• To provide TA at the national level, including to the NHRL, on selection and purchasing of positive standards to use for internal controls in laboratories within blood services.</li> <li>• To collaborate with other HLAB projects in ensuring the conduct of trainings for laboratory staff in blood</li> </ul>			



services on introduction of QA/QC systems in the laboratory.

The Implementing Mechanism will work closely with WHO and with Global Fund implementing partners. Through these activities, the TBD HBML project would contribute to the achievement of goals 2 and 3 of Ukraine's forthcoming Partnership Framework goals: goal 2 (improved quality and cost effectiveness of HIV prevention, care, and treatment services for MARPs) and goal 3 (strengthened national and local ability to achieve Ukraine's National AIDS Program objectives).

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 12089</b>	<b>Mechanism Name: TBD: Strengthening Capacity and Systems within the Ministry of Health</b>
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
<b>Funding Source</b>	<b>Funding Amount</b>
Redacted	Redacted

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative

The goals of the TBD MOH Capacity Building implementing mechanism are to support the MOH to develop needed capacity in Strategic Information (SI), Laboratory Strengthening, and Blood Safety. In the development of the Partnership Framework, experts from USG, GF, GOU, and other partners developed a set of needs in strategic information (with contributions from USG SI assessment May 2009); laboratory strengthening; and blood safety. Within the MOH, is the Committee on HIV, TB oversees coordination of the overall response to the HIV epidemic, including the activities of the Ukrainian AIDS



Center. The Ukrainian AIDS Center is undergoing a reorganization that creates an opportunity to significantly enhance the capacity for SI within the MOH. In August 2009, a 10 person National M&E Unit (NMEU) has been created as part of the Ukrainian AIDS Center to oversee the strategic effort to have a single M&E as part of the 'Three Ones'. Under a new director named in Q4 2009, the Ukrainian AIDS Center is administratively restructuring two affiliated laboratories to begin to serve as a National HIV Reference Laboratory eventually to be located in a single facility; in addition to technical assistance, this laboratory will need additional equipment and renovated facilities. Both of these administrative units (NMEU and NHRL) will need substantial technical assistance to develop strategic plans, policies, procedures, and staff capacity to assume their roles.

### Cross-Cutting Budget Attribution(s)

Human Resources for Health	REDACTED
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### Key Issues

(No data provided.)

### Budget Code Information

<b>Mechanism ID:</b>	12089		
<b>Mechanism Name:</b>	TBD: Strengthening Capacity and Systems within the Ministry of Health		
<b>Prime Partner Name:</b>	TBD		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	Redacted	Redacted
<b>Narrative:</b>			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	Redacted	Redacted
<b>Narrative:</b>			
The activities conducted through this project will achieve the following outcomes: Strategic Information			

- Assessment of capacity of current Monitoring and Evaluation (M&E) center
- Training of national M&E staff in HIV surveillance & strategic information data management and analysis
- Annual report of combined analysis of results of case finding surveillance system and of MARP surveillance studies
- Exercise in HIV epidemic modeling for Ukraine with NMEU and ntl & int'l partners
- Regional STD and TB center staff from all 27 regions trained in HIV surveillance
- Improved coverage of STD and TB patients with HIV testing
- Capacity developed in costing exercises and cost-effective analyses
- Evaluation of MAT outcomes and costing of alternative MAT delivery strategies
- Evaluation of ART outcomes and costing of alternative ART delivery strategies.
- Training of M&E center staff on HMIS
- Annual M&E report on HIV prevention, care, and treatment in Ukraine

#### Laboratory Strengthening

- A National HIV Reference Laboratory for HIV serology, virology, and immunological studies operational
- Implementation of QA/QC system for routine HIV serology and for rapid testing
- A national HIV laboratory policy defining the functions of the National HIV Reference Laboratory operational
- SOPs for the diagnosis and monitoring of HIV at the central and oblast level laboratories
- NHRL administrative staff are trained in laboratory administration
- All MOH/NRL staff trained in QA/QC systems
- > six supervision missions will be performed at the regional and district level annually
- Regional reference HIV laboratory staff from all 27 regions trained in QA/QC systems
- Implementation of QA/QC system in regional reference HIV laboratories in all 27 regions
- Quality assurance procedures for evaluating HIV blood assay kits, including ELISA and rapid tests (including post marketing surveillance for HIV rapid tests) operational
- Assessment of a HIV drug resistance monitoring needs completed by end of year one. Development of a HIV drug resistance monitoring plan by end of year two;

#### Blood Safety

- Assessment of needed policies, procedures, and materials for establishment of QA/QC system for screening for HIV and other blood borne pathogens to cover all 27 regions
- One hundred percent (100%) of donated blood screened per international guidelines for all blood-borne pathogens by the end of the implementation period
- One hundred percent (100%) of blood transfusion sites and blood bank centers adopted policies ensuring safe blood per international and/or international guidelines
- Technical assistance (TA) plan at the republican (national), oblast (provincial), and rayon (district) levels of the government developed;



- Strategy to support the collection of safe and sufficient blood from regular voluntary non-remunerated donors (VNRD) developed and implemented;
- Training provided to technical staff working at national, provincial, and district levels
- Monitoring and evaluation system including data management and supervision developed and implemented.

The Implementing Mechanism will work closely with Global Fund implementing partners (SI activities); WHO and the Clinton Foundation (laboratory strengthening) and WHO (blood safety). In addition, other USG partners will work directly with the GOU to strengthen these areas including a TBD NGO for strategic information, APHL and ASCP for laboratory strengthening, and a TBD NGO for blood safety technical assistance.

Through these activities, the MOH Strengthening project would contribute to the achievement of all three of the goals of Ukraine's forthcoming Partnership Framework goals: directly to goals 2 (improved quality and cost effectiveness of HIV prevention, care, and treatment services for MARPs) and 3 (strengthened national and local ability to achieve Ukraine's National AIDS Program objectives); and indirectly to goal 1 of (reduction of HIV transmission among most-at-risk populations (MARPs)). The activities would be coordinated with other partners including Global Fund, WHO.

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 12090</b>	<b>Mechanism Name: TBD: HVTB</b>
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
<b>Funding Source</b>	<b>Funding Amount</b>
Redacted	Redacted

### Sub Partner Name(s)

(No data provided.)



## Overview Narrative

The purpose of the TBD HVTB project is to supplement ongoing USG partner HVTB activities in support of better integration of TB and HIV services. Specific activities will include 1) support of the new National TB Reference Laboratory; 2) infection control improvement in TB and HIV facilities; 3) extension of improved TB/HIV monitoring and evaluation to additional regions where the burden of TB/HIV appears substantial.

In collaboration with the national TB control program and the current USG partner, the TBD would assess the needs of the new National TB Reference Laboratory to become fully functional and to assume its QA/QC role. The project will support the necessary additional training and mentoring.

The TBD would also work with USG TB infection control experts with extensive experience in Ukraine and Russia to coordinate USG-supported infection control activities (in close collaboration with WHO, the Finnish Lung Health Association, and other international partners active in this area). Building on the successful experience of USG, these partners, and Ukrainian experts in enhancing IC in Donetsk Oblast, assessments will be made of the facilities treating the largest number of MDR patients in other regions to verify their IC needs and facility –specific plans will be developed that include administrative modifications and renovations. IC trainings will continue and will be expanded beyond the current project area. The Ukrainian prison system is increasingly supportive of collaboration to improve TB infection control; the TBD partner will assess the prison system needs.

The TBD HVTB will also strengthen HIV services in TB clinics in priority regions with increasing TB and HIV rates beyond those regions included in the current USG partner's activities, with a special emphasis on assuring quality HIV testing of all TB patients with referrals of those with HIV infection to appropriate services. The Implementing Mechanism will work closely with the existing USG HVTB partner, Global Fund implementing partners, WHO and other international partners to coordinate National Reference Laboratory support, IC trainings and facility support, and expansion of TB/HIV data collection activities. Through these activities, the NGO – SI project would contribute to the achievement of goals 2 and 3 of Ukraine's forthcoming Partnership Framework: these are improved quality and cost effectiveness of HIV prevention, care, and treatment services for MARPs, and strengthened national and local ability to achieve Ukraine's National AIDS Program objectives.

## Cross-Cutting Budget Attribution(s)

(No data provided.)

## Key Issues



TB

**Budget Code Information**

<b>Mechanism ID:</b> 12090			
<b>Mechanism Name:</b> TBD: HVTB			
<b>Prime Partner Name:</b> TBD			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	Redacted	Redacted

**Narrative:**

The purpose of the TBD HVTB project is to supplement ongoing USG partner HVTB activities in support of better integration of TB and HIV services. Specific activities will include 1) support of the new National TB Reference Laboratory; 2) infection control improvement in TB and HIV facilities; 3) extension of improved TB/HIV monitoring and evaluation to additional regions where the burden of TB/HIV appears substantial.

In collaboration with the national TB control program and the current USG partner, the TBD would assess the needs of the new National TB Reference Laboratory to become fully functional and to assume its QA/QC role. The project will support the necessary additional training and mentoring.

The TBD would also work with USG TB infection control experts with extensive experience in Ukraine and Russia to coordinate USG-supported infection control activities (in close collaboration with WHO, the Finnish Lung Health Association, and other international partners active in this area). Building on the successful experience of USG, these partners, and Ukrainian experts in enhancing IC in Donetsk Oblast, assessments will be made of the facilities treating the largest number of MDR patients in other regions to verify their IC needs and facility –specific plans will be developed that include administrative modifications and renovations. IC trainings will continue and will be expanded beyond the current project area. The Ukrainian prison system is increasingly supportive of collaboration to improve TB infection control; the TBD partner will assess the prison system needs.

The TBD HVTB will also strengthen HIV services in TB clinics in priority regions with increasing TB and HIV rates beyond those regions included in the current USG partner's activities, with a special emphasis on assuring quality HIV testing of all TB patients with referrals of those with HIV infection to appropriate services. The Implementing Mechanism will work closely with the existing USG HVTB partner, Global Fund implementing partners, WHO and other international partners to coordinate National Reference Laboratory support, IC trainings and facility support, and expansion of TB/HIV data collection activities. Through these activities, the NGO – SI project would contribute to the achievement of goals 2 and 3 of



Ukraine's forthcoming Partnership Framework: these are improved quality and cost effectiveness of HIV prevention, care, and treatment services for MARPs, and strengthened national and local ability to achieve Ukraine's National AIDS Program objectives.

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 12091</b>	<b>Mechanism Name: Fogarty</b>
Funding Agency: U.S. Department of Health and Human Services/National Institutes of Health	Procurement Type: Cooperative Agreement
Prime Partner Name: NIH	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

<b>Total Funding: 100,000</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	100,000

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative

In 2010, the Ukraine program will begin to participate in an existing arrangement with the Fogarty International Center (FIC) of the U.S. National Institutes of Health to support focused trainings to develop technical capacity in HIV/AIDS disciplines. The FIC has funded 23 AIDS International Training and Research Program (AITRP) Centers for more than ten years, including several that work in countries of the former Soviet Union.

The goals of these programs is to train epidemiologists, laboratorians, clinicians, basic scientists, and other professionals in disciplines needed to better support HIV and infectious diseases research and control programs. Some typical training components of AITRP active in the Eastern European region include US Master of Science degree programs in Epidemiology, Biostatistics and Health Policy & Management; postdoctoral (usually laboratory-based) training in the U.S.; short-term in-country annual infectious disease (AIDS/HIV, TB, and other Infectious Diseases) workshops; blood banking/transfusion



medicine; and research training in socio-behavioral influences on substance-use and HIV/AIDS risk. These trainings cover skill sets important to the long term sustainability of USG-supported efforts to strengthen GOU capacity to deal with the HIV epidemic. Short term trainings are also supported, either in the U.S., host country, or regional Centers of Excellence.

In Ukraine, Fogarty activities will include support of training needs identified during the initial assessments of the new National HIV M&E unit and new National TB Reference and National HIV Reference Laboratories. A monitoring and evaluation plan will be developed to capture information on who receives training, what they have been trained on, and how their skills have improved.

Via these activities, Fogarty will directly contribute to the achievement of goals 2 and 3 of Ukraine's forthcoming Partnership Framework. These are; improved quality and cost effectiveness of HIV prevention, care, and treatment services for MARPs; and strengthened national and local ability to achieve Ukraine's National AIDS Program objectives.

Fogarty supports activities designed to strengthen health systems (OHSS) and human resources for health (HRH). The project receives funding in the technical area of laboratory strengthening. Fogarty will become more cost efficient over time through the leveraging of educational resources within Ukraine.

**Cross-Cutting Budget Attribution(s)**

(No data provided.)

**Key Issues**

(No data provided.)

**Budget Code Information**

<b>Mechanism ID:</b> 12091			
<b>Mechanism Name:</b> Fogarty			
<b>Prime Partner Name:</b> NIH			
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>
Other	OHSS	100,000	
<b>Narrative:</b>			



During FY 2010, Fogarty activities will include support of training needs identified during the initial assessments of the new National HIV M&E unit and new National TB Reference and National HIV Reference Laboratories. A monitoring and evaluation plan will be developed to capture information on who receives training, what they have been trained on, and how their skills have improved.

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 12092</b>	<b>Mechanism Name: International Lab Coalition</b>
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: International Lab Coalition	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

<b>Total Funding: 700,000</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	700,000

### Sub Partner Name(s)

Association of Public Health Laboratories	The American Society for Microbiology	
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### Overview Narrative

CDC has an existing central mechanism called the International Laboratory Coalition to provide a broad spectrum of laboratory strengthening activities. The coalition consists of four organizations: Association of Public Health Laboratories (APHL), American Society for Clinical Pathology (ASCP), American Society for Microbiology (ASM), and the Clinical and Laboratory Standards Institute (CLSI). CDC has cooperative agreements with each of the organizations.

During FY 2010, Coalition partners APHL, ASCP, and ASM will provide technical assistance to the Government of Ukraine (GOU) in TB/HIV and laboratory strengthening. It is expected that these Coalition



organizations will achieve the following outcomes by the end of the fiscal year:

- National TB Reference Laboratory (NHRL) has strategic plans for: QA/QC of TB diagnostic testing and culture and for adequate training of laboratory staff at all levels of the Ukrainian national TB laboratory network; assuming reference laboratory functions for the Ukrainian national HIV laboratory network; and assuring adequate training of laboratory staff at all levels of the Ukrainian national HIV laboratory network
- National TB Reference Laboratory has capacity in liquid-media culture
- National TB Reference Laboratory has QA/QC and biosafety programs in place
- Relevant National HIV Reference Laboratory staff received training in laboratory administration and QA/QC;
- National HIV Reference Laboratory QA/QC systems are implemented in all 27 regions and achieve improved quality of laboratory testing; External Quality Assessment Schemes in place
- National HIV Reference Laboratory's strategic plan for assuming reference laboratory functions for the Ukrainian national HIV laboratory network is operationalized

The International Laboratory Coalition's program directly contributes the achievement of two of Ukraine's forthcoming Partnership Framework goals and benchmarks: (1) improved quality and cost effectiveness of HIV prevention, care, and treatment services for MARPs; and (2) strengthened national and local ability to achieve Ukraine's National AIDS Program objectives. The International Laboratory Coalition will become more cost efficient over time through the leveraging of Global Fund resources and advocacy with the GOU to increase state funding for laboratory strengthening.

The International Laboratory Coalition also contributes to the USG strategy for health systems strengthening in laboratory systems, and national and regional leadership in health care. This is in line with Ukraine's National AIDS Program strategic goals and objectives, which include the national provision of TB and TB/HIV services as outlined in Ukraine's National TB Control Plan, 2007 -2011. In addition, these activities support the goals outlined in the MOH new strategy on counseling, testing and laboratory diagnosis which was released in July 2009.

### **Cross-Cutting Budget Attribution(s)**

(No data provided.)

### **Key Issues**

(No data provided.)



### Budget Code Information

<b>Mechanism ID:</b>	12092		
<b>Mechanism Name:</b>	International Lab Coalition		
<b>Prime Partner Name:</b>	International Lab Coalition		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	550,000	

**Narrative:**

Association of Public Health Laboratories (APHL): APHL is composed of leading public health laboratories and through its Global Health Program works to improve laboratory capacity worldwide. APHL has extensive experience and expertise in strengthening national reference laboratories and national laboratory networks, including management and strategic planning. Since 2004, APHL has worked to strengthen national reference laboratories and laboratory networks in multiple PEPFAR countries through successive cooperative agreements with CDC. APHL staff will assess the National HIV Reference Laboratory in H1 2010 (2009 funding) and develop a plan to build the capacity of the National HIV Reference Laboratory (NHRL) through trainings (especially in laboratory management and strategic planning) and the development of capacity in quality assurance/quality control systems, including for rapid testing as well as ELISA HIV diagnostics, CD4, viral load, hematology, and chemistry. APHL will work with the Ukrainian National HIV Reference Laboratory (NHRL) on EQAS (External Quality Assessment Schemes) to develop or purchase panels for proficiency testing on the national level for these tests.

APHL will also assist the NHRL with management training and to develop sound laboratory policies to help strengthen the tiered HIV laboratory system throughout Ukraine.

It is expected that APHL will achieve the following tangible outcomes by the end of the project:

- National HIV Reference Laboratory (NHRL) has a strategic plan for assuming reference laboratory functions for the Ukrainian national HIV laboratory network
- Train all relevant NHRL staff in laboratory administration
- Train all NHRL staff in QA/QC
- Implementation of QA/QC systems in all 27 regions

American Society for Clinical Pathology (ASCP): since August 2005, the ASCP Global Outreach Program has partnered with CDC to provide laboratory training and implement laboratory quality improvement



initiatives in resource-constrained countries. ASCP provides in-service laboratory training to working laboratorians so that they may update skills in preparation for the use of new technologies that will enhance and improve the diagnosis and laboratory monitoring of HIV/AIDS patients.

Sustainability of this effort is provided through training of trainer (TOT) workshops, which develop master trainers from in-country senior laboratorians. ASCP also works to improve pre-service training for laboratory professionals in these new technologies. ASCP staff will build the capacity of laboratories in the Ukrainian HIV laboratory network through trainings and systems improvements. Based on the results of a laboratory assessment to be completed during the first half of 2010, ASCP staff will develop a strategic plan with leadership of the NHRL to build the capacity of the laboratory staff in the multi-tiered laboratory system through trainings in laboratory techniques, quality control, and other needed areas. ASCP will assist the staff of the NHRL to implement the plan. ASCP will also assess the Ukrainian laboratory technician training system and work the Ministry of Education and Science to develop a consensual workplan for the revision of curriculum to aid in teaching laboratory focused methods and courses.

It is expected that ASCP will achieve the following tangible outcomes by the end of the project:

- National HIV Reference Laboratory (NHRL) has a strategic plan for assuring adequate training of laboratory staff at all levels of the Ukrainian national HIV laboratory network
- Training of relevant laboratory staff resulting in improved quality of laboratory testing in all 27 regions

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	150,000	

**Narrative:**

American Society for Microbiology (ASM): in Ukraine, tuberculosis is the most common serious opportunistic infection and is the leading cause of death from AIDS. Rapid and accurate diagnosis of tuberculosis is critical to reducing morbidity and mortality from HIV. Through previous USG and international support, the National TB Reference Laboratory has introduced liquid-media TB culture to speed diagnosis; however, major technical assistance needs remain in developing cost-effective liquid media use, quality assurance, and infection control. In FY 2010, the Ukraine program will begin to participate in an existing centrally managed contract with ASM to support development of technical capacity of personnel in the Ukrainian TB laboratory network and especially at the National TB Reference Laboratory. CDC has an existing central mechanism with ASM, whose technical experts strengthen microbiology services in multiple PEPFAR countries.



ASM technical experts (mentors) will provide in-country support for microbiology for tuberculosis, TB laboratory systems and strategic planning, standardization of protocols for cost effective testing, and good laboratory and clinical practices. ASM's major emphasis area will be to support technical and human capacity development in order to establish rapid quality-assured diagnosis of TB, including the introduction of liquid-media and molecular diagnosis, development of cost effective procedures for use of liquid-media, strengthening drug sensitivity testing (DST), and strengthening the TB external quality assurance program.

ASM supports activities designed to strengthen national HIV laboratory networks. The project receives funding in the technical area of laboratory strengthening. ASM will become more cost efficient over time through the leveraging of Global Fund resources and advocacy with the GOU to increase state funding for laboratory strengthening.

It is expected that ASM will achieve the following tangible outcomes by the end of the project:

- National TB Reference Laboratory (NHRL) has a strategic plan for QA/QC of TB diagnostic testing and culture and for adequate training of laboratory staff at all levels of the Ukrainian national TB laboratory network
- National TB Reference Laboratory has algorithms for cost-effective utilization of liquid-media culture and DST
- National TB Reference Laboratory has QA/QC and biosafety programs in place

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 12093</b>	<b>Mechanism Name: ITECH</b>
Funding Agency: U.S. Department of Health and Human Services/Health Resources and Services Administration	Procurement Type: Cooperative Agreement
Prime Partner Name: University of Washington	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

<b>Total Funding: 300,000</b>	
<b>Funding Source</b>	<b>Funding Amount</b>



GHCS (State)	300,000
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### **Sub Partner Name(s)**

(No data provided.)

### **Overview Narrative**

In 2010, the Ukraine program began to participate in an existing centrally managed CDC cooperative agreement with International Training and Education Center for Health (ITECH) to support improvement of HIV treatment training and mentoring system in Ukraine through work with the Ukrainian AIDS Center, National HIV/TB/IDU Training Center, and the Lavra Clinic-HIV/AIDS Clinical Department of Gromashevskiy Institute. ITECH is a collaboration of units at the University of Washington Department of Global Health and the University of California San Francisco Department of Family and Community Medicine. ITECH has extensive experience and expertise in strengthening the prevention, care and treatment of HIV and other infectious diseases, work force development, health systems strengthening, and operations research and evaluation. ITECH works with PEPFAR on improving HIV health care systems, especially HIV treatment in 13 countries currently.

In collaboration with the Ukrainian AIDS Center, National HIV/TB/IDU Training Center, and the Lavra Clinic-HIV/AIDS Clinical Department of Gromashevskiy Institute, ITECH staff will 1) assess the current HIV treatment training and mentoring system; 2) develop a strategic plan for training and mentoring of sufficient HCW in HIV treatment ; 3) assist with the implementation of this plan; and strengthen the Ukrainian AIDS Center to serve as an additional reference center for HIV treatment training. A primary goal will be to strengthen the HIV treatment training and mentoring in order to enable further expansion of HIV treatment beyond the current network of regional AIDS centers. The work will include additional trainings and curricula as guided by the results of the planned assessment. ITECH will also assess and develop a plan to strengthen laboratory human resources through pre-service training (goal 3.7 of the Partnership Framework).

Via these activities, ITECH directly contributes to the achievement of goals two and three of Ukraine's forthcoming Partnership Framework, namely, improved quality and cost effectiveness of HIV prevention, care, and treatment services for MARPs; and strengthened national and local ability to achieve Ukraine's National AIDS Program objectives. In addition, these activities support the goals outlined in the National Targeted Program on AIDS for 2009 - 2013.

ITECH will become more cost efficient over time through the leveraging of Global Fund resources and advocacy with the GOU to increase state funding for human resource development in HIV/AIDS.



### Cross-Cutting Budget Attribution(s)

(No data provided.)

### Key Issues

(No data provided.)

### Budget Code Information

<b>Mechanism ID:</b> 12093			
<b>Mechanism Name:</b> ITECH			
<b>Prime Partner Name:</b> University of Washington			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	300,000	

#### Narrative:

During FY 2010, ITECH staff will assess the current HIV treatment training and mentoring system and develop a plan with the National HIV/TB/IDU Training Center and the Lavra Clinic-HIV/AIDS Clinical Department of Gromashevskiy Institute to strengthen HIV treatment training and mentoring to enable further expansion of HIV treatment using health care workers beyond the current network of regional AIDS centers. ITECH will work with the National HIV/TB/IDU Training Center, the Lavra Clinic, and the Ukrainian AIDS Center to develop a strategic plan for training and mentoring of sufficient health care workers in HIV treatment. The work will also consist of additional trainings and curricula to follow the results of the planned assessment as well as mentoring system review and further development.

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID:</b> 12094	<b>Mechanism Name:</b> TBD: Strategic Information
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	



Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
<b>Funding Source</b>	<b>Funding Amount</b>
Redacted	Redacted

### Sub Partner Name(s)

(No data provided.)

### Overview Narrative

### Cross-Cutting Budget Attribution(s)

(No data provided.)

### Key Issues

(No data provided.)

### Budget Code Information

<b>Mechanism ID:</b> 12094			
<b>Mechanism Name:</b> TBD: Strategic Information			
<b>Prime Partner Name:</b> TBD			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	Redacted	Redacted

#### Narrative:

The purpose of the NGO Strategic Information project is 1) to fill gaps in strategic information through surveillance surveys, qualitative and quantitative assessments, and other focused data collection activities and 2) to provide technical assistance to the National M&E Unit of the Ministry of Health to progressively transfer capacity to direct, analyze and use these types of data collection activities. Existing



priority needs for additional information identified in the development of the Partnership Framework by experts from USG, GF, GOU, and other partners include data on multiple aspects of the expanding medication-assisted-therapy (MAT) program, surveillance data on young IDUs and on bridge groups, and data on aspects of expanding the use of rapid testing in HIV surveillance and outreach. The newly established National M&E Center currently lacks capacity to develop and direct these types of activities.

The Implementing Mechanism will conduct an assessment of M&E Center's capacity in the different components of an effective HIV M&E system, help develop a costed strategic plan for M&E, strengthen administrative capacity, help in the compilation and analysis of programmatic data, and etc work closely with the National M&E Center to enhance their capacity for directing M&E activities, including the MARP surveillance and other data collection activities currently directed by Global Fund NGO partners.

The Implementing Mechanism will work closely with Global Fund implementing partners, who are conducting MARP surveillance and some MAT M&E, and with other partners to coordinate data collection activities.

Through these activities, the NGO – SI project would contribute to the achievement of all three of the goals of Ukraine's forthcoming Partnership Framework goals: directly to goals 2 (improved quality and cost effectiveness of HIV prevention, care, and treatment services for MARPs) and 3 (strengthened national and local ability to achieve Ukraine's National AIDS Program objectives); and indirectly to goal 1 of (reduction of HIV transmission among most-at-risk populations (MARPs)). The activities would be coordinated with other partners including Global Fund and WHO.

### Implementing Mechanism Indicator Information

(No data provided.)

### Implementing Mechanism Details

<b>Mechanism ID: 12095</b>	<b>Mechanism Name: MEASURE Evaluation Phase III</b>
Funding Agency: U.S. Agency for International Development	Procurement Type: USG Core
Prime Partner Name: University of North Carolina at Chapel Hill, Carolina Population Center	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

<b>Total Funding: 0</b>	
<b>Funding Source</b>	<b>Funding Amount</b>



## **Sub Partner Name(s)**

(No data provided.)

## **Overview Narrative**

Through Measure Evaluation, Macro International is continuing, with FY 2010 funding, to provide technical assistance initiated with FY 2009 funding to strengthen the accurate and timely collection, analysis and use of strategic information within the USG PEPFAR team, as well as by USG implementing partners and the Government of Ukraine (GOU). By the end of FY 2010, it is expected that Macro will have conducted data quality assessments (DQAs) on PEPFAR indicators and addressed issues of data quality with implementing partners; assisted the USG and its implementing partners in aligning Performance Monitoring Plans with PEPFAR New Generation Indicator requirements; and provided technical assistance to USG and implementing partner staff to improve the quality of data collection as well as data analysis, monitoring and reporting. FY 2010 funding will also support targeted technical assistance to the USG team to analyze information for PEPFAR planning and reporting purposes. Using FY 2009 funds, Measure Evaluation will also conduct an institutional and technical assessment of the National HIV/AIDS M&E Center in order to inform planning of USG assistance to this entity during FY 2010.

Macro International's technical assistance directly contributes to the achievement of planned Partnership Framework Goal Number Three, "Strengthen National and Local Leadership, Capacity, Institutions, Systems, Policies and Resources to Support the Achievement of National AIDS Program Objectives" through the strengthening of USG-supported systems for strategic information which promote improved use of data in planning, managing and monitoring programs.

## **Cross-Cutting Budget Attribution(s)**

(No data provided.)

## **Key Issues**

(No data provided.)

## **Budget Code Information**

(No data provided.)



## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

<b>Mechanism ID: 12096</b>	<b>Mechanism Name: Technical Assistance MAT</b>
Funding Agency: U.S. Agency for International Development	Procurement Type: Umbrella Agreement
Prime Partner Name: World Health Organization	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

<b>Total Funding: 0</b>	
<b>Funding Source</b>	<b>Funding Amount</b>

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

Under the World Health Organization (WHO) Umbrella Grant, during FY 2009 WHO received funding to provide targeted technical assistance to support HIV/AIDS programming in medication assisted treatment (MAT). WHO will conduct this technical assistance in FY 2010 and receive additional funding for continued technical assistance. WHO strategic technical support will provide critical direction to Ukraine's MAT programming. It is expected that WHO will achieve the following outcomes by the end of its second year of assistance:

- A review of the cost effectiveness of existing MAT models
- A quality assurance assessment of the delivery of integrated MAT packages

WHO's technical assistance directly contributes the achievement of two of Ukraine's forthcoming Partnership Framework goals and benchmarks. These are: the reduction of HIV transmission among most-at-risk populations (MARPs); and improved quality and cost effectiveness of HIV prevention, care, and treatment services for MARPs.

WHO's first tranche of technical assistance, to be conducted in 2010, will provide critical direction to Ukraine's MAT service delivery program. This includes the identification of a range of MAT treatment



models assessed for feasibility and cost effectiveness. WHO will also assist with the development of a set of standardized treatment models and related normative guidelines. In addition, WHO will support the drafting of a costed operational plan for scale up to reach National AIDS Program targets of MAT provision for 20,000 injection drug users (IDUs).

WHO supports the USG strategy for health systems strengthening in service delivery quality and improving cost effectiveness and financing of MAT services. This is in line with Ukraine's National AIDS Program strategic goals and objectives, which include the provision of MAT services to MARPs. WHO also contributes to the cross-cutting issue of gender and in particular, in increasing gender equity in HIV/AIDS activities. Among other issues, WHO will assess the effectiveness of reaching female IDUs with integrated MAT since they have considerably lower rates of accessing MAT services than their male counterparts.

**Cross-Cutting Budget Attribution(s)**

(No data provided.)

**Key Issues**

(No data provided.)

**Budget Code Information**

(No data provided.)

**Implementing Mechanism Indicator Information**

(No data provided.)

**Implementing Mechanism Details**

<b>Mechanism ID: 12097</b>	<b>Mechanism Name: Strengthening Pharmaceutical Systems (SPS)</b>
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Management Sciences for Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted



TBD: No	Global Fund / Multilateral Engagement: No
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<b>Total Funding: 150,000</b>	
<b>Funding Source</b>	<b>Funding Amount</b>
GHCS (State)	150,000

**Sub Partner Name(s)**

(No data provided.)

**Overview Narrative**

Via the field support mechanism "Strengthening Pharmaceutical Systems" (SPS), Management Sciences for Health (MSH) is providing technical assistance to strengthen pharmaceutical procurement systems to improve Ministry of Health (MOH) capacity in HIV/AIDS medications and commodities, including procurement of methadone for expansion of substitution treatment programs. This technical assistance will build on other support from MSH to be provided in 2010 in procurement and supply management systems. With FY 2010 funds, MSH will assist the MOH in the development and implementation of a national procurement and supply management strategy.

A key constraint to the effective delivery of HIV/AIDS treatment services, including substitution treatment, is poor pharmaceutical and commodity procurement and management. Particularly in the case of HIV/AIDS and TB medications and commodities, this weakness constrains Ukraine's efforts to achieve universal access to comprehensive prevention programs, treatment, care and support by 2010. The commitment of Ukraine to universal access to HIV prevention, treatment and care is a major milestone towards its achievement of Millennium Development Goal (MDG) number five to halt and begin to reverse the spread of HIV and AIDS by 2015.

Ukraine's country proposal for the Sixth Round of grants through the Global Fund to Fight AIDS, TB and Malaria indicated that a key priority for the national health system is to strengthen procurement and supply management of the MOH for HIV-related medications to ensure reliable access to essential drugs and commodities. ART coverage is meeting only a small proportion of actual needs. With projections indicating that by 2013 approximately 100,000 persons will need treatment, reliable supplies of high quality, low cost medicines are essential, and as such the national program must prepare for large scale expansion. Meeting rapidly increasing needs for reliable supplies of ART medications will require improved systems for forecasting, drug registration, tendering, quality assurance and supply management as well as increased transparency in procurement practices.



As opiate drug dependence plays an important role in HIV/AIDS transmission in Ukraine, opiate replacement programs, also known as medication assisted therapy (MAT) programs, must be rapidly scaled up as well and integrated into national HIV/AIDS programs, both as an HIV prevention measure and to support adherence to antiretroviral treatment and medical follow up for opiate dependent drug users. Currently, only a fraction of injecting drug users have access to MAT, which are an operational prerequisite for entry into antiretroviral treatment programs. If efforts to combat HIV/AIDS are to be successful, substitution treatment programs, including programs with methadone, must be expanded to increase injecting drug users' access and adherence to antiretroviral treatment. Moreover, substitution treatment services must be diversified to include substitution treatment programs for young injectors and women.

In the Round 6 Global Fund Grant, the Government of Ukraine committed itself to adopting open and transparent processes for tenders related to drug purchases. In light of the fact that US implementing partners in health have predominant capability in drug procurement and supply management systems, and building on the other work that the USG is doing to strengthen capacity of public and private sector stakeholders in HIV/AIDS, the USG should collaborate closely with WHO and other donors to assist the GOU to address structural and procedural weaknesses in MOH procurement and improve its procurement and supply management functions.

MSH's technical assistance directly contributes the achievement of two of Ukraine's forthcoming Partnership Framework goals and benchmarks. These are: improved quality and cost effectiveness of HIV prevention, care, and treatment services for MARPs; and strengthened national and local ability to achieve Ukraine's National AIDS Program objectives.

MSH contributes to the USG strategy for health systems strengthening in service delivery quality, and national, regional, and local leadership in health care. This is in line with Ukraine's National AIDS Program strategic goals and objectives, which include strengthened procurement and supply management systems aligned to international standards.

**Cross-Cutting Budget Attribution(s)**

Human Resources for Health	150,000
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**Key Issues**

(No data provided.)



### Budget Code Information

<b>Mechanism ID:</b>	<b>12097</b>		
<b>Mechanism Name:</b>	<b>Strengthening Pharmaceutical Systems (SPS)</b>		
<b>Prime Partner Name:</b>	<b>Management Sciences for Health</b>		
<b>Strategic Area</b>	<b>Budget Code</b>	<b>Planned Amount</b>	<b>On Hold Amount</b>
Other	OHSS	150,000	

**Narrative:**

With FY 2009 Partnership Framework funding, MSH will assist the MOH to investigate widespread weaknesses in the procurement and supply management system. During calendar year 2010, activities will include an assessment of the procurement system to look at tendering, management, and monitoring processes, analyze some of the areas of vulnerability for corruption, and develop plans to address vulnerabilities using best international practices. Within this, MSH will look at the gaps and inconsistencies in policy planning to enable proper procurement planning.

In addition, MSH will also provide technical assistance to the MOH to develop and document procurement policy and standards guidelines. This would help create a system of checks and balances, and allow the adoption of auditing procedures and other internal controls. The establishment of appropriate procurement management structures would ensure separation of functions and responsibilities. Other issues include transparency in drug management processes, instituting supplier prequalification and performance monitoring systems to ensure provision of quality products at reasonable cost and in a timely manner, and make price information widely available using a tool such as the MSH/WHO International Price Guide.

With FY 2010, MSH will collaborate with the MOH to use the resulting analyses and recommendations to develop a Procurement and Supply Management Strategy. Additionally, MSH will provide technical assistance to the MOH in the implementation and institutionalization of this strategy, the exact nature of which will be identified within the national strategy. MSH will also support advocacy efforts arising from the resulting recommendations, and provide technical assistance as required to align policies, systems, and procedures to international standards.

MSH will work closely with USG, the Global Fund, other donor organizations, and key stakeholders throughout this process; the enactment of procurement and supply management systems aligned to international standards has far-reaching impact beyond the implementation of PEPFAR-funded HIV/AIDS



service delivery.

**Implementing Mechanism Indicator Information**

(No data provided.)



## USG Management and Operations

1.  
Redacted
2.  
Redacted
3.  
Redacted
4.  
Redacted
5.  
Redacted

### Agency Information - Costs of Doing Business U.S. Agency for International Development

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
Computers/IT Services				25,941		25,941
ICASS				2,400		2,400
Institutional Contractors				350,000		350,000
Management Meetings/Professional Development				108,000		108,000
Non-ICASS Administrative Costs				185,466		185,466
Staff Program Travel				10,000		10,000
USG Staff Salaries and Benefits				316,193		316,193



<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>998,000</b>	<b>0</b>	<b>998,000</b>
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**U.S. Agency for International Development Other Costs Details**

Category	Item	Funding Source	Description	Amount
Computers/IT Services		GHCS (State)		25,941
ICASS		GHCS (State)		2,400
Management Meetings/Professional Development		GHCS (State)		108,000
Non-ICASS Administrative Costs		GHCS (State)		185,466

**U.S. Department of Health and Human Services/Centers for Disease Control and Prevention**

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
Capital Security Cost Sharing				45,000		45,000
Computers/IT Services				60,000		60,000
ICASS				80,000		80,000
Non-ICASS Administrative Costs				80,000		80,000
Staff Program Travel				42,000		42,000
USG Staff Salaries and Benefits				493,000		493,000
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>800,000</b>	<b>0</b>	<b>800,000</b>



**U.S. Department of Health and Human Services/Centers for Disease Control and Prevention Other Costs Details**

Category	Item	Funding Source	Description	Amount
Capital Security Cost Sharing		GHCS (State)		45,000
Computers/IT Services		GHCS (State)		60,000
ICASS		GHCS (State)		80,000
Non-ICASS Administrative Costs		GHCS (State)		80,000

**U.S. Peace Corps**

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
Non-ICASS Administrative Costs				2,100		2,100
Peace Corps Volunteer Costs				189,600		189,600
Staff Program Travel				2,000		2,000
USG Staff Salaries and Benefits				64,300		64,300
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>258,000</b>	<b>0</b>	<b>258,000</b>

**U.S. Peace Corps Other Costs Details**

Category	Item	Funding Source	Description	Amount
Non-ICASS Administrative Costs		GHCS (State)		2,100

