



Ukraine
Operational Plan Report
FY 2012



Operating Unit Overview

OU Executive Summary

Executive Summary: COP FY 2012 Ukraine

Country Context

Ukraine is experiencing the most severe HIV/AIDS epidemic in the European region and the Commonwealth of Independent States, and requires a long-term, sustained national response. HIV infections currently threaten public health in Ukraine, and may continue to expand in the absence of well designed and executed HIV/AIDS services targeted to most-at-risk populations (MARPs).

At end of 2009, the estimated HIV prevalence among the adult (15-49 year old) age group was 1.29%. UNAIDS estimates that there are 350,000 people living with HIV (PLHIV). The reported cumulative number of clients registered with the national AIDS Centers by the end of 2009 was 161,119. The annual number of newly reported cases of HIV infection has been constantly increasing, with the number of new cases reported to be 19,840 in 2009, compared to 12,491 in 2005 and 6,212 in 2000.

The HIV epidemic in Ukraine continues to be driven by unsafe drug injection and sexual practices, and remains concentrated among MARPs, including injecting drug users (IDUs), prisoners, female sex workers (FSWs), men who have sex with men (MSM), and the sexual partners of these populations.

Since 2007, the reported primary mode of HIV transmission seems to be shifting from injecting drug use to sexual transmission through the partners of MARPs, showing a changing epidemic pattern and the necessity to focus future prevention efforts increasingly on changing sexual behaviors of MARPs while continuing to scale up harm reduction activities for male and female IDUs. Epidemiological data do not reveal a significant proportion of new HIV infections within the general population that would be independent of sexual and IDU transmission linked to MARPs. The shift in the epidemic might be linked to nearly universal screening of pregnant women. Additionally, it is important to further investigate the effect of overlapping risk behaviors in HIV transmission since currently this is not captured by Ukraine's surveillance system, such as FSW and street children who inject drugs.

The proportion of young people aged 15-24 years among the newly reported cases of HIV has decreased in the recent years from 16% in 2006 to 12% in 2009. Almost two-thirds (64%) of the registered HIV cases are in the age group 25-49 years. The gender distribution shows a proportion of 55% men to 45% women of new HIV cases in 2009, with the proportion of women infected increasing over time, whether due to near universal testing of antenatal attendees, the natural progression of the epidemic, or increased risk is



hard to determine. The epidemic continues to affect mostly urban areas, with only 21% of new cases in 2009 registered in rural areas.

Since 2002, the United States Government (USG) has worked with the Government of Ukraine (GOU), other donors, multilateral and international agencies, non-governmental organizations and the private sector to prevent transmission of HIV and contain the spread of HIV among most-at-risk populations. The current program of assistance supports GOU efforts to: strengthen the HIV/AIDS policy and legislative environment; expand prevention and care information and services to vulnerable populations, including access to Medication Assisted Treatment (MAT) for IDUs; reduce the stigma and discrimination associated with HIV/AIDS; and build governmental and nongovernmental (NGO) capacity to plan, implement, manage and monitor Ukraine's National AIDS Program. Other assistance components include strengthening national systems and infrastructure, including strategic information, national reference laboratory networks, care and treatment systems, and blood safety. A small grants program and technical assistance support HIV prevention activities at the community level, and the USG works with the Ukrainian military to expand their HIV prevention response.

With the 2008 reauthorization of the President's Emergency Plan for AIDS Relief (PEPFAR) and the launch of the Obama Administration's Global Health Initiative, the U.S. has placed renewed emphasis on deepening U.S.-host country partnerships and strengthening country capacity to support a more sustainable, resourced response to combat HIV/AIDS. Through the Partnership Framework, which was signed in February 2011, the U.S. is building upon its bilateral investments to date, enhance alignment of Partnership programs with those of key stakeholders such as UNAIDS, the Global Fund, the Clinton Foundation, the International Renaissance Foundation, and WHO and other UN agencies, and make optimal use of civil society and private sector to expand program reach and scope. Key coordination fora include the Global Fund Country Coordination Mechanism (CCM) and Partnership Framework coordination meetings.

Recently there has been some notable achievements in the national HIV/AIDS response. Ukraine has identified the failure to meet Millennium Challenge goals in HIV/AIDS as a serious concern for GOU at the September 2010 UN General Assembly meeting. Both domestic and international sources of funding for HIV/AIDS financing in Ukraine have grown during the past few years, and GOU commitments substantially increased. In support of its HIV programs, Ukraine has received over \$130M during rounds 1 and 6 from Global Fund and hopes to receive over \$305M through Global Fund Round 10 funding starting with 2012. USG support to Ukraine is small in comparison to national expenditures on HIV and AIDS and to the Global Fund grants; the USG uses its limited funding to fill strategic gaps in Global Fund and MOH programming and to provide targeted technical assistance.



Other achievements include the recent passing of a new law that underlines support for MAT and comprehensive prevention services, and expands the capacity of NGOs to provide HIV services. With support from PEPFAR, the Global Fund, and other donors, Ukraine is expanding the provision of comprehensive prevention programs for PLHIV.

PEPFAR Focus in FY 2012

USG/Ukraine's FY 2012 Country Operational Plan (COP) is designed to contribute to the achievement of the USG's Global Health Initiative, referred to as the GHI Strategy for Ukraine, and the USG and GOU HIV/AIDS Partnership Framework. The GHI Strategy for Ukraine is currently in the process of approval. The vision under GHI is to enable Ukraine to achieve a level of health care comparable to the countries in Western Europe. USG/Ukraine, through the principles of GHI, will seek opportunities to leverage its experience and technical know-how to advance improvements in the overall health sector in Ukraine via its existing programs. This will include areas such as policy, health information systems, procurement and supply management, support to civil society and integrated messages through communication and programmatic outreach activities.

The President's Emergency Plan for AIDS Relief (PEPFAR) Partnership Framework is the foundation for a strategy that seeks to encourage country ownership and country-led plans, leverage other donors and stakeholders and improve collaboration for improved data and metrics. As a technical assistance model PEPFAR country, strengthened health systems and the promotion of an improved legal and regulatory framework are critical elements of the Ukraine PEPFAR program. Interventions conducted und COP FY 2012 are designed to promote the sustainability of the National HIV Response and support the principles of GHI and the Partnership Framework.

USG/Ukraine's key priorities under FY 12 COP include:

- Continue to support and coordinate activities under the Ukrainian national HIV/AIDS response with the Government of Ukraine (GOU), Global Fund, Country Coordinating Mechanism (CCM), and Principal Recipients as the Round 10 grant is initiated.
- Strengthen the GOU's procurement and supply management policies, procedures, and oversight, with a focus on building the capacity of the Global Fund Round 10 Principal Recipient, UAC, to perform against grant requirements.
- Scale up of the provision of state-of-the-art comprehensive prevention, care, and treatment services to most-at-risk populations in Ukraine, with a focus on building civil society service delivery capacity.
- Building national support for services targeted to MARPs and medication-assisted therapy (MAT) among the highest echelons of government, with supportive policies enforced.



- Focus on the removal of legal and policy barriers toward the implementation of the national HIV/AIDS response, including conflicting public health and drug control policies.
- Strengthen the implementation of evidence-based approaches in prevention, diagnostics, and treatment of HIV institutionalizing these approaches to ensure sustainability.
- Increase the efficiency of the national ART system through improved ART M&E, strengthened provider capacity, operationalized drug resistance monitoring, and the limited provision of medications and ARTs in case of emergency.
- Strengthen the Ukrainian national and regional laboratory systems, especially through improved human capacity, strategic planning, and quality assurance/quality control (QA/QC) systems.
- Scale up the Ukrainian blood safety program with a focus on the development of regional centers of excellence, a volunteer donor system, and strengthened M&E and QA/QC.
- Enhance the collection and use of epidemiology and intervention effectiveness through strengthened national and regional capacity in strategic information.
- Strengthen the control of HIV-associated TB through the national TB and HIV programs by building program capacity to link services, perform reference laboratory functions, and conduct surveillance.
- Focus on reducing stigma and discrimination within the public sector through advocacy and sensitization on national and regional levels and addressing root causes, such as confidence in universal precautions and the availability of occupational post-exposure prophylaxis.
- Strengthen the capacity of Ukrainian civil society organizations to provide HIV prevention and stigma and discrimination reduction activities.
- Expand the provision of HIV prevention services and HIV testing and counseling throughout the Ukrainian Department of Defense for employees and family members.

Partnership Framework Monitoring

USG/Ukraine is awaiting approval of the USG PEPFAR Ukraine HIV/AIDS Strategy, 2011 – 2015. This strategy outlines in detail the implementation and monitoring of the Partnership Framework.

Progress towards identified goals, objectives, and targets in the Framework will be monitored by the signatories on an ongoing and regular basis. USG/Ukraine will develop a Partnership Framework M&E plan which will capture contributions of the USG, national partners, and other partners within five-year implementation and funding cycles. A national M&E system does not exist presently. As the GOU establishes a National HIV/AIDS M&E Center and national and regional M&E systems, with support from USG-funded projects, Partnership Framework monitoring will rely increasingly on these systems. Initially, USG partners will collect and maintain their records and reporting requirements, gradually



transitioning to the new national system as capacity is built. The National M&E Center will eventually collect data relevant to the Partnership Framework's M&E plan from the public sector and NGO partners, with results reported to the GOU and Partnership Framework partners.

Activities under the FY 2012 COP move the partnership closer towards achieving the goals and objectives stated within the Partnership Framework. This includes measureable progress and results in prevention, care, treatment, governance, and systems, and enhanced country ownership and sustainability of the national HIV/AIDS response. During FY 2012, USG/Ukraine will structure the Partnership Framework M&E to monitor process at multiple levels: goal and target level reporting and progress evaluation towards Partnership Framework goals and objectives; monitoring of policy reform; and monitoring of harmonization with other donor and partner efforts and building partner capacity.

The M&E process will place strong emphasis on the use of data for program improvement, with the establishment of feedback loops including joint reviews and Steering Committee meetings. Partnership Framework partners will analyze progress on a semi-annual basis, and assess performance in targets, financial contributions, cost-efficiencies through coordinated financing, and increased program ownership by the GOU.

Country Ownership Assessment

The overall goal of GOU and USG/Ukraine partnership under PEPFAR is to contribute to an increasingly sustainable national HIV/AIDS response. This includes a five year strategic approach, codified under the Partnership Framework, that deepens cooperation, strengthens coordination, and enhances collaboration on programming of technical and financial resources in concerted support with other donors, including the Global Fund.

PEPFAR-funded activities in Ukraine have been carefully designed with input and collaboration, as appropriate, from the GOU, Global Fund, and major civil society partners, including the Global Fund Round 10 PRs. USG/Ukraine and GOU engagement has ranged from the most senior levels to day-to-day consultation and advice. This partnership has been instrumental in addressing serious and difficult issues, such as recent tensions between public health and drug control, and the reduction of legal and regulatory barriers to MAT. In addition, USG/Ukraine plays a key role in supporting governance of the national HIV/AIDS response, such as helping to revitalize the CCM and support to technical working groups.

During FY 2012 and FY 2013, USG/Ukraine will continue to support the sustainability of the national HIV/AIDS response. This includes the purposeful and painstaking alignment of USG investment with



GOU and Global Fund resources, and the delivery of measurable, value-adding technical assistance designed to enhance capacity, systems, and sustainability. During this time period, USG/Ukraine anticipates progress in a progressively more sustained national HIV/AIDS response. This includes increased GOU ownership of HIV/AIDS targeted to MARPs, a increasingly functioning CCM, the inclusion of key public and civil society stakeholders, including law enforcement, in decision-making fora, increasingly state-of-the-art service delivery, and reduced barriers to integrated services.

Ukraine has a number of opportunities for strengthening the ownership of its national HIV/AIDS response. In regards to political ownership, the country has publicly recognized the need for a long-term, robust national HIV/AIDS and TB program. The country recently passed a milestone HIV/AIDS law that underlines support for MAT and comprehensive prevention services, and expands the capacity of NGOs to provide HIV services. The components of the national response that the country has truly accepted are sustainable, such as strategic information and laboratory systems strengthening. This response includes annual budgetary allocations for services and supplies, such as drugs, and the provision of HIV/AIDS services within the national health care infrastructure. Laboratory, blood safety, and TB services are increasingly strong, and the GOU is starting to provide first-line leadership throughout the government and civil society in epidemiology and the analysis of strategic information. Civil society plays an increasingly important role in the national HIV/AIDS response, be it through service delivery or critical advocacy.

Challenges include the GOU's ownership and sustainability of systems and services that are considered to be more controversial, such as services to MARPs (e.g. injecting drug users (IDUs); men who have sex with men (MSM);the long term provision of medication-assisted therapy (MAT)). Currently, it is unclear within the GOU which institutions will assume responsibility for MAT and services for MARPs. There is a tension between public health and drug control approaches with drug control dominating the policy and influencing HIV prevention programmatic direction. Police harassment has resulted in interruptions to MAT services.

Other challenges include supply chain management and procurement issues, such as tendering processes that do not meet international standards. Insufficient funding for drugs and commodities threaten the roll out and effectiveness of HIV prevention programs. ARV stock outs have resulted in not getting services to eligible people living with HIV. Legal and regulatory policy barriers impede the scaling up and effectiveness of HIV prevention services, such as access to MAT or access of underage MARPs to all HIV prevention services. Systemic barriers that hamper public sector staff performance need to be addressed. Public sector remuneration and existing stigma make it difficult attract and retain a talented and experienced workforce dedicated to HIV/AIDS.



Civil society is still fragile. In the absence of the Global Fund, USG, and other donor support, it is questionable if civil society organizations could continue to provide comprehensive services to MARPs or play a key role in advocacy. Comprehensive services for MARPs could not be sustained without this external funding at this point in time. Although there is some public sector funding available to civil society organizations through small grants via municipal offices, the extent and nature of this funding is modest. Civil society service delivery capacity is uneven. Although some organizations have developed robust capabilities for working with MARPs, the overall quality and coverage of services is not uniform. There is a strong, articulated common vision in support of the GOU's achievement of its national HIV/AIDS objectives. This was as codified in the recently signed Partnership Framework and is supported by robust working partnerships within USG/Ukraine and between multilateral partners and donors. This serves as the foundation for developing a sustainable enabling environment for evidence-based HIV/AIDS and TB programs. The GOU, USG/Ukraine, the Global Fund, and other stakeholders have prioritized assistance to address key challenges. These include policy change and advocacy to ensure cohesive, comprehensive HIV/AIDS and TB services, strengthening procurement and supply management, strengthening civil society organizations, and enhancing national strategic information. A recent visit by the US State Department's Office of Global AIDS Control helped to reaffirm this common GOU and USG vision between the which is reflected in the FY 2012 COP.

This common vision has been further articulated in the Global Health Strategy (GHI) for Ukraine. This strategy advances fully coordinated health interventions by the full range of USG agencies currently represented in Ukraine. GHI focuses on two priority themes: improving the quality of care and expanding services to underserved priority regions of Ukraine, and encouraging Ukrainian scale-up of USG funded pilot programs as a part of its national health reform agenda. The possibility of improving health outcomes across sectors, through the use of lessons learned and USG financed systems strengthening approaches, is the principal value added by GHI support, and is highly complementary of PEPFAR investments.

There are many challenges and opportunities in regards to country ownership dimensions. Political, institutional, and community ownership issues have already been noted. Strengthening public and private sector technical and managerial capabilities is a key USG/Ukraine priority. Within civil society, assistance is focused on the quality and effectiveness of services and state-of-the-art HIV/AIDS service delivery models targeted to MARPs via building the capacity of Ukrainian national and local organizations. USG/Ukraine anticipates significant improvement in the capacity of Ukrainian organizations to deliver quality, comprehensive HIV/AIDS services. Within the public sector, assistance is focused on strengthening technical and managerial capacity, and optimizing opportunities that emerge as Ukraine undertakes its first steps in health care reform. As noted above, the main challenges include how the GOU will assume responsibility for HIV prevention, care, and treatment services for MARPs, how the



tension between public health and drug control approaches will be resolved, and how state institutions will address key issues around accountability.

The USG/Ukraine program is structured and staffed in a manner that supports country ownership and ensures comprehensive information sharing with other stakeholders. This includes highly qualified technical staff that work closely with their public and civil society counterparts, and have the potential to assume positions of leadership within the country in the future. USG support to the national HIV response is designed in a manner that supports model transfer and country ownership. This includes careful and purposeful planning, coordination, and project execution to complement GOU and Global Fund initiatives and technical support to strengthen public sector and civil society capacity to enhance a sustained national HIV response.

Population and HIV Statistics

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV	350,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Adults 15-49 HIV Prevalence Rate	01	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Children 0-14 living with HIV						
Deaths due to HIV/AIDS	24,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Estimated new HIV infections among adults						

Estimated new HIV infections among adults and children						
Estimated number of pregnant women in the last 12 months	468,000	2009	State of the World's Children 2011, UNICEF.			
Estimated number of pregnant women living with HIV needing ART for PMTCT						
Number of people living with HIV/AIDS	350,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Orphans 0-17 due to HIV/AIDS						
The estimated number of adults and children with advanced HIV infection (in need of ART)	170,000	2010	Global HIV/AIDS response: epidemic update and health sector progress towards universal access: progress report 2011			
Women 15+ living with HIV	170,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			

Partnership Framework (PF)/Strategy - Goals and Objectives



(No data provided.)

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

In what way does the USG participate in the CCM?

Voting Member

What has been the frequency of contact between the Global Fund Secretariat (Fund Portfolio Manager or other Geneva-based staff) and any USG team members in the past 12 months? If there has been no contact, indicate the reason.

7+ times

What has been the frequency of contact between the Local Fund Agent (LFA) and any USG team members in the past 12 months? If there has been no contact, indicate the reason.

7+ times

Has the USG or is the USG planning to provide support for Round 11 proposal development? Support could include staff time, a financial contribution, or technical assistance through USG-funded project.

CCM is not planning to submit proposals

Are any existing HIV grants approaching the end of their Phase 1, Phase 2, or RCC agreement in the coming 12 months?

Yes

If Yes, please indicate which round and how the end of this grant may impact USG programming. Also describe any actions the USG, with country counterparts, is taking to enable continuation of any successful programming financed through these grants.

Currently, Ukraine is completing its Phase two of Round 6, and will start its first phase of Round 10 in 2012. Via purposeful complementary planning and program execution, USG programs in Ukraine will support Round 10 activities with a focus on systems strengthening, quality assurance, and strengthening technical approaches and implementation.

In your country, what are the 2-3 primary challenges facing the Global Fund grant implementation and performance (for example, poor grant performance, procurement system issues, CCM



governance/oversight issues, etc)? Are you planning to address those challenges through any activities listed in this COP?

Redacted

Did you receive funds for the Country Collaboration Initiative this year?

Yes

Is there currently any joint planning with the Global Fund?

Yes

If Yes, please describe how the joint planning takes place (formal/informal settings; the forums where it takes place (CCM?); timing of when it takes place (during proposal development, grant negotiation, COP development, etc.); and participants/stakeholders). Also describe if this joint planning works well and its effects (has it resulted in changes in PEPFAR programming, better anticipation of stock-outs and/or TA needs, better communication with PR, etc.)

Redacted

Has the USG stepped in to prevent either treatment or service disruptions in Global Fund financed programs in the last year either during or at the end of a grant? Such assistance can take the form of providing pharmaceuticals, ensuring staff salaries are paid, using USG partners to ensure continuity of treatment, , or any other activity to prevent treatment or service disruption.

Public-Private Partnership(s)

(No data provided.)

Surveillance and Survey Activities

Surveillance or Survey	Name	Type of Activity	Target Population	Stage	Expected Due Date
N/A	Assessment of currently used guidelines and protocols for service provision in prisons as well as training needs among the prison staff	Evaluation	Other	Publishing	N/A
N/A	Assessment of Pharmaceutical Management	Evaluation	Other	Other	N/A

	Information Systems for HIV/AIDS				
N/A	Assessment of the capacity of the MOH Committee as a governmental entity to fulfill its key functions (including coordinating and implementing the National HIV/AIDS Program)	Qualitative Research	Other	Evaluation	N/A
N/A	Assessment of the narcology training curricula, programmes, manuals and materials	Evaluation	Other	Data Review	N/A
N/A	Assessment of the National TB/HIV Council (NTHC) capacity to manage the national response to HIV	Qualitative Research	Other	Evaluation	N/A
N/A	Assessment of the needs and capacity of the selected drug dependence treatment facilities	Evaluation	Other	Development	N/A
N/A	Assessment of the needs and capacity of the selected pre-trial detention centers and prisons	Evaluation	Other	Planning	N/A
N/A	Assessment of the policy, legal and normative frameworks, capacity of narcological services system to integrate HIV prevention and care programmes	Evaluation	Other	Planning	N/A
N/A	Data Quality Audit of PEPFAR Implementing Partners	Evaluation	Other	Publishing	N/A
N/A	Evaluation of service providing "Evaluation of	Evaluation	Injecting Drug Users	Evaluation	N/A

	integrated care models in provision of Medication assisted treatment for HIV-positive IDUs"				
N/A	Final Evaluation of SUNRISE program	Behavioral Surveillance among MARPS	Other	Other	N/A
N/A	Focused research initiatives to feed into advocacy strategy	Qualitative Research	Other	Publishing	N/A
N/A	Focused research initiatives to support advocacy strategy	Qualitative Research	Uniformed Service Members	Planning	N/A
N/A	HIV Drug Resistance surveillance among newly diagnosed HIV patients	HIV Drug Resistance	Other	Planning	N/A
N/A	Human resource assessment of the Ukrainian tuberculosis laboratory network	Laboratory Support	Other	Data Review	N/A
N/A	Integrated bio-behavioral survey of IDU partners	Behavioral Surveillance among MARPS	Female Commercial Sex Workers, Injecting Drug Users, Men who have Sex with Men	Publishing	N/A
N/A	Integrated care effectiveness for injecting drug users in Ukraine	Evaluation	Injecting Drug Users	Planning	N/A
N/A	Intervention Evaluation of HIV Prevention Project among FIDUs	Evaluation	Other	Evaluation	N/A
N/A	Linkage to care of PLWH in Odessa Oblast: personal and health system's barriers	Qualitative Research	Other	Publishing	N/A

N/A	Modelling and piloting of new forms of management of HIV service on the Oblast level, including HIV testing and counselling (HTC) services integration	Evaluation	Other	Data Review	N/A
N/A	Participatory Site Assessment among Street Children of Kyiv, Odessa, Mykolaiv and Donetsk	Evaluation	Street Youth	Evaluation	N/A
N/A	Rapid Formative Assessments to Investigate Dynamics and Behaviors in HIV Prevention	Evaluation	Injecting Drug Users	Development	N/A
N/A	Secondary analysis review of ART efficacy data	Evaluation	Other	Planning	N/A
N/A	Survey to assess capacity of the drug treatment services of Ukraine to integrate HIV prevention and care related interventions into the routine system's practice.	Evaluation	Injecting Drug Users	Planning	N/A
N/A	TB Qualitative Research	Laboratory Support	Other	Other	N/A
N/A	The CSO institutional capacity assessment (based on MOCAT)	Qualitative Research	Other	Evaluation	N/A
N/A	Tuberculosis (TB) Pharmaceutical Pharmacovigilance Assessment	Evaluation	Other	Other	N/A
N/A	Ukraine Health Systems Assessment	Evaluation	Other	Publishing	N/A
N/A	Ukraine HIV/AIDS Policy Assessment	Evaluation	Other	Publishing	N/A



N/A	Ukraine HIV/AIDS Prevention Assessment	Evaluation	Other	Publishing	N/A
N/A	Ukrainian Ministry of Defense HIV/AIDS Prevention Program Assessment	Surveillance and Surveys in Military Populations	Other	Publishing	N/A
N/A	Validation of recent HIV infection methods	Recent HIV Infections	Other	Planning	N/A



Budget Summary Reports

Summary of Planned Funding by Agency and Funding Source

Agency	Funding Source				Total
	Central GHP-State	GAP	GHP-State	GHP-USAID	
HHS/CDC		300,000	3,318,000		3,618,000
HHS/HRSA			667,000		667,000
HHS/NIH			300,000		300,000
PC		0	385,000	0	385,000
USAID			4,083,000	2,500,000	6,583,000
Total	0	300,000	8,753,000	2,500,000	11,553,000

Summary of Planned Funding by Budget Code and Agency

Budget Code	Agency						Total
	HHS/CDC	HHS/HRSA	HHS/NIH	PC	USAID	AllOther	
HBHC					103,211		103,211
HKID					251,062		251,062
HLAB	1,740,211						1,740,211
HMBL	108,692						108,692
HMIN					250,000		250,000
HTXD	25,824						25,824
HTXS	400,000						400,000
HVAB				14,494			14,494
HVCT					188,296		188,296
HVMS	345,200			218,211			563,411
HVOP				151,588	1,063,994		1,215,582
HVSI	424,428			707	601,465		1,026,600
HVTB	64,953				925,000		989,953
IDUP					1,406,090		1,406,090
OHSS	508,692	667,000	300,000		1,793,882		3,269,574



	3,618,000	667,000	300,000	385,000	6,583,000	0	11,553,000
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National Level Indicators

National Level Indicators and Targets

Redacted



Policy Tracking Table

(No data provided.)



Technical Areas

Technical Area Summary

Technical Area: Care

Budget Code	Budget Code Planned Amount	On Hold Amount
HBHC	103,211	0
HKID	251,062	0
HVTB	989,953	0
Total Technical Area Planned Funding:	1,344,226	0

Summary:

Care TAN

Overall Programmatic Strategy in Care

Overview of health issues in Ukraine: Ukraine is experiencing the most severe HIV/AIDS epidemic in Europe region and the Commonwealth of Independent States. At the end of 2009, the estimated HIV prevalence among the adult (15-49 year old) age group was 1.29%. UNAIDS estimates that there are 350,000 people living with HIV (PLHIV). The reported cumulative number of clients registered with the national AIDS Centers by the end of 2009 is 161,119. The annual number of newly reported cases of HIV infection has been constantly increasing, with the number of new cases reported to be 19,840 in 2009, compared to 12,491 in 2005 and 6,212 in 2000.

According to the World Health Organization's (WHO's) Global Tuberculosis Control Report 2009, Ukraine's estimated TB case rate of 102 cases per 100,000 population is the eighth highest in Europe and Eurasia. The growing TB problem is exacerbated by increasing cases of multidrug-resistant (MDR) TB and one of the fastest-growing HIV epidemics in the world. According to WHO, nearly 16 percent of new TB patients have MDR-TB. Ukraine is among the 27 MDR-TB highest burden countries in the world and has the eight highest rate of new TB cases in Europe and Eurasia with dramatic increase in multi-drug resistance. By the beginning of 2008, extensively drug-resistant (XDR) TB was also reported in Ukraine. Both TB and HIV are concentrated in the southern and eastern oblasts (provinces) of the country, and TB-HIV co-infection is a growing challenge. Results of surveillance in 2007 in Donetsk Oblast indicated that 27 percent of TB patients in the civil sector were co-infected with HIV.

With HIV fuelling the TB epidemic and TB being the most common cause of death among those with AIDS, TB mortality is expected to increase in the near future. In the first six months of 2010, AIDS mortality increased by almost 30 percent as compared to the same period in 2009. This can be explained by the fact that the majority of persons succumb to HIV/AIDS related death after having the disease for 10 years. With about 40 percent of AIDS deaths associated with TB, AIDS mortality increase can significantly affect the burden of TB.

GOU and USG/Ukraine partnership: As part of its commitment to investing in people, the USG supports Ukraine's efforts to improve availability and effectiveness of health services in TB/HIV care and increase



the Government of Ukraine's capacity to provide quality services to TB and HIV patients. Specifically, the USG Mission in Ukraine goals and objectives includes reducing the level of HIV transmission among Injection Drug Users (IDUs) and other most-at-risk-populations (MARPs); improving the quality and cost effectiveness of HIV care and treatment services for MARPs, particularly IDUs and their sexual partners; and strengthening national and local leadership, capacity, institutions, systems, policies and resources to support the achievement of national TB and AIDS program objectives. These objectives support Partnership Framework goals.

USG/Ukraine's key priorities, major goals, and achievements in care: All USG/Ukraine activities contribute to achieving Partnership Framework goals by enhancing quality of TB/HIV co-infection interventions, identifying gaps in TB/HIV service provision and developing strategies to fill in the gaps; expanding TB/HIV co-infection case management tools based on WHO standards to additional areas; and implementing the "Three I's" approach. USG Partnership Framework goals and objectives complement and support Ukraine's National TB and HIV programs aiming to decrease TB/HIV morbidity and mortality and reduce the burden of these diseases on the population of Ukraine.

Working closely with the Government of Ukraine (GOU), Global Fund, and other key stakeholders, USG/Ukraine's major priorities include the reinforcement of the TB/HIV referral system by establishing clear standard operating procedures, and reinforcing better communications and patient follow-up by using e-TB manager and other referral tools. Building upon successful models created by previous USAID and other donor projects (within and outside of Ukraine) USG will scale-up quality HIV testing and referral models for co-infected patients at TB clinics, as well as quality TB screening of HIV positive patients and referral models for co-infected patients at HIV service delivery locations.

Other priorities include ensuring that TB training is offered for HIV providers and that TB providers are properly trained in HIV diagnosis, treatment, and prevention. Training will include the use of appropriate referral forms to assure that patients are not lost in these two vertical systems. USG/Ukraine care efforts also envision support to improve TB/HIV management by updating and revising national TB/HIV guidelines to reflect a clear differentiation between functions and operations of TB and HIV services; assist in elaborating a national TB/HIV strategic plan; and revise training curricula for TB and HIV specialists. USG programs will improve the policy environment among local organizations to implement HIV and TB/HIV activities and will provide technical assistance in establishing information exchange system between TB and HIV/AIDS programs.

During the past few years, USG/Ukraine has supported the GOU with their national HIV/AIDS and TB response, including care, and has contributed to a number of major accomplishments. USG/Ukraine provided technical support to strengthen activities of the Regional Coordination Councils to develop and implement HIV/TB collaborative mechanisms. Activities included further development and implementation of the TB symptom screening and referral process by HIV-service NGOs; proper TB prevention, detection, and diagnosis in HIV and TB settings; and provision of social and psychological support for TB/HIVpatients.

In collaboration with stakeholders at the oblast and rayon levels, USG/Ukraine adapted and piloted a WHO TB/HIV monitoring tool, which is now being successfully used by the M&E groups established under the regional Coordination Councils in five project regions. Major achievements in TB/HIV area also included External Quality Assurance for TB diagnostic systems strengthening, molecular testing development and laboratory procurement and infection control. Other accomplishments include developing an operational framework for reorganization of TB and HIV services at the oblast level, including legal and financial aspects and piloting this model in one of the regions (Zakarpattia Oblast). An NGO-based model of TB detection and case management for vulnerable populations, including the homeless, was developed and tested. USG recommendations from the Human Resource assessment report were incorporated into the new 5-year TB Control program in Ukraine 2012-2016.



USG/Ukraine program efforts to support care services for adults included technical assistance to the GOU, Global Fund Principal Recipients (PRs), and civil society organizations (CSOs) in building a strong responsive network of social services provision, as well as HIV prevention, care and treatment services. Services provided with USG assistance included PLHIV peer to peer support; counseling on adherence to ARV, TB, and STI treatment; quality counseling and testing for TB and HIV; psychosocial support for MAT clients; and reproductive health and family planning counseling.

USG/Ukraine technical support in care also included supporting NGOs providing services for OVC. The USG does not support direct services provision but by working through community based organizations and building their capacity, USG ultimately contributes to improvements in care services. USG-supported NGOs provided information and education for OVC, as well as psychosocial support, shelter, HCT, and condom distribution.

Other major achievements under the Care component also included USG technical support for innovative approaches in service provision to MARPs, including IDUs, MSM, MARA, and FSW. Outreach services provided through pharmacies expanded coverage of MARPs with HIV/TB prevention and treatment information and education and have increased their access to quality care services. The USG program has piloted and established models of integrated MAT TB/HIV support to be replicated with the GF support. The services provided have increased patients adherence to ARV and TB treatment, and have improved access to quality TB/HIV care services. In the past year, the USG have also reached out to more FSWs with HIV prevention and care interventions, including provision of HIV counseling and testing, community-based rapid testing, counseling and referrals to other services, STI diagnosis and management.

USG Ukraine supported human resources for health (HRH) approaches by providing recommendations and assistance to GOU to improve human resource planning and management; developing in-service education programs for health professionals; and addressing HRH political, legal, and regulatory barriers.

Health systems strengthening (HSS) interventions included establishing and strengthening supervision and mentoring mechanisms and systems to ensure sustainability of training and technical assistance provided to health care professionals; revision of national guidelines and protocols in TB/HIV care; bringing national educational materials and curricula in line with the international best practices and incorporating new modules into day-to-day regular in-service and post-service trainings.

Key priorities for the next two years: During FY 2012 and 2013, the USG/Ukraine program will add to and complement GOU and Global Fund TB and HIV/AIDS programs to support Pharmaceutical Management Information System strengthening. The program will build capacity of the TB and HIV/AIDS national programs to manage the quality, completeness and timeliness of data collection to improve TB and HIV/AIDS supply management, including supply planning, procurement and distribution. The program will develop interventions to promote rational use of drugs and implement appropriate case management including prescribing and dispensing practices and monitoring of adherence to internationally accepted standards for treatment.

USG/Ukraine will also support the GOU and Global Fund PRs to increase the quality, availability, and delivery of positive prevention services to MARPs, the provision of which will be codified in updated policies, standards, and protocols. This package of services should include behavioral counseling to reduce high-risk behaviors and increase adherence, condom distribution, STI screening and treatment, OI management, ARV, PMTCT, reproductive health and family planning services, and harm reduction/MAT. Other major goals in the USG-supported care program will include strengthening systems and building mechanisms to support missing linkages and fill in the gaps in service provision for TB/HIV patients, MARPs, MARA, and OVCs and will respond to the goals identified in the Partnership Framework. Areas



of focus will complement the GOU efforts to combat TB and HIV epidemics and will be elaborated in close coordination with national and local stakeholders.

Adult Care & Support

Positive Prevention services should be a routine standard of care in HIV prevention, care, and treatment settings, and are critical for reducing the risk of ongoing HIV transmission. Although HIV-infected Ukrainians are referred to and registered in AIDS Centers, there is no apparent formalized, evidence-based intervention for Positive Prevention services; interventions focus on ARV, TB and STI treatment, and adherence, supported by some counseling. For example, it is unclear how often is the full package of services for safer sexual behavior promotion of among discordant couples provided. However, the basic infrastructure and referral system is in place for potentially expanded Positive Prevention services, supported by community-based social workers, psychologists, and PLHIV. Some CSOs offer legal services to HIV-infected clients that could be expanded.

In Ukraine, barriers to Positive Prevention services include loss of follow up between initial HCT and referral to the AIDS Center, and delayed initiation of ARV treatment due to current underfunding and stock outs of ARV drugs. HIV transmission is still criminalized which may hinder the delivery of Positive Prevention services. An inherited vertical health care system impedes service integration. Minors and undocumented individuals are unable to access a full prevention, care, and treatment package of services within the public sector.

In Ukraine, the USG funds limited direct service delivery related to Positive Prevention services but has placed a greater emphasis on technical assistance to strengthen the overall national and regional approaches as well as address legislative and policy barriers to services and support. Under the Global Fund Round 10 grant, the GOU will intensify HIV prevention, care, and treatment services to PLHIV. During FY 2012 and 2013, USG/Ukraine will work closely with the Global Fund and GOU to strengthen the quality, availability, and delivery of Positive Prevention services. Activities include technical assistance to the GOU, Global Fund Principal Recipients (PRs), and civil society organizations (CSOs) to strengthen programmatic technical quality and cost effectiveness.

Technical priorities include increased provision of a comprehensive HIV prevention package of services to MARPs, including injecting drug users, street children, sex workers, and MSM, with more focus on overlapping risk behaviors, and stronger targeted BCC, referrals to HCT and Positive Prevention services, and comprehensive prevention services in mobile clinics targeting sex workers. This package of services includes behavioral counseling to reduce high-risk behaviors and increase adherence, condom distribution, STI screening and treatment, OI management, ARV, PMTCT, reproductive health and family planning services, and harm reduction/MAT.

Other activities include advocacy to revise eligibility requirements for HIV/AIDS services for at-risk minors, with a focus on youth-friendly HCT, Positive Prevention and harm reduction services, and MAT. Partners will work with the Global Fund PRs and the GOU to provide technical assistance to prepare, test, package, and disseminate state of the art and cost-effective HIV prevention models. These will be implemented within USG-funded programs through subagreements and taken to scale with GOU and Global Fund resources. These include community- and facility-based models, with a focus on MARPs-friendly services and decentralized delivery.

TB/HIV

In 2005, WHO called for redoubled efforts to scale up effective TB control using DOTS (the internationally recommended strategy for TB control) throughout Europe. In 2007, the Ministry of Health (MOH) issued an order adopting DOTS as the basis for national TB control policy. The National TB Control Program (NTCP) for 2007–2011 now supports rapid expansion of DOTS coverage, with the goal



of moving from 29 percent in the USAID-supported pilot regions in 2007 to 95 percent by 2011 with a detection rate of 60 percent and a successful treatment rate of 85 percent among sputum-smear positive pulmonary TB cases. Although Ukraine reported 100 percent DOTS coverage in 2007, the quality of DOTS services requires significant improvement in many areas; at present, only approximately 50 percent of the population has access to quality DOTS.

USG efforts will strive to ensure that the TB program reinforces the principles of the GHI. Specifically, TB programs will strive to improve case detection among women and will incorporate innovative methods to reduce gender barriers to appropriate TB treatment and care. The USAID/Ukraine TB program will also seek-out opportunities to foster integration with other programs where appropriate and improve coordination with key donors and stakeholders, in particular with the GFATM and Ukraine's National TB Programs. This specificity will foster country ownership in USAID/Ukraine-supported TB Programs. Areas will include infection control, case management information systems, strengthening of TB laboratories and health systems strengthening. USAID/Ukraine will also invest in operations research that will develop and evaluate innovative and cost-effective approaches to the management of both drug-sensitive and drug-resistant TB in the region. This will provide an evidence base that will serve to shape a well-functioning policy environment.

USG programs to improve TB/HIV care will focus on identifying gaps in TB/HIV service provision and developing strategies to fill in the gaps; expanding TB/HIV co-infection case management tools based on WHO standards to additional areas; and implementing the "Three I's" approach, including intensified case funding, Isoniazid preventive therapy, and TB infection control. Interventions will include building capacity to address missing linkages in TB/HIV co-infection service provision mechanisms; ensuring HIV testing for TB patients and effective referral of those found to be HIV positive; and provide TB screening of HIV patients and referral to TB services for those who are suspected cases of TB.

In order to scale-up the Three I's Strategy implementation, including early initiation of ART, USAID will work to improve the policy environment among local organizations to support HIV and TB/HIV related activities; adapt and implement the HIV Testing and referral model for TB patients at USAID-assisted sites. Special focus will be given to increase the proportion of newly diagnosed HIV and TB individuals who undergo diagnostic and counseling services for dual infection in USG-assisted sites.

The program will use some of the following key PEPFAR indicators, reflecting USG technical assistance for HIV-related policy development and institutional capacity building. The program will develop a set of indicators based on the previous TB control program achievements and results and WHO Stop TB strategy to measure the impact of the new TB/HIV systems operations.

To improve the national TB laboratory diagnostics, USAID will work to increase overall TB laboratory network efficiency through implementation of quality assurance system in laboratories. The program will improve the quality of the national reference lab for TB services, regional laboratories for DST and culture testing, and an External Quality Assurance (EQA) system for the smear microscopy. The program will develop and implement a lab specialists cascade training plan and will carry out training complementary to the Global Fund program. The program is considering integrating Xpert MTB/RIF to improve TB case finding and to provide training and supervision on its maintenance and use.

The USG program (through WHO) will improve TB/HIV management by providing support in the revision of national TB/HIV guidelines with defined responsibilities of each service and elaborating national TB/HIV strategic plan; revising cross-training curricula for TB and HIV specialists; improving the policy environment enabling local organizations to implement HIV and a TB/HIV activities; and providing technical assistance in establishing a well-functioning information exchange system between TB and HIV/AIDS programs.



The USG program, through its Strengthening Pharmaceutical Systems project, will be targeted to improve information systems to assure continuous TB/HIV drugs availability to ensure appropriate treatment outcomes for TB and HIV/AIDS programs. This program will build institutional and human resource capacity to strengthen the supply chain management with emphasis on TB, HIV medicines and other health commodities and will work to improve pharmaceutical services for TB and HIV/AIDS medicines and other commodities.

OVC

A particularly vulnerable group of youth in Ukraine are young people who live in the streets. It is estimated that 300,000 children in Ukraine are street children. Of this number, about 42,000 are officially registered, with 20,000 occasionally living in 96 government-run shelters and juvenile detention centers. Largely between 8 to 19 years of age, 70% of street children and adolescents are male, and 30% are female. Many come from small towns and villages around Ukraine. Most quit school at an early age and have low education and literacy levels. Many are 'social orphans' with one or both parents alive but either absent or unable to care for the child, or are the victims of verbal, psychological or physical abuse at home.

A recent study indicates that HIV prevalence among street children in three cities (Kyiv, Donetsk and Odessa) was 18.4%. Injecting drug use was the overwhelming risk factor for HIV infection in the sample, with 77% of the infections found in the one-third of youth who admitted IDU. A history of IDU was associated with a nine-fold increased risk for infection while sexual risk factors contributed a modest independent additional risk. The situation among most-at-risk adolescents (MARA) in Ukraine is of particular concern due to their high risk and vulnerability to HIV infection, and their extremely limited access to HIV prevention (particularly harm reduction services), care, and support. Adolescent girls aged 10–19 who sell sex comprise an estimated 20% of FSWs in Ukraine.

In Ukraine, the USG funds are not utilized for direct service delivery to OVC. Rather, these funds are focused on technical assistance to strengthen the overall national and regional approaches, as well as address legislative and policy barriers to services and support. To date, USG/Ukraine has supported civil society organization (CSO)-driven HIV prevention initiatives among MARA, specifically street children. Services include information and education, psychosocial support, shelter, HCT, and condom distribution. Programs reach street children through outreach to venues where street children live and congregate, and at community centers. Although HIV prevention programs are nascent, street children are responsive to services. There is a promising best practice in reaching street children with HIV prevention services in Odessa using a peer driven approach.

However, it is unclear if MARA are providing a disproportionate percentage of new HIV cases within youth, and to what extent are HIV sero-conversions the result of overlapping risk behaviors (e.g. IDU; sex work). The continuing economic crisis in Ukraine might increase the number of families and children who live on the streets. Legislation restricting the eligibility of services to minors without parental consent and legal documentation significantly impedes access HCT, harm reduction, and Positive Prevention services. Nonetheless, there is a good foundation of systems and programs outside of HIV/AIDS for street children in Ukraine which can be utilized for HIV prevention services. These services offer a more comprehensive wraparound approach, including food and shelter, than what exists for other MARPs.

Under the Global Fund Round 10 grant, the GOU will intensify HIV prevention, care, and treatment services to MARA. The five year goal is to reach 25,000 MARA with services. During FY 2012 the USG/Ukraine will work closely with the Global Fund and GOU to strengthen the quality and availability of HIV prevention, care, and treatment services targeted to OVC. Activities include formative assessments looking at the HIV prevention context, behaviors, and needs within specific segments of MARA, such as injecting drug use and migration patterns. Other activities include technical assistance to prepare, test, package, and disseminate state of the art and cost-effective HIV prevention models, to be implemented within USAID-funded programs through subagreements and taken to scale with GOU and Global Fund



resources. One such model is youth-friendly CSO/public sector HIV prevention models for street children with wraparound elements (e.g. documentation services and legal support, job training). In addition, USG/Ukraine will support policy and legislation initiatives to address barriers to services and support. This includes access to care and treatment services within AIDS Centers for youth under the age of 18, and access to services when parental/guardian consent is unavailable or when identification documents are incomplete or unavailable.

MARPs

The HIV epidemic in Ukraine continues to be driven by unsafe drug injection and sexual practices, and remains concentrated among Most-at-Risk Populations (MARP)s, including injecting drug users (IDUs), prisoners, female sex workers (FSWs), men who have sex with men (MSM), and the sexual partners of these populations. The national data system does not allow the linking of reported cases to MARP category, but based on national statistics, the main mode of transmission in 50% of the reported cases of HIV was related to injecting drug use and 32% to sexual transmission. Second generation sentinel surveillance shows the highest prevalence rates of HIV are among IDUs, street children, prisoners, FSWs, MSM, and commercial clients of FSWs. It is unclear what percent of HIV-infected MARPs receive clinical care services, since the M&E system used by the AIDS Centers does not disaggregate data by risk behavior.

Positive Prevention services should include a routine standard of care in HIV prevention, care, and treatment settings, and are critical for reducing the risk of ongoing HIV transmission. Although HIV-infected Ukrainians are referred to and registered in AIDS Centers, there is no apparent formalized, evidence-based intervention for Positive Prevention services; interventions focus on ARV, TB and STI treatment, and adherence, supported by some counseling. These MARPs include injecting drug users, street children, sex workers, prisoners, and MSM, with more focus on overlapping risk behaviors.

During FY 2012 and 2013, USG/Ukraine will support the GOU and Global Fund PRs to increase the quality, availability, and delivery of positive prevention services to MARPs, the provision of which codified in updated policies, standards, and protocols. This package of services should include behavioral counseling to reduce high-risk behaviors and increase adherence, condom distribution, STI screening and treatment, OI management, ARV, PMTCT, reproductive health and family planning services, and harm reduction/MAT.

Other FY 2012 and 2013 priorities include the delivery of appropriate and accessible HIV prevention and support services for MARPs. Activities include rapid formative assessments to assess context, behaviors, and needs for specific types and segments within MARPs, and technical assistance to strengthen programmatic technical quality and cost effectiveness. Priorities include, but are not limited to, the codification of core packages of HIV prevention services for each type of MARP, increased provision of comprehensive prevention services packages (CPSP) and MAT, and enhanced HIV testing among the sexual partners of MARPs.

Other priorities include technical assistance to augment the actionable policy and legislation environment. Priorities include increased access to comprehensive prevention services and MAT, especially for hard-to-reach IDU and underage users, and advocacy for MAT to become an essential service within the MOH. Key advocacy areas include: higher volume services to increase public health impact and with phased-in GOU funding included in annual budgets, and ensured confidentiality of medical records and the enforcement of existing regulations to protect confidentiality.

Gender

There are a number of gaps and opportunities for strengthening the gender response within Ukraine's overall national HIV prevention approach. Gender is an important dynamic in Ukraine's epidemic. Women, particularly female IDUs and women with high risk sexual partners, are increasingly becoming



infected with HIV, and women now account for 43.8% of new cases. A 2006 report by the World Bank and the International HIV/AIDS Alliance noted the disparity between female and male incidence rates, at 0.88 percent and 0.5 percent, respectively. Access to services is considerably restricted by societal norms and health care provider attitudes to females within many at-risk groups; for example, female IDUs are less likely to access services because the label of drug user holds greater stigma for women than for men in Ukraine.

USG/Ukraine-supported projects will integrate gender into its activities in a pragmatic, results-focused manner, with an emphasis on gender equity in HIV/AIDS activities and services. Planned formative research will investigate the dynamics and issues related to the access and use of HIV/AIDS services by male and female MARPs. USG/Ukraine will provide technical assistance to the GOU and Global Fund Principal Recipients to strengthen the delivery of gender-sensitive HIV/AIDS services, and support the piloting of innovative gender-sensitive models for dissemination for roll out throughout the country by the GOU and the Global Fund. These include increasing the comprehensive delivery of TB/HIV and positive prevention services, including OVC.

USG/Ukraine will work with the MOH to develop a strategic plan to reduce policy barriers and operationalize the National AIDS Program strategy. Policy issues will address increased gender equity in HIV/AIDS services and the reduction of gender-based violence and coercion, especially for MARPs. As part of its efforts to build a legislative framework and operational ethos for NGO service delivery, the USG will continue to provide technical assistance to individual NGOs to strengthen their capacity in working with MARPs and at-risk and bridge populations within the context of gender and HIV/AIDS. Continuing policy and advocacy issues will address health care accessibility, especially for MARPs who face considerable yet different forms of discrimination. The forthcoming National Human Resources for Health Strategy will quantify staffing and training requirements for the continued expansion of the National AIDS Program; pre- and in- service capacity building in gender and health care service delivery will be included.

The mandatory external project performance evaluation that will be planned by USG/Ukraine shall assess the extent to which both sexes participate and benefit, the degree to which the project designed and contributed to reducing gender disparities in opportunities and improving the situation of disadvantaged women and men. Lessons learned with regard to gender will be highlighted. Evaluation Statements of Work will specifically require attention to gender and ensure that gender expertise is included on the evaluation team. Ability to address gender issues will be a selection criterion in selecting the evaluation team. The project evaluation will determine whether gender equity is promoted, eroded or unaffected by project activities.

Strategic information

USG/Ukraine is supporting the GOU with strengthening strategic information, research, and the use of epidemiological data related to OVC and MARPs, including PLHIV. In Ukraine, there is a strong HIV surveillance system in place that utilizes a variety of data collection techniques for monitoring and evaluation. The system is of reasonable quality, and managed by trained staff with the skills to collect, analyze, and interpret data. A major issue is that HIV surveillance capacity is still not under the authority of the MOH. The MOH requires capacity building in order to fully takeover this responsibility. In addition, the results of HIV surveillance are not adequately interpreted by program implementers and do not feed back into revising strategies for better programming, segmenting, and targeting of higher-risk subgroups of MARPs. The lead agency for SI is the National AIDS Center which is being strengthened by CDC and is PR under Round 10.

USG/Ukraine's support to the Global Fund Principal Recipients and the GOU in strategic information include technical assistance to help ensure that HIV prevention programs targeting MARPs and OVC are state of the art, data-driven, respond to changing epidemic patterns. These include rapid formative assessments in HIV prevention among MARPs, disseminating recommendations for adapted



interventions, and disseminating adapted interventions. It also includes technical assistance to increase data quality and the use of data for strategic and programmatic decision making.

Technical assistance priorities include:

- Improved data quality about MARPs populations (e.g. via higher-quality size estimation methods for MSM and sexual partners of MARPs by partner type; overlapping risk behaviors)
- Strengthened capacity of the GOU and CSOs, with a focus on Global Fund Round 10 Principal Recipients, to triangulate epidemiological data and research during all stages of program design, implementation, and outcome monitoring data
- Strengthened capacity of the GOU and CSOs, with a focus on Global Fund Round 10 Principal Recipients, to use rapid qualitative and quantitative survey to drive programmatic design, such as targeting messaging, and monitoring data
- Strengthened GOU capacity to inform the HIV response with current epidemiology, and to provide leadership, guidance, and technical assistance within the GOU and to civil society in the use of strategic information and research data.

USG is also providing technical assistance through monitoring and supervisory visits to in-patient TB clinics and out-patient PHC clinics at the oblast, rayon, and city levels to support adaptation and implementation of an electronic TB register (E-TB Manager), a system which will unify and centralize TB case management and TB drug supply and use. Monitoring visits will identify and immediately address weaknesses in performance with on-the-spot mentoring and training. In coordination with the Global Fund Program, E-TB Manager has been introduced in all 25 oblasts and two municipalities. The process has also produced the additional unplanned benefit of reinforcing the need for recording and reporting accurate data and providing it in a timely fashion. In addition, reporting forms and standards are aligned to international requirements.

USG program with support of the Ukrainian AIDS Center conducted an assessment of the pharmaceutical management information systems (PMIS) for HIV/AIDS to evaluate existing PSIM elements, including systems, processes, data and technology. The assessment has already pointed out that there are multiple vertical streams of information, but no effective mechanism for collating and analyzing them. It was recommended to develop a sustainable centralized data repository that facilitates triangulation and synthesis and integration of information to strengthen data collection, analysis, interpretation and use. USG aims to ensure evidence-based decision making for managing HIV/AIDS services and medicines all levels of health systems.

Capacity Building

The USG TB Control program contributes to building capacity at the local and national levels to prevent, diagnose and treat TB, MDR-TB and TB/HIV co-infection including training TB doctors, laboratory specialists, and HIV/AIDS medical professionals on modern evidence-based approaches based on WHO Stop TB Strategy. The program strengthened TB laboratory network operations through supervision visits and regular review meetings on implementation of quality assurance procedures for laboratory diagnostics. USG technical support was also used to strengthen operation and effectiveness of the Regional Coordination Councils to sustain implementation of TB/HIV collaborative mechanisms. With USG support, a draft TB/HIV National Order was developed for effective diagnosis and treatment of TB/HIV co-infection cases. Reporting and recording systems have been substantially improved through six M&E trainings contributing to strengthening the overall surveillance system. Based on the recommendations of an earlier TB/HIV assessment, the program established TB/HIV working group at a national level with the purpose of development of National Standard Operational Procedure in TB/HIV (TB/HIV Collaborative Plan). The Plan will ensure sustainability of client-centered approaches in TB/HIV case management.

Strengthening capacity of counterparts in TB supply chain management focused initially on quantification of TB medicines, given the situation with their availability. USG program support was instrumental for the



MOH TB Center to work on meeting the requirements and submit an application to the Global Drug Facility (GDF) for the third year of a grant for first line TB medicines. The application was approved, which will result in approximately the availability of an additional \$1,000,000 worth of first line TB medicines in early 2012.

Responding to the growing threat of increasing MDR-TB cases, the USG program continued its support to a Center of Excellence to strengthen capacity of Ukrainian TB specialists to effectively manage MDR-TB cases and to serve as a focal point to discuss modern international recommendations in MDR-TB diagnosis and treatment.

Technical Area: Governance and Systems

Budget Code	Budget Code Planned Amount	On Hold Amount
HLAB	1,740,211	0
HVSI	1,026,600	0
OHSS	3,269,574	0
Total Technical Area Planned Funding:	6,036,385	0

Summary:

GS TAN

Introduction

Ukraine, the second largest country in Europe, has experienced population decline since independence. From 1991 to 2009, the population fell from 52 million to 46 million, a decrease of 12%. Until very recently, fertility was below the replacement rate of 1.2 children per woman. Low fertility, high mortality especially among men and out-migration have reduced population size and shifted in age structure to a higher proportion of older people.

The average life expectancy is 62 years for males and 74 for females. The main contributor to the elevated mortality rate is non-communicable diseases (72%), particularly cardiovascular diseases and respiratory diseases and injuries. Infectious diseases are also a public health concern as it is estimated that 1.1% of the adult population is living with HIV/AIDS, which represents the highest HIV prevalence in Europe; and approximately 0.13% of the population are currently tuberculosis (TB) patients. Maternal and infant mortality rates have been falling steadily. However, the maternal mortality rate in Ukraine is more than three times the rate in Western Europe

HIV/AIDS

Ukraine has the most severe HIV/AIDS epidemic in Europe and the Commonwealth of Independent States (CIS), with an estimated 325,000 adults living with HIV at the end of 2010. The number of newly reported HIV cases is increasing, with 20,489 newly reported cases of HIV infection in 2010, but the rate of increase is slowing. This represents a 3.3 percent increase over the number of newly reported cases in 2009. 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. A large proportion of PLWH are unaware of their condition, and therefore unable to



take adequate measures to preserve their health status or prevent further transmission. While the prevalence among the pregnant women is >1% in the most affected areas of Ukraine (especially in the southeast) this appears to primarily reflect sexual spread from IDU rather than generalization.

Tuberculosis

Closely linked with HIV/AIDS, tuberculosis is the number one opportunistic infection with 20 % of HIV patients infected with both HIV and TB. In 2009 there was an estimated 5,200 HIV/TB cases (GHI Baseline Data 2011). Another serious and significant threat in Ukraine is multi-drug resistant TB (MDR-TB) and extensively drug-resistant TB (XDR-TB). Ukraine has the eighth highest number of MDR-TB cases in the world. 16% of the newly detected TB cases and 42% of the previously-treated TB cases are MDR-TB (2006 study in Donetsk).

Health System Challenges

The Soviet health model, still prevalent in Ukraine, values and funds curative in-patient care (80%) over outpatient services (15%) and primary care and prevention (5%). The system makes minimal investments in pharmaceuticals and surgical techniques and has limited emphasis on evidence-based medicine. Budget allocations and staff are made based on capacity (no. of hospital beds, no. of trained doctors), rather than on performance or quality of care. The country has a vast and crumbling health infrastructure and a large number of health providers and medical schools have outdated standards of care. Many treatment methods, such as those for tuberculosis, remain ineffective and harmful and have led to multi-drug resistance.

The service delivery infrastructure for HIV, TB and rehabilitation for drug users through the narcology system continue to be vertical and highly specialized. These vertical public health systems do not coordinate services and greatly undermine development of a client-friendly continuum of integrated prevention, treatment, and care.

The key GOU actor in the health sector continues to be the Ministry of Health with significant involvement of Presidential Administration staff responsible for health and social sectors. Coordination and policy development in HIV and TB are delegated to the State Service on HIV/AIDS and Other Socially Dangerous Diseases, with the Ukrainian AIDS Center being the key coordinating body for HIV services. This entity also includes a national M&E center and National Reference Laboratory. The Ministries of Finance and Economic Development and Trade have significant roles in the current phase of health sector reform and in tracking the economic and financial sustainability of HIV and TB programs and services.

The USG will continue to work closely with the public sector including the: MoH, State Service for HIV/AIDS and Other Socially Dangerous Diseases, the AIDS Centers at the national and regional levels, Civil Society Organizations (CSO) partners, All-Ukrainian Network of People Living with HIV/AIDS (PLWH), the International HIV/AIDS Alliance in Ukraine and other national level NGO-HIV service providers and advocates.

The USG PEPFAR agencies and partners will also continue close collaboration with other public and private HIV/AIDS donors, including GFATM, UNAIDS, WHO, UNICEF, UNODC, UNFPA, GIZ and the Clinton Foundation to increase the impact and efficiency of HIV/AIDS services.

GHI

The USG Ukraine Global Health Initiative Strategy is currently in the review process with approval expected in early 2012.

The vision for the USG under GHI is to enable Ukraine to achieve a level of health care comparable to its neighbors in Western Europe in targeted program areas and to meet both its national and citizen goals for healthier, more productive lives. The USG, through the principles of GHI, will seek opportunities to



leverage its experience and technical know-how to advance improvements in the overall health sector in Ukraine via its existing programs. This will include areas such as advancing health policy dialogue on HIV, Health Information Systems (HIS), procurement and supply chain management, support to civil society and integrated messages through communication and programmatic outreach activities. The GHI goals are to increase and in some circumstances correct citizen and health provider knowledge; improve the quality and use of information; and strengthen service quality and access, particularly in regards to gender, and for disadvantaged and most-at-risk-populations (MARPs). Such health services directly impact morbidity and mortality resulting from HIV/AIDS, TB, maternal and child health challenges, and inadequate reproductive health and family planning.

The cross-cutting focal area for the USG program under GHI will be the improved data for decision making for health workers and clients.

Currently, the USG health program consists of four entities operating within the US Embassy in Kyiv: USAID, CDC, DOD and the Peace Corps. Of these organizations, USAID and CDC provide the largest funding resources and have the largest number of full-time health staff. Peace Corps has approximately 170 Peace Corps Volunteers working on health related issues.

Almost all of CDC's, DOD's and USAID's health funds are earmarked for HIV/AIDS and Tuberculosis. FY2011 funds in HIV/AIDS and TB accounted for over 85% of USG funding in health, and this proportion is expected to grow to at least 92% by the end of 2012 as USAID ends its maternal and child health and water and sanitation programming .

With the USG and GOU HIV/AIDS Partnership Framework, the PEPFAR platform is the foundation for a GHI strategy that seeks to encourage country ownership and country-led plans, leverage other donors and stakeholders and improve collaboration for improved data and metrics. The USG is the leader in research and innovation in regards to piloting models and improving service delivery. As a TA model PEPFAR country, strengthened health systems and the promotion of an improved legal and regulatory framework are critical elements of the Ukraine PEPFAR program to promote sustainability and support the principles of GHI.

Leadership and Governance and Capacity Building

The USG is the key bilateral partner in the GOU dialogue and financing of health programs in HIV/AIDS as well as TB. In 2011, the USG-GOU HIV/AIDS Partnership Framework consolidated and stepped up the bilateral relationship. The current launch of the GOU-funded health sector reform program piloted in three oblasts (Donetsk, Dnipropetrovsk, Vinnytsia) and Kyiv provides an opportunity for the USG/Ukraine PEPFAR program to bring the issues of HIV/AIDS and HIV-TB coinfection into the health reform dialogue. The aim is to support the GOU's plan to integrate the HIV prevention and care agenda for MARPs into the existing primary health care services. This directly links to one of the GOU's key health reform objectives which is the consolidation of health facilities.

The USG serves as a bilateral representative to Ukraine's National Council on TB and HIV/AIDS and works closely with the State Service for HIV/AIDS and Other Socially Dangerous Diseases to ensure that USG assistance is closely integrated with Ukrainian national programs and priorities.

The USG will be working with the Ukrainian AIDS Center (UAC) and the Development of Ukraine Foundation for TB which have been named as Principal Recipients (PRs) for the GF grants for HIV and TB awarded in Round 9 and Round 10. The round 9 and round 10 grants are currently gearing up for implementation. These GF grants will substantially strengthen the GOU's capacity to deliver effective, client-centered and evidence-based HIV services for MARPs, procure and ramp up the distribution and use of a range of pharmaceuticals, equipment and commodities financed through the Global Fund HIV/AIDS and TB Grants.



The USG will continue to focus on alleviating legislative and regulatory barriers to NGO service provision and to MAT expansion and promote the implementation of anti-discrimination laws and policies to ensure the legal protection of MARPs living with HIV. Another USG objective to advance sustainable HIV programs is increasing government funding for local HIV-service NGOs. The USG will continue to facilitate collaboration between policymakers and civil society. In accordance with GHI principles, the USG supports an integrated multi-sectoral approach to prevent HIV/AIDS, strengthen health systems and increase impact by providing technical assistance, training and support for local partners across a spectrum of programs. Those local partners include the Ministries of Health, Interior, Defense, Education, and Social Policy.

Strategic information

The key components of Ukraine's national health information system (HIS) include a routine HIS managed by the MOH, an epidemiological surveillance system, and a vital statistics system. There is an established system for regular data collection and reporting through the routine HIS of the MOH. However, there was no tradition of evidence based decision making under the Soviet system. In addition, notable data quality issues exist for some types of indicators, and data quality assurance is a crosscutting challenge. Availability of easily accessible data on key health indicators to the public is limited. While there are abundant data flowing through the routine HIS and strong in-country capacity for data analyses, there is inadequate use of data for evidence-based strategic planning at the national level.

Considerable progress has been made in Ukraine in the systems related to HIV over the past few years, primarily through Global Fund, UN and USG support. This includes improving surveillance information on MARPs and M&E information on NGO HIV programs and reviewing data quality through data quality assessments (DQAs). The recently created M&E Unit of the Ukrainian AIDS Center collected data on national indicators for UNGASS reporting on behalf of the Government of Ukraine (GOU). 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 or resource allocation.

Expertise on 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 longstanding GOU serologic screening and case-reporting system.

Programmatic M&E systems exist in certain areas (VCT, PMTCT, ART) but their reliability and practical utility remain questionable. Moreover, fragmentation of these systems creates a barrier to more efficient monitoring of programs and services. 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. A draft of the National M&E framework with the list of indicators and corresponding methodologies was developed and is currently undergoing review and approval at the Cabinet of Ministers. A network of regional M&E centers (one in each oblast) was created with financial and technical support of the USG and other donors and adequately staffing these centers is a priority.

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 work-plan, advocacy; and 3) increase the use by government structures of available data (dissemination and use). In collaboration with the GOU, UNAIDS, WHO and other international partners, the USG will support HIVSI activities to meet these goals by: 1) filling existing gaps in strategic information through support for targeted M&E and assessment activities; 2) enhancing the technical capacity of the National M&E Center to lead coherent national M&E efforts and direct MARP surveillance efforts; 3) enhancing the ownership



and technical capacity of other GOU structures, including continued support to regional M&E centers established thru GF Round 6 grant resources, 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; 5) improving the education and training system for future M&E professionals; and 6) piloting innovative methods that can be scaled-up by the government.

Goal 1

Ensuring the availability of sufficient data will be a major component of a new cooperative agreement with an organization with expertise in strategic information. This mechanism will support data collection activities to address important data gaps identified during development of the Partnership Framework that are not covered by the GF Round 10 grant. 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.

Pilots of innovative surveillance methods will be undertaken through 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 the Global Fund and other international partners. These activities will include enhancing the existing system of contact tracing of newly registered HIV cases, including improved linkages to care and prevention services. Other activities involve carrying out pilot evaluations of nucleic acid testing and testing of high-risk antibody negative screening specimens to identify individuals with recent HIV infection to allow better linkage to prevention and care services. Finally the USG will advocate for the adoption by the GOU of models such as the UNAIDS Estimation and Projection Package and the Asian Epidemic Model for epidemic prediction and advocacy purposes.

A new mechanism with an organization experienced in ART programmatic issues is proposed that will address the gaps in the existing ART monitoring system to increase data quality and system efficiency. Special efforts will be undertaken to ensure compatibility of data in all planned and existing electronic systems and to avoid redundancy and reduce burden for service providers.

Goal 2

Enhancing the capacity of the national and the regional M&E Centers is a major component of a cooperative agreement between CDC and the Ministry of Health. Following the recommendations of a strategic information assessment of 2009, this agreement has a strong focus on the development of M&E infrastructure, routine data collection and health information systems. Specific technical aspects of this capacity development, including data analysis and use will be addressed by the existing ESIS contract as well as a new agreement. Establishing a foundation for methodologically sound collection and interpretation of indicators at regional and rayon levels will be another task of that mechanism.

The need to build a strong foundation for training of future M&E professionals will be addressed by an agreement with the NIH Fogarty International Center, which will work in close collaboration with the School of Public Health of the Kyiv-Mohyla Academy. This mechanism will offer short- and long-term training opportunities for current and future specialists and researchers.

Goal 3

Enhancing the use of data will be a key part of the activities through each of the mechanisms listed. Targeted support for the GOU and regional authorities to increase understanding of the data as well as advocacy for evidence-based decision making will be provided through the new mechanism with an organization that has substantial SI and advocacy experience. It will work with the local M&E units to engage regional HIV/AIDS councils in the data collection and reporting process. This not only will increase awareness and promote informed policies, but will also support ownership of the data by the government.



Additionally, the USG will support strengthening the national surveillance systems for TB and HIV/AIDS. The USG has introduced e-TB which enables TB facilities to collect information more systematically and accurately on testing, treatment and care, forecast their needs for drugs and other supplies and report locally and nationally. The USG is also strengthening the Ukrainian AIDS Center to enable it to more comprehensively collect, analyze, and disseminate data on HIV/AIDS. The USG is examining the possibility to adapt the e-TB for this purpose.

The USG will also continue to assist the MOH by developing and introducing a monitoring and evaluation tool that tracks financial expenditures and performance related to the State Program "Reproductive Health of the Nation up to 2015".

Service delivery

The USG-GOU HIV/AIDS Partnership Framework places an emphasis on strengthening key health systems to support long term, sustainable HIV/AIDS health care.

One of the main overarching principles of USG activities is to facilitate multi-sectoral 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. A new cross-cutting priority for the USG is support for the GOU's work on critical aspects of health reform which address the issue of consolidation of health facilities and increased coordination between services for greater efficiency and quality of care. The USG supports some current provision of MARP prevention services with a goal of transition to GF support over the next several years. The GF and USG programs include outreach rapid testing to allow individuals to know their status.

Government programs (with combinations of national and regional funding) include widespread screening of pregnant women, blood donors, and of individuals with behaviors or symptoms indicating higher risk, care (including lab monitoring) at AIDS centers of infected individuals, and provision of gradually increasing access to ARV treatment. The GOU currently procures most of the ARV drugs distributed in the public sector. The GF NGO grantees provide support services, independent monitoring of government care and treatment programs, and procure and supply the GF share of the ARV drugs. Although the USG is not planning to expand direct treatment services, the USG does support improved assessment of the target prevention populations by prevention organizations and improved supply chain management and procurement by the GOU. This support will contribute to improved access to quality ARV services.

Human Resources

A number of broad organizational development and human resource issues continue to constrain the effective implementation of Ukraine's National AIDS Program. First, vertical and specialized health structures without adequate coordination mechanisms prevent development of a decentralized, client-friendly continuum of integrated prevention, treatment, and care. Services are physician-centered and policies limit the roles of facility-based lower cadre health care providers, NGOs, or the private sector in service provision. Pre-service education curricula are not aligned with the emerging new requirements in important areas such as HIV/AIDS, TB and reproductive health. Medical professionals receive a strong basic education in medicine but weak training in such important areas as biostatistics, M&E skills and operations research, counseling and communication especially with MARPs. To date, Ukraine lacks a National HR Strategy to guide education, planning, and budgeting efforts. Human resources are not centrally monitored and no system exists to collect and use information on human resources to address current and future needs. Salaries are low, personnel are aging and retiring and the positions of doctors as well as nurses, lab workers, staff of AIDS and TB centers and even the State Service are difficult to fill.

The USG Ukraine support for human resources for health (HRH) is focused on the following priority areas: strengthening human resource (HR) planning and management, including the implementation of national HR plans; developing in-service education programs for health professionals; and addressing



HRH political, legal, and regulatory barriers.

The USG-funded projects will support institutionalizing continuing education curricula for health providers and pharmacists, developing national guidelines and clinical protocols for inpatient and outpatient services, and assistance to revise educational curriculum for medical universities and colleges.

The 2011 USAID Ukraine Health System Assessment identified the lack of a national HRH development strategy and plan and the absence of basic modern HIV curricula in pre-service medical training as key deficiencies. The USG plans to address these through a new HIV capacity and policy project. This project will support the development of a HRH plan for HIV and new position descriptions including new roles and responsibilities for physicians, nurses and social workers. This activity will also pilot and institutionalize integrated HIV curricula, including anti-stigma and patient rights for pre-service training of general practitioners and other non-infectious disease doctors and nurses.

In FY12, the USG will work with the Ukrainian AIDS Center and WHO to strengthen the system of training and mentoring for adult treatment. Through a centrally managed cooperative agreement 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.

Lab strengthening

Progress has been made in strengthening and improving laboratory services in Ukraine. Ukraine has an extensive, tiered HIV laboratory system with screening for HIV performed at 124 laboratories nationwide with second tier confirmation testing performed at 20 regional and one central laboratory. However the HIV laboratories consistently lack adequate resources and conditions to provide quality results and staff does not receive adequate training and support. Similar issues exist with the separate and vertical TB laboratory system.

With support from WHO, the Ministry of Health developed a "Strategy to improve the system of HIV-related counseling and testing and standardized laboratory diagnosis for 2009 – 2013". 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 become a National HIV Reference Laboratory (NHRL). The NHRL coordinates, organizes and provides technical oversight of the HIV laboratory network in Ukraine. Currently, the elements that constitute the NHRL are housed in separate locations in Kyiv. In line with goal #3 of USG-GOU HIV/AIDS Partnership Framework (to strengthen national and local leadership, capacity, institutions, systems, policies and resources), the USG will provide technical and logistic support to Ukraine's laboratory infrastructure. Capacity building will include strategic work with the central NHRL operation as well as providing training support for the regional HIV laboratory network. Additionally, the USG will continue to provide assistance to strengthen the national laboratory network for quality TB diagnostics, improve treatment regimens and institutionalize best practices.

The USG's FY 2012 laboratory infrastructure strategy in Ukraine is to continue technical assistance and logistical support to strengthen the capacity of the NHRL and the regional HIV laboratory network. The USG will continue working 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 technical assistance is provided through the Atlanta-based USG laboratory staff, as well as partner laboratory TA organizations through centrally managed USG contracts with the Association of Public Health Laboratories (APHL), the American Society of Clinical Pathologists (ASCP), and the American



Society for Microbiology (ASM).

Support for equipment and infrastructure for the NHRL will be provided through a current cooperative agreement with the MOH. Guided by a focused assessment that was conducted by staff from Atlanta and APHL in the second quarter of 2010, the USG with implementing partners developed a technical assistance plan. Initial areas of focus for technical assistance will include laboratory management and strategic planning, quality assurance/quality control for rapid testing. APHL and ASCP in collaboration with local CDC staff have conducted a planning workshop for the HIV laboratory network development. The workshop confirmed the key gaps and elaborated the technical assistance plan.

APHL has a specific focus on QA/QC procedures 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 in the laboratory information systems. ASCP will work with training institutions to adapt and translate pre-service 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 development of quality assurance system for rapid testing and in selected regions participating in USG-supported HIV/TB programs for microbiology for tuberculosis and other aspects of TB laboratory systems.

Health Efficiency and Financing

USG assistance in HIV/AIDS and TB leverages Global Fund resources by building public sector and NGO capacity to plan, deliver and monitor HIV/AIDS and TB services and by strengthening the policy environment to promote access to quality services. The GF provides the largest outside financial resources to Ukraine for TB and HIV/AIDS, including the Round 9 TB grant for: \$95 million for 2011-15, and the Round 10 HIV grant for \$300 million for 2012-16. Medication Assisted Therapy (MAT) is a specific area for GF and USG-collaborative funding. Since 2008, the USG has been working to test the efficacy and acceptability of MAT services in different health care settings including AIDS centers, drug outpatient treatment centers, TB dispensaries and general hospitals. This work led to the roll-out of these services to over 6,000 clients in 2011. The GOU, through its signature on the Global Fund HIV/AIDS grant submission, has pledged to reach 20,000 clients with MAT by 2012. Furthermore, the USG hopes to support the GOU's vision of a partnership with the private sector for the local production and distribution of liquid methadone. Implementing MAT with liquid methadone is a promising approach to strengthen programs with IDUs. Liquid methadone is easier to monitor and regulate, resulting in fewer obstacles and objections by law enforcement. Experts from The Health and Human Services domestic substance abuse agency (SAMSHA) are now working with the USG Ukraine team to develop a plan of action for the introduction and pilot testing of liquid methadone.

In FY 2012, the USG (through CDC and/or USAID projects in HIV SI/prevention areas) plan to collaborate, provide technical support and, potentially, to co-fund an Efficiency Survey planned by UNAIDS and the World Bank that would look at harm reduction, MAT, ART and integrated care (MAT-ART-TB/DOHS) service provision supported through the GF current Round 6 grant. The findings and recommendations of the survey would inform future FY2013 USG programs for comprehensive and cost-effective HIV services for MARPs, including IDUs and their partners.

CDC, through a new mechanism with an organization involved in ART provision will facilitate the use of data-driven and effective planning of drug supply and human capacity, which will lead to more efficient ART delivery and resource allocation.

Supply Chain and Logistics

The USG, through the follow on procurement and supply management (PSM) project, aims to respond to



critical needs to increase the availability and appropriate use of quality-assured and effective HIV/AIDS and anti-tuberculosis medicines. Strengthening pharmaceutical management systems includes assistance to the public sector to improve information systems for TB case management especially for MDR-TB and for the overall management of TB medicines, as well as information systems for HIV/AIDS programs. Functional information systems provide the platform for an effective decision-making process for pharmaceutical management operations and the achievement of desired treatment outcomes. The program will improve governance of the pharmaceutical sector by strengthening pharmaceutical policies, structures and systems, roles, responsibilities and accountability to help assure TB and HIV/AIDS drugs appropriate management practices.

Activities will cover all 27 regions of Ukraine targeting health care professionals providing TB and HIV/AIDS services, as well as government officials responsible for decision-making and implementation of drug management policies. At the national level, the follow on PSM project will continue to build the capacity of the National TB Center and the Ukrainian AIDS Center and will provide technical assistance to the Procurement and Supply Chain Management Technical Working Group or other designated body to identify and develop solutions to pharmaceutical management challenges in TB and HIV/AIDS. The follow on PSM project will assist counterparts to assess gaps in capacity or resources for implementation in each oblast, mobilize resources in collaboration with other partners to address them, and provide post-implementation support.

Gender

The UNAIDS Global 2010 report estimated HIV prevalence rates are three times higher among young women (15 to 24 years of age) in Ukraine than in Western and Central Europe and two times higher than among young men. Unlike Western and Central Europe where HIV is concentrated among MSM, nearly half of the estimated prevalence in Ukraine (350,000 HIV cases) is among women. Though women tend to be excluded from harm reduction and drug treatment programs worldwide despite their vulnerability, the current situation presents an opportunity in Ukraine to focus on women's needs and improving access to information and services.

All USG implementing partners include gender considerations and gender analysis to inform planning and implementation of project activities, particularly in public health communication and education and training. Communication efforts give close consideration to gender issues in developing messages and incorporate gender-based approaches into ongoing dissemination efforts.

In support of gender equality, the USG agencies and their implementing and donor partners review legislation for biases, seek balanced representation on sub-grant review committees and in training opportunities, considers time constraints of parents when scheduling events, supports leadership roles for women, and break down gender stereotypes with events and publicity materials. All USG programs disaggregate participation and beneficiaries by gender.

The USG, in its efforts to improve data for decision making and make optimal programmatic choices, analyzes gender as an important variable, particularly in its infectious diseases program. Of particular concern is the rising rate of infection among the partners of injecting drug users, most of whom are women. The USG's new prevention and SI mechanisms will have a specific focus both on female injecting drug users and female partners of IDUs.

The USG will continue to seek areas where its health programs can intersect with some of these gender-specific issues related to male mortality, such as expanding its programming with prison populations in TB and HIV/AIDS, and of course, continuing to focus on injecting drug use and prevention of HIV transmission.



Technical Area: Management and Operations

Budget Code	Budget Code Planned Amount	On Hold Amount
HVMS	563,411	
Total Technical Area Planned Funding:	563,411	0

Summary:
(No data provided.)

Technical Area: Prevention

Budget Code	Budget Code Planned Amount	On Hold Amount
HMBL	108,692	0
HMIN	250,000	0
HVAB	14,494	
HVCT	188,296	0
HVOP	1,215,582	0
IDUP	1,406,090	0
Total Technical Area Planned Funding:	3,183,154	0

Summary:
Prevention TAN

Overview of the Epidemic from an HIV Prevention Perspective

The HIV epidemic in Ukraine continues to be driven by unsafe drug injection and sexual practices, and remains concentrated among MARPs, IDUs, prisoners, FSWs, MSM, and the sexual partners of these populations. By the end of 2009, the estimated HIV prevalence among the adult (15-49 year old) age group was 1.29%. UNAIDS estimates 350,000 people live with HIV (PLHIV). The reported cumulative number of clients registered with the national AIDS Centers at the beginning of 2011 is 183,364.

Based on national statistics, the main mode of transmission in 50% of the reported cases of HIV was injecting drug use and 32% to sexual transmission. Since 2007, the reported primary mode of HIV transmission has shifted from IDUs to sexual transmission through the partners of MARPs, showing a changing epidemic pattern and the necessity to focus future prevention efforts increasingly on changing sexual behaviors of MARPs while continuing to scale up harm reduction activities for male and female IDUs. In 2009, the gender distribution of new HIV cases was 55% men to 45% women. The epidemic continues to affect mostly urban areas, with only 21% of new cases in 2009 registered in rural areas.

Injecting drug users (IDUs) are one of the main groups at risk of HIV infection in Ukraine. According to national estimates, Ukraine has some 360,000 people who inject drugs; this represents an overall IDU prevalence of 1% of the total population over the age of 15. The 2009 Integrated Bio-Behavioral



Surveillance (IBBS) showed 21.6% HIV prevalence among drug users (20.5% in males and 25.1% in females) and provides critical information regarding the types of drugs used. Most male and female IDUs inject opioids (75%), while some 16% inject methamphetamine and 10% use other stimulants. For many, home-made opiates, such as “shirka”, are still the drug of choice and they switch to stimulants when opioids are not available on the market, thus 22% of IDUs use both opioids and stimulants.

Another at-risk group is prisoners. Approximately 130,000–140,000 people are incarcerated at any given time in Ukraine- one of the highest incarceration rates in the world (323 per 100,000 population). According to the national statistics, just over 30% of these people have been tested for HIV even though prisoners account for approximately 12% of the officially registered annual new cases. The 2009 IBBS reported that HIV prevalence among prisoners in 2009 was 15% (32% in women and 12% men). A high proportion of prisoners have a history of drug use (56%) and injecting drug use (35%).

Other risk populations include sex workers, street children, and MSM. Within Ukraine, the estimated population size of FSWs is between 65,000 and 93,000. 16% of the sampled FSW reported being current drug users, with 58% of them reporting an injecting drug history, while another 24% FSW reported a history of any drug use. It is estimated that 30,000 children in Ukraine are street children. Injecting drug use was the overwhelming risk factor for HIV infection in the sample, with 77% of the infections found in the one-third of youth who admitted IDU. The estimated size of MSM in Ukraine has been projected to range between 95,000–213,000. The number of officially registered cases of HIV infection among MSM is 285 between 1998 and 2009, with a significant increase in the number of reported new cases in the past five years (9 in 2004 versus 95 in 2009), possibly showing a current HIV epidemic outbreak in MSM. These numbers appear to be seriously underreported. Based on the 2009 IBBS, the prevalence of HIV among MSM is 8.6%.

Since 2002, the United States Government (USG) has worked with the Government of Ukraine (GOU), other donors, multilateral and international agencies, non-governmental organizations and the private sector to prevent transmission of HIV and contain the spread of HIV among most-at-risk populations. The current program of assistance supports GOU efforts to: strengthen the HIV/AIDS policy and legislative environment; expand prevention and care information and services to vulnerable populations, including access to MAT for IDUs; reduce the stigma and discrimination associated with HIV/AIDS; and build governmental and nongovernmental (NGO) capacity to plan, implement, manage and monitor Ukraine's National AIDS Program. USG/Ukraine has designed and executed its programs in close collaboration with the GOU and Global Fund to ensure that projects complement and optimize national and donor resources, especially those from the Global Fund Round 6 and 10 grants. All projects contribute to the achievement of the GOU's national HIV/AIDS response goals and objectives. All USG-funded projects are designed based on epidemiological data, and USAID conducted an HIV Prevention Assessment in January 2011 to guide its next five years of prevention programming.

The following outlines some of USG/Ukraine's successes in HIV prevention to date. The PEPFAR-funded partner, Alliance Ukraine, and over 100 sub-recipients work to reduce HIV transmission and AIDS-related illness and death in Ukraine through interventions focused on most-at-risk populations, including IDU, FSWs, MSM, prisoners, street children, and vulnerable young people up to 24 years of age. The backbone of the program is direct service delivery through community based harm reduction NGOs. The routes of service provision are service points (office, community center, and hospital room), outreach routes (street, apartments), mobile clinics and pharmacies. The Alliance and its partners have been highly successful in reaching most of its coverage targets. About 165,000 IDUs (58.5% of the estimated population), 25,000 sex workers (36.5%) and 18,000 MSM (15.7%), 29,000 prisoners (20.0%) and 37,000 street children were covered with prevention services and about 6,000 patients were on substitution treatment at the end of year 2010.

An initial outcome evaluation shows a positive trend in adoption of safe injection behaviors by IDUs: the



use of sterile drug injection paraphernalia was 79.9% in 2006 and reached 90.2% in 2009 and the reported use of condom during the last sexual intercourse is also increasing, reaching 58% in 2009. The impact of the program is best seen in large cities where harm reduction programs have reached high levels of coverage (i.e. Donetsk, Odessa) and in IDUs with a brief history of injecting drug use (less than 2 years). In eight urban sites, HIV prevalence has consistently been decreasing from 29.9% in 2004 to 11.2% in 2008. Sentinel surveillance in thirty cities within Ukraine corroborates this data: in 2009 the median value of HIV prevalence was 23%, the lowest indicator since sentinel epidemiological surveillance was introduced.

USG/Ukraine has co-funded the rollout of MAT in Ukraine. A preliminary analysis of routine clinical data indicates that MAT dramatically reduces HIV risk and HIV transmission among IDUs in Ukraine. Of a total of 2,247 patients included in the data set, 46.1% were HIV-infected at admission, 20.9% had an HIV test within six months prior to admission, and 33% were never tested or did not confirm an HIV result during six months before admission. Of the 1,871 patients recruited more than 12 months before data entry, 38.1% dropped out. The proportion of uninfected IDUs increased significantly by 49.1% (dropout OR=0.92, 95% CI (0.8-1.1)). The 209 patients were confirmed as uninfected at admission. Only one sero-conversion was observed; estimated incidence rate is 0.4%/year.

Key priorities and major goals for the next two years include a re-balancing of USG/Ukraine's investment in technical assistance, capacity building, policy and advocacy, and service delivery, with strategies required to achieve the most effective and economical results in HIV prevention. With the advent of scaled up HIV prevention under the Global Fund Round 10 award, the USG will focus resources on providing technical assistance aimed at strengthening the overall quality and outcomes of Global Fund and GOU programming. As such, all USG/Ukraine HIV prevention programs are carefully designed to complement and leverage these resources. This includes a potential gradual scale-down of funding for direct service delivery.

The overall approach is technical assistance to support the GOU, Global Fund Principal Recipients, and CSOs to enhance HIV prevention programming that is evidence-driven, high quality, economical, and achieves results at population levels. This entails the provision of technical assistance to help ensure that HIV prevention programs are state of the art, data-driven, respond to changing epidemic patterns, and are disseminated, and to increase the technical quality and cost-effectiveness of combination HIV prevention programs targeted to MARPs. Other assistance will help ensure that technical assistance activities related to legislation, regulatory policy, and advocacy will result in action-oriented outcomes at the national level and decentralized (Oblast and Rayon) levels and enhance and monitor a public health and human rights HIV prevention response. USG/Ukraine assistance will help with the design, piloting, evaluation, and dissemination of technically-sound, cost effective HIV prevention models to be taken to scale with GOU and Global Fund resources, with assistance to prepare tested models before they are taken to scale.

HIV Testing and Counseling (HTC)

HTC appears to be acceptable within Ukraine generally. There is a wide range of infrastructure and venues for HTC targeted to MARPs, including facility and community-based and mobile services. Gaps in HTC include the lack of a rapid testing algorithm and need to do several confirmatory tests at a different venue (the AIDS Centers). This impedes and delays the receipt of results, increases loss to follow up, and hinders point of care entry. Many infected individuals do not register at a local AIDS Center, which is the prerequisite for accessing the HIV continuum of care. There is no systematic approach to testing the sexual partners of infected MARPs, and support for partner notification is weak.

Through advocacy and technical assistance, USG-supported programs will address outstanding gaps in HTC. These include the revision of regulations to allow for a rapid testing algorithm for HIV confirmation, and a guarantee of confidentiality of medical records and the enforcement of such as per existing



regulations. Technical assistance to HIV prevention programs will focus on increasing HTC among the sexual partners of MARPs. Programs will enhance linkages between community-based HTC and other services, such as ART and MAT, including confirmatory testing to decrease loss to follow up, especially for IDUs.

Condoms

Most of the programs that provide behavioral interventions targeted to MARPs include condom distribution and some supporting BCC. Condoms seem to be widely acceptable among MARPs, as evidenced by condom availability in different venues such as health clinics, AIDS Centers, and bars. Some FSW outreach programs are introducing the female condom. Sustainability of condom supply is an issue, since the GOU does not include condom procurement and distribution within annual health budgets. Condom procurement is included in the Global Fund Round 10 application, but it is unclear what the allocated amount included in the Global Fund budget for condoms actually is. The cost of private sector condoms has gone up, out-pricing many MARPs ability to pay.

Over the long term, advocacy with the GOU to phase in condom purchasing and distribution, with options for public-private partnerships, is an important strategy to ensure the sustainability of condom provision and distribution.

Positive Health Dignity and Prevention

Positive Prevention services should be a routine standard of care in HIV prevention, care, and treatment settings, and are critical for reducing the risk of ongoing HIV transmission. Although HIV-infected Ukrainians are referred to and registered in AIDS Centers, there is no apparent formalized, evidence-based intervention for Positive Prevention services; interventions focus on ARV, TB and STI treatment, and adherence, supported by some counseling. However, the basic infrastructure and referral system is in place for potentially expanded Positive Prevention services, supported by community-based social workers, psychologists, and PLHIV. Some CSOs offer legal services to HIV-infected clients that could be expanded. Barriers to Positive Prevention services include loss of follow up between initial HCT and referral to the AIDS Center, and delayed initiation of ARV treatment due to current underfunding and stock outs of ARV drugs. An inherited vertical health care system impedes service integration.

USG/Ukraine will work closely with the GOU and Global Fund Principal Recipients to formalize positive prevention services through the piloting, evaluation, and dissemination of evidence-based models. This includes multi-directional referral systems between public sector facilities and CSOs who target MARPs. Service models will include community- and facility- based approaches, with a focus on MARPs-friendly services and decentralized delivery. USG/Ukraine will work with government counterparts to codify a core package of positive prevention services, including HCT, sexually transmitted infections (STIs), opportunistic infections, and ART management, condom distribution, behavior change communications, and psychosocial services.

MARPs

IDUs – comprehensive prevention service packages (CPSP): Although Ukraine has developed strong CPSP and HIV prevention models, there are gaps in addressing HIV prevention among IDUs in a cost-effective and comprehensive manner throughout the country. The sexual partners of IDU are under-represented and not adequately reached by prevention programs. Although data suggest that 60% of the IDU target population is already reached with CPSP, the main priority is to expand program usage in a cost-effective manner to engage hard-to-reach IDUs and their sexual partners, and to maintain the protective behaviors of those already in the program. Policy and regulatory barriers to programs targeting IDUs, including the lack of harmonization of the HIV/AIDS and Drug Control laws, updating



regulations and standards around waste management, and increasing access to CPSP for underage drug users are all gaps that must be addressed.

USG/Ukraine will facilitate linkages with other PEPFAR countries in order to research types of syringes used for different drugs, and share practices and transmission patterns. Technical assistance will aim to increase provision of a comprehensive HIV prevention package of services to defined segments within injecting drug use, with more focus on overlapping risk behaviors, and stronger targeted behavior change communications (BCC), referrals to HCT and Positive Prevention services, and CPSP in mobile clinics targeting sex workers. Assistance will also prepare, test, package, and disseminate state of the art and cost-effective HIV/AIDS service models to be taken to scale with GOU and Global Fund resources. Priorities include the existing pharmacy-based CPSP model, CPSP among harder-to-reach IDU, and cost-effective CSO CPSP service provision models.

IDUs – Medication Assisted Therapy (MAT): HIV-infected clients are able to receive MAT at AIDS Centers, while both infected and uninfected patients can receive services at narcology (substance abuse) clinics. The USG has provided support for pilot programs in Kyiv, Odessa, Mykolaiv, Sevastopol, and Kherson, reaching 300 HIV-infected patients with MAT. The model is a multidisciplinary approach for the management of patients with several diagnoses, including the integration of care usually provided by vertical systems in different locations (TB, AIDS, narcology, and STI centers), and case-management with psycho-social support. Currently, there are about 6,000 patients on MAT; well below the national target of 20,000 on MAT by 2013. MAT protocols appear, for the most part, to be in line with international standards, and services reach both HIV-infected and uninfected patients. There is considerable multilateral support and coordination for MAT in Ukraine, and MAT services feature prominently in the forthcoming Global Fund Round 10 award.

The complete package of services does not always include wraparound services, such as employment support or the provision of MAT to pregnant women who are active IDUs. There are no MAT services for IDUs in pretrial, prison, or detention settings, which can lead to interrupted services. It is unclear if existing policy limits MAT eligibility for women, particularly for those uninfected. There is a sizeable attrition rate of clients in MAT programs: one study reported a 38% attrition rate at the end of one year which is consistent with global reports. There are many reasons for discontinuing MAT including incarceration, death, relapse in drug use, or the inconvenience of attending a clinic every day.

USG/Ukraine will support rapid formative assessments to investigate the causes behind and potential solutions to MAT dropout rates. Technical assistance will aim to increase provision of MAT services embedded within a comprehensive package for the prevention, treatment, and care of HIV among IDUs, and increase retention to MAT programs. Assistance will also prepare, test, package, and disseminate state of the art and cost-effective HIV/AIDS service models to be taken to scale with GOU and Global Fund resources. Priorities include MAT services embedded within a comprehensive package for the prevention, treatment, and care of HIV among IDUs, MAT services in pretrial and prison settings and linkages to MAT services post-prison release (the Recipient will support related activities conducted by UNODC), MAT service continuity across health care service points, and the existing wrap-around MAT model in AIDS Centers and TB clinics in Odessa.

Female Sex Workers: HIV prevention interventions for FSWs include a variety of services: condom and lubricant distribution, STI diagnosis and management, HTC (community-based rapid testing), HBV and HCV testing, counseling, and referrals to other services, including HIV confirmatory testing. The primary method of service delivery is via outreach to apartment- and street- based venues, while some programs offer FSW services within community centers. Most programs refer clients to a trusted provider network for STI treatment. The Alliance estimates that, by the end of 2010, 37% of FSWs have been reached with Alliance-supported HIV prevention services.



Not all elements within a state of the art package of HIV prevention services targeted to FSWs are provided. Implementers tend to deliver a standard package of services to all FSWs. They do not segment the FSW by prevalence of risk behaviors, despite the fact that needs vary greatly depending on context and situation (e.g., economic status, apartment-, street-, and highway- based; static or migratory status; injecting drug use). Based on the low levels of consistent condom use, condom distribution does not seem to be accompanied with a strong behavior change communication (BCC) component.

USG/Ukraine will support rapid formative assessments to investigate the HIV prevention context, behaviors, and needs within specific commercial sex work segments (e.g. injecting drug use; migration and seasonality patterns; economic stratification, client and manager attitudes and practices). Technical assistance will aim to increase stronger segmented and tailored approaches to specific commercial sex sub-populations, focused on higher risk FSWs (street-based, highway-based), and increase the provision of a comprehensive HIV prevention package of services, with more focus on addressing overlapping risk behaviors, and stronger targeted BCC, referrals to IDU and Positive Prevention services, and CPSP in mobile clinics and outreach.

Assistance will also serve to prepare, test, package, and disseminate state of the art and cost-effective HIV/AIDS service models to be taken to scale with GOU and Global Fund resources. Priorities include models to increase the engagement of gatekeepers, including sex work managers, to create a stronger enabling environment in support of HIV prevention among FSWs.

Men who have Sex with Men: HIV prevention interventions targeted to MSM are provided primarily by CSOs and include condom and lubricant distribution, HTC (community-based rapid testing), HBV and HCV testing, and referral to other services including HIV confirmatory testing. Programs reach MSM through outreach to venues where MSM congregate, such as bars, and through support groups held at community centers. The Alliance estimates that, by the end of 2010, 16% of MSM have been reached with Alliance-supported HIV prevention services. ‘

Overall coverage of MSM with HIV prevention programs is low, particularly among non-gay identified MSM, “hidden” MSM, MSM with overlapping risk behaviors (e.g. injecting drug use), and among the female partners of MSM. Programs implement a partial package of HIV prevention services as per international standards for MSM. There are gaps in delivering interventions outside of familiar venues to underserved or most-at-risk MSMs (e.g. male sex workers) and consistent service provision in cruising areas. There are few MSM-friendly health providers which decreases access to specialized services.

USG/Ukraine will support rapid formative assessments to investigate the HIV prevention context, behaviors, and needs within specific MSM segments (e.g. “hidden” MSM; IDU; sex work; age segmentation). Technical assistance will aim to increase provision of a comprehensive HIV prevention package of services, with more focus on overlapping risk behaviors, and stronger targeted BCC, legal support, and referrals to MSM-friendly clinical, IDU, and Positive Prevention services. Another priority is increasing the number of HIV prevention interventions targeted to increased condom use with and HCT among female partners of MSM. Assistance will also prepare, test, package, and disseminate state of the art and cost-effective HIV/AIDS service models to be taken to scale with GOU and Global Fund resources. Priorities include taking the existing MSM outreach program in Odessa to scale and innovative HIV prevention interventions for reaching MSM, especially “hidden MSM” and the use of technology such as dating sites and Facebook.

Most-at-Risk Adolescents (MARA): The USG support CSO-driven HIV prevention initiatives among MARA, specifically street children services include information and education, psychosocial support, shelter, HCT, and condom distribution. Programs reach street children through outreach to venues where street children live and congregate, and at community centers. HIV prevention programs targeting street children are nascent, although current programs have already demonstrated some promising best



practices and lessons learned to inform scale up of activities and services. There is a need for additional formative research on dynamics, network patterns, and behaviors to inform action-oriented programming tailored to segments within street children populations, as well as technical assistance to support the scale up of services within the country.

There are significant barriers to HIV prevention among MARA. These include current regulations on eligibility requirements for minors without parental consent or undocumented minors. HIV-infected MARA who do not meet eligibility requirements cannot receive a comprehensive package of prevention services. Lack of documentation among MARA (as well as the lack of resources to obtain necessary documentation) means that HIV-infected street children become adults outside of service provision and it is unclear how many are registered at AIDS Centers. MARA are a key underserved population within an evolving HIV epidemic.

USG/Ukraine will support rapid formative assessments to investigate the HIV prevention context, behaviors, and needs within specific MARA segments (e.g. injecting drug use; migration and seasonality patterns). Assistance will also prepare, test, package, and disseminate state of the art and cost-effective HIV/AIDS service models to be taken to scale with GOU and Global Fund resources. Priorities include youth-friendly CSO/public sector HIV prevention models for street children with wraparound elements (e.g. documentation services and legal support, job training).

HSS/HRH

USG/Ukraine support for human resources for health (HRH) is focused on the following priority areas: strengthening human resource (HR) planning and management, including the implementation of national HR plans; developing in-service education programs for health professionals; and addressing HRH political, legal, and regulatory barriers. Within the existing and new mechanisms in HIV and HIV/TB area, through all the four agencies, USG will continue to provide assistance to build the capacity of health care staff of the national and regional AIDS Centers, local healthcare workers and community/ CSO social workers. This will be achieved through in-service, short-term, modular training, study tours, as well as ad hoc consultancy in both program and management aspects of service planning, provision and monitoring and evaluation.

Medical transmission

USG/Ukraine will provide technical assistance to the Ministry of Health and selected regional blood safety centers to improve blood safety in the Ukraine through a task order under a centrally managed CDC blood safety IDIC contract. These activities are to complement resources for blood safety provided to the MOH through a cooperative agreement with CDC. The current blood safety program in Ukraine is realized through regional blood safety centers acting on national guidelines with limited MOH financial support.

The goals for the HBML technical assistance are to support the MOH/regional blood centers to be able to develop policies and regional centers of excellence to pilot programs that would increase blood safety through: 1) development of a low-risk volunteer donor oriented program; 2) improvement of blood M&E, to include introduction of a computerized hemovigilance system; 3) improvement of cold-chain for blood and blood components; 4) establishment of a QA/QC system to cover all laboratories in the blood donation system; 5) adequate training of blood system technical staff at all levels; and 6) assessment and improvement of clinical blood utilization. Initiation of blood safety technical assistance will begin after MOH implementation of the CDC cooperative agreement which has been delayed due to the need for development of new MOH administrative procedures to receive external assistance.

Strategic Information



Strategic information, research, and the use of epidemiological data form the backbone of HIV prevention programming in any country. In Ukraine, there is a strong HIV surveillance system in place that utilizes a variety of data collection techniques for monitoring and evaluation. The system is of reasonable quality, and managed by trained staff with the skills to collect, analyze, and interpret data. A major issue is that HIV surveillance capacity is still not under the authority of the MOH. The MOH requires capacity building in order to fully takeover this responsibility. In addition, the results of HIV surveillance are not adequately interpreted by program implementers and do not feed back into revising strategies for better programming, segmenting, and targeting of higher-risk subgroups of MARPs. The lead agency for SI is the National AIDS Center which is being strengthened by CDC and is a PR under Round 10.

The Global Fund Round 10 intends to provide some technical assistance to the Ukrainian AIDS Center to build their M&E capacity as per the Three Ones principle. The USG is also providing technical assistance to the M&E Department within the Ukrainian AIDS Center to increase GOU ownership of and capacity to gather, analyze, and utilize data for programmatic decision making. This will help centralize the use of data for programming. Special emphasis will be placed on maintaining confidentiality and preventing data misuse.

USG/Ukraine's support to the Global Fund Principal Recipients and the GOU in strategic information include technical assistance to help ensure that HIV prevention programs are state of the art, data-driven, respond to changing epidemic patterns, and are disseminated. This includes rapid formative assessments in HIV prevention among MARPs and dissemination of recommendations for adapted interventions, and dissemination of adapted interventions (see above, MARPs section). It also includes technical assistance to increase data quality and the use of data for strategic and programmatic decision making.

Technical assistance priorities include:

- Improved data quality on MARPs populations (e.g. via higher-quality size estimation methods for MSM and sexual partners of MARPs by partner type; overlapping risk behaviors);
- Strengthened capacity of the GOU and CSOs, with a focus on Global Fund Round 10 Principal Recipients, to triangulate epidemiological data and research during all stages of program design, implementation, and outcome monitoring data;
- Strengthened capacity of Principal Recipients and CSOs to oversee and supervise the application of strategic information and research by local organizations;
- Strengthened capacity of the GOU and CSOs, with a focus on Global Fund Round 10 Principal Recipients, to use rapid qualitative and quantitative survey to drive programmatic design, such as targeting messaging, and monitoring data;
- Strengthened GOU capacity to inform the HIV response with current epidemiology, and to provide leadership, guidance, and technical assistance within the GOU and to civil society in the use of strategic information and research data;
- Pilot, evaluate, and disseminate an innovative tool kit on the practical use of research and strategic information by CSOs; and
- Develop and assist with the execution of an implementation science plan for Ukraine and HIV prevention among MARPs.

Capacity building

Since PEPFAR funding started in Ukraine, the USG has invested considerable resources in technical capacity building within the public, civil, and private sectors, taking advantage of the existing CSOs that work in HIV prevention. Some of the USG-capacity building and enhanced coordination models included "Participatory Sites Assessment" and establishing regional coordination mechanisms. To date, CSOs have received training in service provision and basic HIV prevention, with technical support and some quality assurance checks.



There are still gaps in capacity building, quality assurance, and ensuring a state of the art public health response in HIV prevention. Both the public and civil sectors generally lack a basic understanding of public health, HIV prevention, behavioral interventions, the use of data for programming, and quality assurance. Public and civil society cooperation has not been evaluated and packaged in a systematic way for scale up and replication under the Global Fund. Within both sectors, there is a lack of human resource planning to determine optimal staffing and coverage levels for HIV prevention services, such as criteria, delineation of responsibilities, and cost effectiveness in regards to reach and effect. At the CSO level, there is little internal capacity with standardized tools to assess program quality and many rely on external quality assessment. On a global level, there is a gap in establishing a quality-ensured models, standards, and tools for behavioral interventions addressing sexual transmission

Under the Global Fund Round 10 award, funds are available for scaling up technical and organizational development within civil society and AIDS Centers, although funds are insufficient for addressing quality assurance and some technical gaps. Potential issues related to capacity building include the oversupply of CSOs in some areas of Ukraine resulting in fragmented delivery of services, and the variation in technical and organizational capacity across organizations. Additionally, the public sector is loath to affect change without regulations in place, and without additional outside funding.

In close collaboration with the Global Fund, USG/Ukraine-supported capacity building activities in state-of-the-art HIV prevention will be cost-effective and sustainable and programmatically rational. They will add value to Global Fund activities and result in intended programmatic outputs and outcomes. USG support for capacity building will be packaged in way that can be adapted and scaled up throughout Ukraine. Approaches might include participation of high performing Oblasts and model programs in training others. USG resources will be used to pilot and disseminate evidence-based capacity building and quality assurance models. This includes systematic quality assurance model, standards, and tools for each intervention targeted to MARPs, packaged and diffused at the Oblast level along with corresponding national standards, and working closely with Global Fund Principal Recipients to develop and disseminate performance-driven models that tie technical and organizational development capacity building to performance standards.

Policy and Legislation

Cross-cutting all HIV prevention efforts is policy and legislation. Overall, the USG has invested considerable resources in HIV prevention and supporting policy and legislation since the onset of USG supported HIV programming in Ukraine. There have been some important achievements to date: the HIV/AIDS Law was recently passed, and policy has been sufficient for the start-up and expansion of innovative services in MAT and CPSP. This has enabled civil society to participate from the outset and provide services. In addition, the public sector has adopted international standards in ART and HCT as policy. Achievements and issues regarding policy and legislation for HIV prevention as pertaining to each cadre of MARPs has been covered in the other sections.

There are still a number of gaps and potential threats to HIV prevention in regards to policy and legislation. The current policy environment impedes the scale up of quality HIV prevention services and poses a significant threat to current investments in MAT and CPSP. The human rights of MARPs are under threat, with disclosure of confidential health records sporadically violated by state entities. Current legislation does not address the rights of MARPs even though Ukraine is a UNGASS signatory (the HIV/AIDS Law recognizes the rights of PLHIV).

On a programmatic level, gaps in policy and legislation include conflicts between the HIV/AIDS and Drug Control Laws. Implementation of policy does not always conform to international standards (e.g. the requirement of one week inpatient ART before starting outpatient ART; placement of additional



restrictions for MAT including age and drug career, two failed detoxifications; outdated medical waste management regulations). There are issues of equitable access to services and discrimination, such as eligibility standards, despite Ukraine's commitment to universal access to HIV/AIDS services. Some policies have been formally adopted but not implemented, e.g., expanded eligibility criteria for ART did not translate into increased access of patients to ART.

USG/Ukraine assistance will strengthen the enabling environment for HIV prevention, with a focus on MARPs, through activities related to legislation, regulatory policy, and advocacy and result in action-oriented outcomes at the national level and decentralized (Oblast and Rayon) levels. This includes the provision of technical assistance to augment the actionable policy and legislation environment.

Technical priorities include:

- Harmonization of the HIV/AIDS and Drug Control laws
- Updated regulations and standards around waste management
- Access to CPSP for underage drug users
- Advocacy and interventions among MOH, law enforcement, and MOIA to develop a critical mass of support for MAT and the inclusion of MAT as a high quality, institutionalized, and GOU funded health care service
- Advocate for MAT to become an essential service within the MOH with higher volume services to increase public health impact, and with phased-in GOU funding included in annual budgets
- The development of regulations to allow for higher volume MAT services (e.g. revision of eligibility criteria, MAT access in other inpatient settings such as maternities, surgery and emergency hospitals; take-home doses, pharmacy-based methadone)
- Advocacy to increase the visibility of MSM HIV prevention needs within strategic planning and funding, particularly within MOH annual budgets
- Revised eligibility requirements for HIV/AIDS services for at-risk minors, with a focus on youth-friendly HCT, Positive Prevention and harm reduction services, and MAT
- Revised regulations to allow for a rapid testing algorithm for HIV confirmation
- Ensured confidentiality of medical records and the enforcement of existing regulations to protect confidentiality
- Advocacy with the GOU to phase in condom purchasing and distribution in annual budgets, with options for public-private partnerships
- Increased financing and managing for MAT, ARV, and condom procurement

Another priority will be assistance to enhance and monitor a public health and human rights HIV prevention response through technical assistance. Issues include:

- Ensure a human rights approach within the national HIV prevention response, including training and tools at national and decentralized levels to monitor adherence to legislation within HIV prevention
- Help create a strategy for enhancing legal services for MARPs as a specific and scaled up HIV prevention intervention
- Ensure that law enforcement at national and decentralized levels is neutral or supportive via initiatives with the MOIA and the law enforcement community; leverage other USG interventions in this area
- Build the capacity of CSOs to document and respond to stigma and discrimination and human rights violations

Gender

There are a number of gaps and opportunities for strengthening the gender response within Ukraine's overall national HIV prevention approach. Gender is an important dynamic in Ukraine's epidemic. Women, particularly female IDUs and women with high risk sexual partners, are increasingly becoming infected with HIV, and women now account for 43.8% of new cases. A 2006 report by the World Bank and the International HIV/AIDS Alliance noted the disparity between female and male incidence rates, at 0.88



percent and 0.5 percent, respectively. Access to services is considerably restricted by societal norms and health care provider attitudes to females within many at-risk groups; for example, female IDUs are less likely to access services because the label of drug user holds greater stigma for women than for men in Ukraine.

USG/Ukraine-supported projects will integrate gender into its activities in a pragmatic, results-focused manner, with an emphasis on gender equity in HIV/AIDS activities and services. Planned formative research will investigate the dynamics and issues related to the access and use of HIV/AIDS services by male and female MARPs. USAID will provide technical assistance to the GOU and Global Fund Principal Recipients to strengthen the delivery of gender-sensitive HIV/AIDS services, including MAT and CPSP, to female clientele. Other technical issues include sexual transmission prevention among male and female sexual partners of MARPs. USAID will also support the piloting of innovative gender-sensitive models for dissemination; the GOU and the Global Fund will roll out these models throughout the country. These include increasing CPSP and MAT service usage by female IDUs.

USG/Ukraine will work with the MOH to develop a strategic plan to reduce policy barriers and operationalize the National AIDS Program strategy. Policy issues will address increased gender equity in HIV/AIDS services and the reduction of gender-based violence and coercion, especially for MARPs. As part of its efforts to build a legislative framework and operational ethos for NGO service delivery, the USG will continue to provide technical assistance to individual NGOs to strengthen their capacity in working with MARPs and at-risk and bridge populations within the context of gender and HIV/AIDS. Continuing policy and advocacy issues will address health care accessibility, especially for MARPs who face considerable yet different forms of discrimination as males and females, human rights, and the reduction of MARPs-focused gender-based violence by security forces. The forthcoming National Human Resources for Health Strategy will quantify staffing and training requirements for the continued expansion of the National AIDS Program; pre- and in- service capacity building in gender and health care service delivery will be included.

The mandatory external project performance evaluation that will be planned by USG/Ukraine shall assess the extent to which both sexes participate and benefit, the degree to which the project designed and contributed to reducing gender disparities in opportunities and improving the situation of disadvantaged women and men. Lessons learned with regard to gender will be highlighted. Evaluation Statements of Work will specifically require attention to gender and ensure that gender expertise is included on the evaluation team. Ability to address gender issues will be a selection criterion in selecting the evaluation team. The project evaluation will determine whether gender equity is promoted, eroded or unaffected by project activities.

Technical Area: Treatment

Budget Code	Budget Code Planned Amount	On Hold Amount
HTXD	25,824	
HTXS	400,000	0
Total Technical Area Planned Funding:	425,824	0



Summary:

Treatment Coverage and Scale-up

Since 2004, significant developments have occurred in the provision of medical care and treatment for people living with HIV and AIDS in Ukraine. The number of people receiving life-saving antiretroviral treatment (ART) increased from about 3,000 persons in 2005 to 24,500 persons in mid-2011. Despite such an increase and an initial decline in AIDS morbidity in 2007-2009, many people who need ART are not able to access it. Insufficient GOU funding in 2010-2011 has not allowed ART scale-up to continue at the pace originally projected, which has led to an increase in AIDS mortality (8% increase in 2011 compared to 2010). There are about 8,000 persons on the waiting list at the AIDS centers, and the total estimated treatment need may be as high as 57,000 persons, many of whom do not know their status. It is anticipated that the FY12 GOU budget will support as many as 40,000 treatment slots, which would be a 60% increase to the current number. But considering the PSM limitations, the scale-up would not start before the second half of 2012 due to a long procurement cycle after funds availability. The Global Fund, which has supported the initial scale-up under Round 1 and Round 6 grants, will continue to support a limited number of people on ART (up to 9,000 by 2014 in Round 10). The USG has not been directly involved in ART provision in the past, and given the anticipated availability of funds to cover the immediate need in ART and a number of existing systemic barriers to scale-up, the USG in 2012 will concentrate its efforts on addressing these barriers.

Procurement and Supply Management (PSM)

One of the biggest barriers to effective treatment provision is the multiple flaws in the procurement and supply management (PSM) system of the GOU. This has resulted in significant delays with drug procurement and a high probability of stock-outs. Both in 2010 and 2011, MoH procurement began in October rather than April-May, and drugs were finally distributed to the sites in January when the remaining stock levels were not sufficient to cover the following month's refill. The MoH PSM system is rather rigid, and to correct the imbalance in drug supply planning and utilization, 27 separate redistribution decrees had to be issued only in 2011.

A limited supply of drugs for treatment of opportunistic infections (OI) is procured under the GF grants, but many patients have to pay out-of-pocket for these essential medications. Cotrimoxazole prophylaxis, an effective method to prevent OIs, is not used on an optimal scale in Ukraine due to the low awareness of current recommendations.

The USG proposes to address these barriers with several activities. At the systemic level, the proposed follow-on HIV Policy Project will focus dialogue and strategic TA at removing regulatory and operational barriers to implementation of essential HIV services, including the PSM issues preventing efficient use of funds. The proposed ART Support project will also advocate for scale-up of cotrimoxazole prophylaxis at the provider level. In 2012, the USG will seek approval to procure contingency stock of OI medications and possibly ARVs in case of an emergency request from GOU.

Strategic Planning and Cost-Efficiency

Lack of a strategic approach to projecting treatment needs, lack of a standardized methodology, and lack of tools for carrying out treatment needs assessments and drug forecasting result in annual drug stock-outs and treatment gaps. Currently the Ukrainian AIDS Center estimates the need for ART based on the clinical registration data submitted by regional AIDS centers. This estimation approach does not take into account the epidemiological situation and existing infrastructure, and therefore cannot be used to assess future needs and potential for scale-up. The new TBD ART Support mechanism will address this issue by developing guidelines on needs and infrastructure assessment and will facilitate the strategic planning process both at the regional and national levels. Better forecasting of necessary regimens and streamlining of the procurement process will contribute to greater efficiency of ART system in Ukraine.



A collaborative study of cost-effectiveness of various models of ART led by UNAIDS is planned for 2012 and the USG will be contributing expertise and funding to that study. The results of this study will better inform the strategy for the new PEPFAR/Ukraine projects.

Human Capacity

Under current legislation, only physicians who have completed a five-day training are permitted to prescribe ART. The curriculum is certified by the National Academy of Post-Graduate Education, but the training courses are being conducted by an NGO which hires specialists from one of the leading clinical institutions as trainers. The same specialists are providing clinical mentorship with on-site visits and phone consultations. Most of the training and mentoring visits are provided according to the GF Round 6 workplan, which does not cover all needs. There is no coordinated training plan among stakeholders involved in capacity building, nor is there a system to track the training process and monitor effectiveness. Ukraine has successfully developed an extensive set of national protocols for HIV/AIDS treatment and care which represents the foundation for evidence-based clinical decision making. The scope and content of these guidelines are largely consistent with the latest WHO clinical protocols for HIV treatment and care. However, there is no systematic monitoring of the use of these guidelines. I-TECH, a donor financed project, was launched in 2011. The continued activities will help coordinate the capacity building efforts among stakeholders, establish a national training network, address gaps in knowledge and expertise, develop mechanisms to monitor training efficiency and ensure sustainable improvement of clinical practice. Additionally, the follow-on Policy project will continue to improve policies for more efficient human resources allocation and update clinical guidelines if necessary.

Lab Capacity

Although Ukraine has an extensive HIV laboratory system in place, these labs lack adequate resources and conditions to provide quality results. The staff at these labs are not adequately monitored, and do not receive adequate in-service training and support. Similar issues exist with the separate and vertical TB laboratory system.

The USG will provide technical and logistics support to Ukraine's laboratory infrastructure and capacity building through four existing funding mechanisms. The strategic approach of the USG to lab strengthening in Ukraine is described in the Governance and Systems TAN.

Treatment Models

ART currently is being provided within a vertical system of AIDS care, which consists of a network of 34 regional and city AIDS centers. Some AIDS centers have collaborated with the general health care facilities at the primary care level, creating a better clinical support system and another channel to dispense medication. The capacity of the staff at those institutions is insufficient for independent ART prescribing and monitoring. Overall, the model for the medical care and treatment of patients with HIV/AIDS has not yet been conceptualized or standardized. The exact role of the specialized AIDS Centers 20 years after their creation needs to be refined and a clearer role for the primary and tertiary care facilities and providers also must be defined. TB diagnostics and treatment services lie within the authority of a stand-alone TB service. Opportunities for integration of TB services are limited, and therefore coverage of TB screening and integration of TB and HIV treatment is suboptimal. The USG's SUNRISE project has demonstrated the feasibility of a range of integrated care models for IDUs and has demonstrated the advantages of integration compared to a traditional vertical approach. The proposed follow-on project will continue this work and focus on institutionalization and sustainability of effective treatment and care models.

Coordination



Considering the leadership and responsibility of the GOU in ART provision, the USG is primarily seen as a TA partner, which will strategically address gaps and strengthen the existing system. The USAID Health Office Director serves as a member of Ukraine's Country Coordinating Mechanism (CCM) and the National Council on TB and HIV/AIDS which includes representation of all bilateral donors working on HIV and TB in the country. This helps ensure that USG-supported programs are closely integrated with Ukrainian national programs, as well as all GF projects. Also, USG specialists serve as members of a range of technical working groups (MAT, Prevention, M&E, etc), which ensures coordination of all activities with stakeholders and avoids duplication of efforts.

Technical Area Summary Indicators and Targets

Future fiscal year targets are redacted.

Indicator Number	Label	2012	Justification
P4.1.D	P4.1.D Number of injecting drug users (IDUs) on opioid substitution therapy	n/a	Redacted
	Number of injecting drug users (IDUs) on opioid substitution therapy	0	
P7.1.D	P7.1.D Number of People Living with HIV/AIDS (PLHIV) reached with a minimum package of 'Prevention with PLHIV (PLHIV) interventions	n/a	Redacted
	Number of People Living with HIV/AIDS reached with a minimum package of 'Prevention of People Living with HIV (PLHIV) interventions	0	
P8.1.D	P8.1.D Number of the targeted population reached with individual and/or small group level HIV prevention interventions that are based on evidence	n/a	Redacted

	and/or meet the minimum standards required		
	Number of the target population reached with individual and/or small group level HIV prevention interventions that are based on evidence and/or meet the minimum standards required	26,600	
P8.2.D	P8.2.D Number of the targeted population reached with individual and/or small group level HIV prevention interventions that are primarily focused on abstinence and/or being faithful, and are based on evidence and/or meet the minimum standards required	n/a	Redacted
	Number of the target population reached with individual and/or small group level HIV prevention interventions that are primarily focused on abstinence and/or being faithful, and are	1,000	

	based on evidence and/or meet the minimum standards required		
P8.3.D	P8.3.D Number of MARP reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards required	n/a	Redacted
	Number of MARP reached with individual and/or small group level preventive interventions that are based on evidence and/or meet the minimum standards required	140	
	By MARP Type: CSW	50	
	By MARP Type: IDU	90	
	By MARP Type: MSM	0	
	Other Vulnerable Populations	0	
P11.1.D	Number of individuals who received T&C services for HIV and received their test results during the past 12 months	9,000	Redacted
	By Age/Sex: <15 Female		

	By Age/Sex: <15 Male		
	By Age: <15	0	
	By Age/Sex: 15+ Female		
	By Age: 15+	0	
	By Age/Sex: 15+ Male		
	By Sex: Female	0	
	By Sex: Male	0	
	By Test Result: Negative		
	By Test Result: Positive		
C1.1.D	Number of adults and children provided with a minimum of one care service	20	Redacted
	By Age/Sex: <18 Female		
	By Age/Sex: <18 Male		
	By Age: <18	20	
	By Age/Sex: 18+ Female		
	By Age: 18+	0	
	By Age/Sex: 18+ Male		
	By Sex: Female	0	
C2.1.D	Number of HIV-positive individuals receiving a minimum of one clinical service	0	Redacted
	By Age/Sex: <15 Female		
	By Age/Sex: <15 Male		

	By Age: <15	0	
	By Age/Sex: 15+ Female		
	By Age: 15+	0	
	By Age/Sex: 15+ Male		
	By Sex: Female	0	
	By Sex: Male	0	
C2.4.D	C2.4.D TB/HIV: Percent of HIV-positive patients who were screened for TB in HIV care or treatment setting	n/a	Redacted
	Number of HIV-positive patients who were screened for TB in HIV care or treatment setting	0	
	Number of HIV-positive individuals receiving a minimum of one clinical service	0	
C2.5.D	C2.5.D TB/HIV: Percent of HIV-positive patients in HIV care or treatment (pre-ART or ART) who started TB treatment	n/a	Redacted
	Number of HIV-positive patients in HIV care who started TB treatment	0	
	Number of	0	

	HIV-positive individuals receiving a minimum of one clinical service		
H2.1.D	Number of new health care workers who graduated from a pre-service training institution or program	0	Redacted
	By Cadre: Doctors	0	
	By Cadre: Midwives	0	
	By Cadre: Nurses	0	
H2.2.D	Number of community health and para-social workers who successfully completed a pre-service training program	300	Redacted
H2.3.D	The number of health care workers who successfully completed an in-service training program	3,303	Redacted
	By Type of Training: Male Circumcision	0	
	By Type of Training: Pediatric Treatment	0	



Partners and Implementing Mechanisms

Partner List

Mech ID	Partner Name	Organization Type	Agency	Funding Source	Planned Funding
12091	U.S. Department of Health and Human Services/National Institutes of Health (HHS/NIH)	Implementing Agency	U.S. Department of Health and Human Services/National Institutes of Health	GHP-State	300,000
12093	University of Washington	University	U.S. Department of Health and Human Services/Health Resources and Services Administration	GHP-State	667,000
12845	TBD	TBD	Redacted	Redacted	Redacted
12899	TBD	TBD	Redacted	Redacted	Redacted
12957	Association of Public Health Laboratories	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	500,000
13168	American Society for Microbiology	Private Contractor	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	500,000
13232	TBD	TBD	Redacted	Redacted	Redacted

13252	World Health Organization	Multi-lateral Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	450,000
13268	American Society of Clinical Pathology	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	425,000
13435	Ministry of Health-Swaziland	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	250,000
13582	UNODC	Multi-lateral Agency	U.S. Agency for International Development	GHP-State	450,000
14071	U.S. Peace Corps	Other USG Agency	U.S. Peace Corps	GHP-State	122,600
14219	TBD	TBD	Redacted	Redacted	Redacted
14225	Program for Appropriate Technology in Health	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	0
14229	TBD	TBD	Redacted	Redacted	Redacted
14235	TBD	TBD	Redacted	Redacted	Redacted



14240	World Health Organization	Multi-lateral Agency	U.S. Agency for International Development	GHP-State	250,000
14247	TBD	TBD	Redacted	Redacted	Redacted
14251	University of North Carolina at Chapel Hill, Carolina Population Center	University	U.S. Agency for International Development	GHP-USAID	200,000
14252	TBD	TBD	Redacted	Redacted	Redacted
14253	TBD	TBD	Redacted	Redacted	Redacted
14254	TBD	TBD	Redacted	Redacted	Redacted
14255	TBD	TBD	Redacted	Redacted	Redacted



Implementing Mechanism(s)

Implementing Mechanism Details

Mechanism ID: 12091	Mechanism Name: Fogarty
Funding Agency: U.S. Department of Health and Human Services/National Institutes of Health	Procurement Type: Cooperative Agreement
Prime Partner Name: U.S. Department of Health and Human Services/National Institutes of Health (HHS/NIH)	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A
Total Funding: 300,000	Total Mechanism Pipeline: N/A
Funding Source	Funding Amount
GHP-State	300,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

In 2010, CDC-Ukraine began to fund a NIH Fogarty International Center (FIC) mechanism to support training on technical capacity in HIV/AIDS disciplines. FIC has funded 23 AIDS International Training and Research Program (AITRP) Centers, including several working in the former Soviet Union. The goal of AITRPs is to train epidemiologists, laboratory specialists, clinicians, basic scientists, NGO program staff, and other professionals in disciplines needed to support HIV control programs and operational research. Typical AITRP components include short-term or degree training in Epidemiology, Biostatistics and Health Policy & Management; postdoctoral U.S. laboratory-based training; short-term in-country infectious disease (AIDS/HIV, TB, and others) workshops; blood banking/transfusion medicine; and training in research on socio-behavioral aspects of substance-use/HIV/AIDS risk. This training builds skill sets important to the sustainability of a national response to HIV. In Ukraine, Fogarty activities include support of needs identified during initial assessments of the Ukrainian AIDS Center and stakeholder meetings. Trainings included basic epidemiology and data analysis for NGO and GOU implementers of MARP studies; upcoming are manuscript writing and effectiveness evaluation workshops. With the State



Service on HIV, Fogarty will help develop a national plan for operational research needs. A monitoring and evaluation plan will be developed to capture information on trainees, what they have been trained on, and how their skills have improved. Fogarty contributes to goals 2 and 3 of Ukraine's Partnership Framework including improved quality and cost effectiveness of HIV services for MARPs and strengthened national/local ability to achieve Ukraine's AIDS Program objectives.

Global Fund / Programmatic Engagement Questions

1. Is the Prime Partner of this mechanism also a Global Fund principal or sub-recipient, and/or does this mechanism support Global Fund grant implementation? **Yes**
2. Is this partner also a Global Fund principal or sub-recipient? **Neither**
3. What activities does this partner undertake to support global fund implementation or governance?

Budget Code	Recipient(s) of Support	Approximate Budget	Brief Description of Activities
OHSS		0	Since the training activities will build skills in general Public Health and disciplines like basic epidemiology, M&E, and health policy in Ukrainian professionals, this mechanism will be complementary to the efforts of GF Round 10 recipients and will contribute to the sustainability of HIV response in the country.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A



Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	12091		
Mechanism Name:	Fogarty		
Prime Partner Name:	U.S. Department of Health and Human Services/National Institutes of Health (HHS/NIH)		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	300,000	0

Narrative:

Fogarty supports activities designed to strengthen health systems (OHSS) and human resources for health (HRH). FY12 funds will be used to support two in-country workshops trainings, two year-long (two semester) fellowships in US Universities, and in-country consultancies to help develop an operational research needs agenda. The workshops will focus on specific research topics developed in conjunction with major stakeholders including the State Service on HIV, and the three Global Fund Principal Recipients (Ukrainian AIDS Center, International Alliance on HIV/AIDS in Ukraine, All Ukrainian Network of People Living with HIV/AIDS). Fellowships will include academic coursework in the field of Epidemiology as well as extracurricular practical training opportunities.

The target population for these activities is current and prospective public health professionals primarily from GOU institutions working in the field of HIV, M&E specialists from NGOs and public health academic institutions.

In-country activities will involve faculty and experts from US universities. Fogarty will become more cost efficient over time through the leveraging of educational resources within Ukraine, particularly the School of Public Health at Kyiv-Mohyla Academy.

Implementing Mechanism Details

Mechanism ID: 12093	Mechanism Name: ITECH
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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 667,000	Total Mechanism Pipeline: N/A
Funding Source	Funding Amount
GHP-State	667,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

I-TECH is a HRSA multicountry mechanism supporting capacity development for HIV providers, especially in all aspects of ART. The rapid expansion and decentralization of ART in Ukraine is increasing the need for training of increased numbers and types of providers and new curricula are needed. Two new regional ART training centers will be set up in addition to the National ARV Training Center. This mechanism will increase the capacity to provide ART services by designing and incorporating new training curricula and supporting an ART training monitoring system to improve training planning. I-TECH will work with the MOH, ARV training centers, AIDS Centers, and national pre/post-service training institutions to improve ART curricula and master trainers' skills and ART competencies. In addition to existing curricula, training topics will include program management, needs assessment, training methods, teaching skills, and monitoring and evaluation of training. Additional curricula, such as pediatric HIV, ART in penitentiaries, will be developed upon request. I-TECH will strengthen the Ukrainian AIDS Center's ability to monitor the national decentralized ART training programs by introducing its open-source, web-based training data collection system (TrainSMART) modified to meet GOU needs.

All activities will be planned and conducted in close coordination with the national ART working group and other USG mechanisms.

Emphasis will be placed on building the capacity of future master trainers and mentors to ensure sustainability.

The project will have a detailed M&E plan with indicators for each objective. The indicators will measure performance in terms of both the number of actual master trainers and participants trained and the number of curricula improved/introduced.



Cross-Cutting Budget Attribution(s)

Human Resources for Health	350,000
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TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 12093			
Mechanism Name: ITECH			
Prime Partner Name: University of Washington			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	667,000	0

Narrative:

Activities in FY12 will build upon the results achieved with the previous years' funding. Based on the results of the needs assessment and discussions with national partners, I-TECH will concentrate on improving the skills at both the national and subnational level. With the experienced trainers at the National ARV Training Center ITECH will provide training in improving ARV mentoring, advanced clinical topics, and developing new curricula covering topics beyond basic ART including pediatric ART. For the new subregional centers, the clinicians designated to be trainers will be supported in their assuming of their new roles by providing 'training for trainers' in teaching on ARV therapy which will include various topics including the ART basic course, advanced course, and opportunistic infections. A new



curriculum on paediatric HIV treatment will be developed and piloted. An incountry consultancy will work with the National ARV Training Center on the feasibility of introducing a web-based clinical ART seminar series for ART providers. Implementation of the training monitoring system will be continued with the inclusion of additional areas and mentoring. TRAIN SMART, a computerized trainee and training tracking program will also be implemented to improve monitoring of ARV training. The project will serve all regions of Ukraine and enroll participants from health care institutions and NGOs according to the developed training plan.

Implementing Mechanism Details

Mechanism ID: 12845	TBD: Yes
REDACTED	

Implementing Mechanism Details

Mechanism ID: 12899	TBD: Yes
REDACTED	

Implementing Mechanism Details

Mechanism ID: 12957	Mechanism Name: Association of Public Health Laboratories
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Association of Public Health Laboratories	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A
Total Funding: 500,000	Total Mechanism Pipeline: N/A
Funding Source	Funding Amount
GHP-State	500,000



Sub Partner Name(s)

(No data provided.)

Overview Narrative

APHL is a central multicountry CoAg with the Association of Public Health Laboratories, supporting capacity development of the National HIV Reference Laboratory (NRL) and of a regional AIDS laboratory network in Ukraine. The NRL units have not functioned as a reference laboratory, have limited capacity, and are housed in inadequate temporary facilities. APHL assessed the NRL and developed a plan to build NRL capacity and support infrastructure improvements. MOH approval of implementation of the plan has been delayed due to restructuring of MOH and the HIV program; however, in January 2012, approval was given to major components of the plan. Recent steps included provision of international standards for development of new national laboratory standards and laboratory management training for leadership of the NRL and of the national laboratory quality improvement institute. APHL contributes to goals 2 and 3 of Ukraine's Partnership Framework to improve quality and cost effectiveness of HIV services for MARPs and strengthened national and local ability to achieve Ukraine's AIDS Program objectives. These activities also support the goals of the MOH strategy on counseling, testing and laboratory diagnosis released in 2009. APHL coordinates closely with GF on laboratory strengthening and advocacy for increased national funding for laboratory strengthening. All APHL activities are designed to increase national capacity and ownership. For example, all training plans include steps to lead to adoption of the material into some level of national training. Outcomes by the end of the project include a fully functioning NRL, training of relevant NHRL/network staff in laboratory administration and QA/QC, initiation of QA/QC systems and networking activities in all 27 regions.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A



Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 12957			
Mechanism Name: Association of Public Health Laboratories			
Prime Partner Name: Association of Public Health Laboratories			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	500,000	0

Narrative:

In FY12 APHL will continue work to strengthen the HIV laboratory system in Ukraine, including activities to strengthen the National Reference Laboratory (NRL) and to develop the system of regional laboratories into a functional network. APHL has developed a plan based on assessment of the NRL for capacity development, especially in laboratory management, strategic planning, QA/QC systems, ELISA HIV diagnostics, CD4, viral load, hematology, clinical chemistry, network development, and infrastructure improvements. Activities to improve quality management will also include working with the Ukrainian Reference Center (UkRC- lead for introduction of laboratory standards) in the harmonization and implementation of ISO 15189 in Ukraine. FY12 funds will be used to initiate introduction of Laboratory Information Systems (LIS), specifically to develop technical specifications, procure and install Laboratory Information Systems in the NRL and three regional laboratories that have the highest workloads.

- PEPFAR II indicators: These indicators (no. of testing laboratories and number of accredited laboratories) provide limited information for programming laboratory support in Ukraine. Currently, the number of testing laboratories in the HIV laboratory system is sufficient; however, quantitative capacity in some assays needs to be augmented and the qualitative capacity, especially human, of all laboratories needs to be strengthened. All laboratories in the system are nationally accredited except for the HIV National Reference Laboratory (due to its lack of adequate physical facilities); however, numerous gaps exist in quality management. APHL activities are addressing these gaps.

- Coverage: Currently coverage with laboratory testing is adequate nationwide with the exception of prison populations. CDC is participating in planning for laboratory capacity augmentation under the GF Round 10 funding to cope with anticipated growth in needs and to extend coverage to prison populations;

however, add'l laboratories are not planned. As additional capacity is developed, APHL activities will include them into quality management and other support activities.

- Training in management and quality assurance: these trainings are a major focus for APHL. Directors of the NRL and Ukrainian Reference Center had intensive laboratory management training in Oct-Nov 2011. Plans are being developed to conduct broader laboratory management training for a broader audience in Ukraine with involvement of a national training institute to allow for institutionalization.
- All CDC-supported laboratory activities in Ukraine target enhancing the capacity of the MOH laboratory system.

Implementing Mechanism Details

Mechanism ID: 13168	Mechanism Name: American Society of Microbiology
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: American Society for Microbiology	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A
Total Funding: 500,000	Total Mechanism Pipeline: N/A
Funding Source	Funding Amount
GHP-State	500,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

ASM is a centrally managed cooperative agreement with the American Society for Microbiology to support development of laboratory capacity. ASM has wide technical capacity including in microbiologic testing for tuberculosis and HIV diagnostics, including rapid testing. In Ukraine, limited support under this mechanism for ASM activities was programmed in FY10/FY 11 COPs to address specific technical capacities at the nascent National TB Reference Laboratory as recommended by WHO and other partners providing support for establishment of the NTRL. However, the NTRL laboratory has not yet



become effectively operational and these activities have not been initiated. These resources will be redirected to support TB laboratories in the two regions covered by the recent Ukraine CDC HIV-TB CoAg. Additional activities will be initiated in rapid test quality control programs as requested by national partners including the Ukrainian AIDS Center's NRL.

The ASM mechanism directly contributes to the achievement of goals 2 and 3 of Ukraine's forthcoming Partnership Framework including 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 MOH strategy on counseling, testing and laboratory diagnosis which was released in July 2009.

ASM will coordinate closely with the GF to strengthen labs and advocacy with the GOU to demonstrate the need for increased national support for laboratory strengthening, including the NRL. All ASM activities are designed to increase national capacity and ownership within the national and regional laboratory system.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	13168
Mechanism Name:	American Society of Microbiology
Prime Partner Name:	American Society for Microbiology

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	500,000	0

Narrative:

Due to increasing HIV testing using rapid tests in Ukraine without a functioning quality assurance/control program, special attention is needed to implement an effective program of external quality assessment. Funding in 2012 will be used to train laboratory professionals from the National HIV Reference Laboratory and the Gromashevsky Institute in preparing DBS proficiency panels for an external quality assessment program. In addition ASM will assist in the development of external quality assessment protocols for rapid testing in Ukraine with a followon pilot study of implementation, in conjunction with national and regional laboratory partners and implementing prevention NGOs.

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 in the two regions selected under the CDC-Path Ukraine HIV-TB cooperative agreement. Focused support to the National TB Reference Laboratory will be initiated if the laboratory becomes operational.

- PEPFAR II indicators: These indicators (no. of testing laboratories and number of accredited laboratories) do not provide the critical information for programming laboratory support in Ukraine. Currently, the no. of testing laboratories in the HIV laboratory system is sufficient; however, quantitative capacity in some assays needs to be augmented and the qualitative capacity, especially human, of all laboratories needs to be strengthened. All laboratories in the system are nationally accredited except for the HIV National Reference Laboratory; however, numerous gaps exist in quality management. ASCP activities are addressing these gaps.
- Coverage: Currently coverage with laboratory testing is adequate nationwide with the exception of prison populations. CDC is participating in planning for laboratory capacity augmentation under the GF Round 10 funding to cope with anticipated growth in needs and to extend coverage to prison populations; however, add'l laboratories are not planned. As additional capacity is developed, ASCP activities will include them into quality management and other support activities.
- Training in management and quality assurance: these trainings are a major part of ASCP laboratory trainings and pre-service curricula.
- All CDC-supported laboratory activities in Ukraine target enhancing the capacity of the MOH laboratory system.

Implementing Mechanism Details



Mechanism ID: 13232	TBD: Yes
REDACTED	

Implementing Mechanism Details

Mechanism ID: 13252	Mechanism Name: WHO
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: World Health Organization	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 450,000	Total Mechanism Pipeline: N/A
Funding Source	Funding Amount
GHP-State	450,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The multicountry central CDC-WHO CoAg supports WHO's role as a key HIV policy and technical organization. In Ukraine, WHO has strengthened partnerships with MOH and national organizations and brought policies on prevention, treatment and M&E areas to international standards.

The goal of this mechanism is to facilitate the implementation of evidence-based approaches in the areas of prevention, diagnostics and treatment of HIV and to support WHO's work with the GoU and GF grant recipients to institutionalize these approaches.

These goals will be achieved through:

- improve the pre-service training system (medical schools/institutes) for medical professionals in topics relevant to HIV and TB (with other pre-service improvement efforts including ASCP for laboratory);
- streamline data collection and data management procedures for more efficient analysis and reporting;
- improve policy-making through closing operational knowledge gaps and documenting best practices;
- improve the institutional capacity of national health care providers in evidence-based prevention and



treatment approaches by revising existing in-service training curricula (in coordination with other in-service training initiatives) and changing the relevant national policies guiding the provision of these services. The agreement with WHO contributes to the goals of Ukraine's Partnership Framework: directly to goal 2 (improved quality and cost effectiveness of HIV services for MARPs) and indirectly to goals 1 of (reduction of HIV transmission among MARPs) and 3 (strengthened national/local ability to achieve National AIDS Program objectives).

Global Fund / Programmatic Engagement Questions

1. Is the Prime Partner of this mechanism also a Global Fund principal or sub-recipient, and/or does this mechanism support Global Fund grant implementation? **No**

Cross-Cutting Budget Attribution(s)

Human Resources for Health	225,000
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TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 13252			
Mechanism Name: WHO			
Prime Partner Name: World Health Organization			
Strategic Area	Budget Code	Planned Amount	On Hold Amount



Governance and Systems	OHSS	450,000	0
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Narrative:

Activities in FY12 will expand initial FY11 activities. The FY12 funds will be used to conduct assessments, operational evaluation, develop and adapt curricula, tools and instruments. WHO will work with the educational institutions to pilot the developed curricula. Targeted assistance will also be provided to the national counterparts in supporting guidelines for further integration of TB, HIV and drug treatment services for MARPs. Human resource strengthening is a major focus of partner activities and will create trained cadres of trainers who can continue these SI and service integration activities after the end of USG support. WHO involvement with trainings facilitates national approval. Partner activities will also include increasing the quality of available data and conducting operational evaluations of training efforts, prevention and treatment approaches, and pharmacovigilance system improvement.

The project activities will be in accord with all current WHO guidelines for European Region.

The complementarity of suggested activities to the National AIDS Program, GF grants and USG projects will be ensured by the membership of WHO in the National Coordination Council and representation on all major technical working groups, where the detailed workplan will be discussed and coordinated with stakeholders.

Implementing Mechanism Details

Mechanism ID: 13268	Mechanism Name: American Society of Clinical Pathology
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: American Society of Clinical Pathology	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 425,000	Total Mechanism Pipeline: N/A
Funding Source	Funding Amount
GHP-State	425,000



Sub Partner Name(s)

(No data provided.)

Overview Narrative

The American Society for Clinical Pathology (ASCP) is a CDC central multi-country PEPFAR cooperative agreement partnered with CDC to improve laboratory training and implement laboratory quality improvement initiatives. In Ukraine, ASCP's goal is to strengthen the HIV laboratory system and overall laboratory system, especially in human capacity. In stakeholders' meetings, ASCP developed a plan for 1) training courses for national/regional laboratory personnel in key clinical laboratory techniques and quality control; and 2) a process to improve pre-service curricula.

MOH approval of full implementation of the plan has been delayed due to restructuring of the MOH and AIDS control program. Recent steps by ASCP included review of two recent laboratory curricula from the Kiev laboratory pre-service training institute.

ASCP contributes to goals 2 and 3 of Ukraine's Partnership Framework related to improved quality/cost effectiveness of HIV services for MARPs; and strengthened national/local ability to achieve Ukraine's AIDS Program objectives. These activities support the goals in the MOH strategy on counseling, testing and laboratory diagnosis of 2009.

ASCP's cost efficiency includes coordination with and leverage of GF Rd 10 grant resources for lab strengthening and advocacy with the GOU to increase funding for laboratory strengthening. All ASCP activities are designed to increase national capacity and ownership. For example, training plans include a 'train-the-trainer' component to allow national staff to conduct future trainings.

Monitoring and evaluation activities for this activity will include tracking of trainees by the National Reference Laboratory to ensure that all appropriate staff and a cadre of trainers receive the required courses.

Global Fund / Programmatic Engagement Questions

1. Is the Prime Partner of this mechanism also a Global Fund principal or sub-recipient, and/or does this mechanism support Global Fund grant implementation? **Yes**
2. Is this partner also a Global Fund principal or sub-recipient? **Neither**
3. What activities does this partner undertake to support global fund implementation or governance?

Budget Code	Recipient(s) of Support	Approximate Budget	Brief Description of Activities
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HLAB	MOH	275000	Current mechanism will increase the capacity of GoU to conduct lab activities under GF Rd 10.
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Cross-Cutting Budget Attribution(s)

Human Resources for Health	80,952
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TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 13268			
Mechanism Name: American Society of Clinical Pathology			
Prime Partner Name: American Society of Clinical Pathology			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	425,000	0

Narrative:

ASCP FY12 funds will be used to continue the Curriculum development process in Clinical Chemistry/Hematology/CD4. This activity will take place at national and regional academies of postgraduate education which provide the preservice training for higher level laboratory workers (advanced degree equivalent). In addition, initial discussions are occurring in February 2012 with MOH and medical institutes that train laboratory technologist equivalent workers on curricula improvement . Funds will be used to support the HIV National Reference Laboratory and the Ukrainian Reference



Center (UkRC) in the development and implementation of external quality assurance (EQA) programs for CD4. (The UkRC has been made responsible for initiating/coordinating EQA in Ukraine and began these operations in 2009 has recently begun EQA programs. EQA in HIV assays has been limited to small-scale EQA of HIV serology in 2010.) ASCP will also continue implementing laboratory best practices within the HIV laboratory network. This cooperation will be primarily at the central level - the NRL and the UkRC, which will develop national regulations. Further assistance will be provided for the implementation of these documents in the local laboratories (support training for local laboratory staff). ASCP will conduct an evaluation of additional changes within HIV laboratory services made possible/necessary by health care reform legislation being drafted in the Ukraine parliament.

- PEPFAR II indicators: These indicators (no. of testing laboratories and number of accredited laboratories) provide limited information for programming laboratory support in Ukraine. Currently, the number of testing laboratories in the HIV laboratory system is sufficient; however, quantitative capacity in some assays needs to be augmented and the qualitative capacity, especially human, of all laboratories needs to be strengthened. All laboratories in the system are nationally accredited except for the HIV National Reference Laboratory (due to its lack of adequate physical facilities); however, numerous gaps exist in quality management. ASCP activities are addressing these gaps.
- Coverage: Currently coverage with laboratory testing is adequate nationwide with the exception of prison populations. CDC is participating in planning for laboratory capacity augmentation under the GF Round 10 funding to cope with anticipated growth in needs and to extend coverage to prison populations; however, add'l laboratories are not planned. As additional capacity is developed, ASCP activities will include them into training and human resource development planning.
- Training in management and quality assurance: these trainings are a major part of ASCP laboratory trainings and pre-service curricula.
- All CDC-supported laboratory activities in Ukraine target enhancing the capacity of the MOH laboratory system.

Implementing Mechanism Details

Mechanism ID: 13435	Mechanism Name: MOH
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Ministry of Health- Swaziland	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	



G2G: N/A	Managing Agency: N/A
Total Funding: 250,000	Total Mechanism Pipeline: N/A
Funding Source	Funding Amount
GHP-State	250,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The goals of the MOH Capacity Building mechanism are to develop capacity in Strategic Information (SI), Laboratory Strengthening, and Blood Safety within the Ukrainian AIDS Center (UAC) and the regional AIDS center network. In 2009, a National M&E Unit (NMEU) was created in UAC to oversee HIV SI as part of the 'Three Ones'. UAC is restructuring three lab units as a National HIV Reference Laboratory, to be located in a single facility. Both the NMEU and NHRL will need substantial technical assistance to develop strategic plans, policies, procedures, and staff capacity to assume their roles. The NHRL will need additional equipment and renovated facilities. The UAC recently became the first GOU GF Principal Recipient and needs extensive capacity development to fill the roles planned for the grant period. CDC support through this mechanism was included in GF grant planning to avoid overlap while providing for capacity development not covered by GF.

Obstacles to implementation include a lack of MOH experience with assistance as no previous grants had been implemented. The original MOH unit (State Committee on HIV/AIDS) slated to be the implementer was dissolved in GoU administrative reforms in 2011 and a new State Service on HIV/AIDS was established. After extensive intraGOU discussions, the State Service is taking steps with the Ministry of Economy to develop and approve administrative procedures to receive funds and conduct activities under this agreement.

The MOH project contributes to all goals of Ukraine's Partnership Framework: directly to goals 2 (improved quality/cost effectiveness of HIV services for MARPs) and 3 (strengthened national/local ability to achieve national program objectives); and indirectly to goal 1 (reduction of HIV transmission among MARPs).

Global Fund / Programmatic Engagement Questions

1. Is the Prime Partner of this mechanism also a Global Fund principal or sub-recipient, and/or does this mechanism support Global Fund grant implementation? **Yes**



2. Is this partner also a Global Fund principal or sub-recipient? **Neither**
3. What activities does this partner undertake to support global fund implementation or governance?

Budget Code	Recipient(s) of Support	Approximate Budget	Brief Description of Activities
HLAB	MOH	100000	Current mechanism will strengthen MOH capacities relevant to implementation of Lab activities under GF.
HVSI	MOH	100000	MOH is responsible for implementation of the National AIDS program and coordinates GF-related activities. Current mechanism will strengthen MOH capacities relevant to implementation of SI activities under GF.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	150,000
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TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

TB

Budget Code Information

Mechanism ID:	13435
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Mechanism Name:	MOH		
Prime Partner Name:	Ministry of Health- Swaziland		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	100,000	0

Narrative:

Because of the ongoing intra-GOU administrative process to achieve activation of the cooperative agreement that the award, activities planned for FY11 will be conducted in FY12 using the previously programmed funds. As administrative issues are resolved, the MOH will proceed with implementation of the original workplan with modifications introduced to reflect intervening changes. Limited additional resources are requested to support management and operation activities under this budget code. The program will develop the infrastructure and the human/technical capacity of the NHRL to lead the national HIV laboratory network, develop standards for the function of the NRHL and network laboratories, and implement the needed improvements in infrastructure, human and technical capacity, and systems, to provide for improved quality and access to HIV laboratory support.

The initial steps will be to enhance the human, organizational, and physical capacity of the NHRL. The NHRL staff will be trained (to be trainers) in areas relevant to reference laboratories 1) laboratory management, 2) HIV laboratory techniques at international standards; 3) developing and implementing QA/QC systems; 4) laboratory information management. A plan for the NHRL to participate in external QA will be developed and implemented (including reform of regulations prohibiting use of test kits for QA and prohibiting export of specimens). National standards and SOPs that meet international standards will be developed and implemented for HIV related laboratory techniques. New national standards (meeting international standards (ISO 15189)) will be developed for laboratory accreditation. The NHRL will develop, get approved, and implement a plan to assess test kits purchased for national use. Equipment (including equipment for ARV resistance testing, quality control of ELISA tests, and a laboratory information system will be procured in a transparent tendering process and a maintenance program developed. The laboratory currently operates in two separate locations with inadequate space and infrastructure. Space for both units will be found, renovated, and the units relocated.

Additional steps will enhance the physical, human, and organizational capacity of the regional HIV laboratories, especially those conducting HIV confirmation and clinical monitoring. Trained NHRL staff (with APhL/ASCP staff as needed) will train the regional laboratory staff in the above subject areas. A unified QA/QC system will be extended to the regional laboratories, initially for HIV serology with extension to other assays as panels are developed or purchased and registered. NHRL staff will conduct regular monitoring visits to regional HIV laboratories and assist them in implementing new SOPs and becoming accredited. Limited WB/CD4/VL/ equipment purchases will equip the regional



confirmatory and clinical monitoring laboratories that lack them. Regional laboratory heads will be trained in laboratory management/strategic planning.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	100,000	0

Narrative:

Because of the ongoing intra-GOU administrative process to achieve activation of the cooperative agreement that the award, activities planned for FY11 will be conducted in FY12 using the previously programmed funds. As administrative issues are resolved, the MOH will proceed with implementation of the original workplan with modifications introduced to reflect intervening changes. Limited additional resources are requested to support management and operation activities under this budget code. The program of activities remains the same as in the previous year. The program will develop the capacity of the new national M&E Center (NMEC) to lead the system of regional M&E centers. The program will improve the NMEC infrastructure and human/technical capacity and will incorporate specific activities to improve HIV surveillance, to improve data collection from other services (TB, ANC, prison, STD), to coordinate the analysis of these data streams, to improve modeling and data triangulation, to progressively lead surveillance among risk-groups, and to generate and disseminate the analyses needed to direct the epidemic response. The capacity of the regional M&E centers to implement new M&E functions will also be improved.

The initial critical steps are to enhance the physical, human, and organizational capacity of the NMEC and the network of regional M&E centers. The UAC including the NMEC has had a new space identified that will allow all units to be housed together. Renovations will be needed to bring the space to standard condition. . Improving the infrastructure of the NMEC will require small amounts of computer equipment and furniture.

The NMEC and regional M&E staff will be trained in areas of surveillance and monitoring and evaluation including 1) management/strategic planning/project implementation, 2) data management, 3) data analysis, 4) cost effectiveness and prevention effectiveness assessment, and 5) effective dissemination of results. Training in management issues will begin in year 1; a training plan for national and regional levels will be developed using assessment results.

New national reporting documents and guidelines for HIV surveillance will be developed to take into account international standards and changing information needs, using input from national statistics and reporting experts and CDC technical assistance. These guidelines will improve data availability from other health services, including TB, drug treatment, and maternal health services. Experts and staff from these services will help develop and review draft guidelines, with training of services staff after approval. Currently, sentinel surveillance among risk-groups is funded by Global Fund and led by GF grantees.



Efforts to progressively increase the role of the UAC and NMEC in this surveillance will focus on development of guidelines and increasing the role of UAC/NMEC staff in planning and interpreting these studies.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMBL	50,000	0

Narrative:

Because of the ongoing intra-GOU administrative process to achieve activation of the cooperative agreement that the award, activities planned for FY11 will be conducted in FY12 using the previously programmed funds. As administrative issues are resolved, the MOH will proceed with implementation of the original workplan with modifications introduced to reflect intervening changes. Limited additional resources are requested to support management and operation activities under this budget code.

The Project will focus on strengthening the National Blood Services through improving infrastructure, human capacity, and the regulatory framework.

An initial assessment will inform further activities. A team of international and national experts, and assess the blood service/blood safety in Lugansk, Kyiv Oblast, and Rivne, reviewing policies, procedures, and materials for QA/QC screening for HIV/ blood borne pathogens. The team will develop a TA and training plan for blood service staff in the three oblasts based on the assessment.

The improvement of infrastructure and human capacity will develop three centers of excellence in eastern, central, and western Ukraine with updated equipment and fully trained staff. Priority equipment are centrifuges and equipment for computerized (bar-coded) tracking of donors, blood, and recipients to allow introduction of hemovigilance. Additional equipment (viral inactivation) will be added in Centers of Excellence within budgetary constraints; additional donors will be sought. In collaboration with the NHRL, a system of external QA/QC will be introduced. The Centers of Excellence will serve as regional training centers to allow expansion of infrastructure and human capacity improvements. Training activities will focus on QA/QC. The project will also develop programs to improve voluntary donation through the NBS and community organizations to expand the pool of eligible and willing donors.

Implementing Mechanism Details

Mechanism ID: 13582	Mechanism Name: HIV PLEDGE
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: UNODC	
Agreement Start Date: Redacted	Agreement End Date: Redacted



TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A
Total Funding: 450,000	Total Mechanism Pipeline: N/A
Funding Source	Funding Amount
GHP-State	450,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The overarching goal of the PLEDGE project is to build support among Ukrainian law enforcement officials and other key GOU stakeholders at the national and decentralized levels for HIV/AIDS and drug dependency Tx services. This activity targets MARPs and includes service delivery within pre-, in-, and post- prison detention settings. This will be achieved through the following 3 project objectives: create an environment supportive of evidence-informed and human rights-based HIV/AIDS and drug dependence Tx programs among MARPs; strengthen capacities of the State Penitentiary Service, public health and social services workers and civil society organizations to provide evidence-informed and human rights-based comprehensive HIV prevention, Tx and care services including drug dependence Tx in prison settings; and improve capacity of substance abuse Tx system (narcological services) to provide evidence-informed and human-rights based integrated HIV prevention and drug dependence Tx services.

The project will be implemented at the national and sub-national levels. The project dissemination strategy envisages covering 27 regions of Ukraine by the end of the project.

The project contributes directly to Ukraine’s partnership framework goals #1 and #3, and adds value to existing and forthcoming HIV/AIDS initiatives, including those under the Global Fund and USG. To ensure long-term sustainability of systemic changes the project will support national training institutions by updating specific training modules and curricula in order to incorporate internationally available best knowledge and expertise. The project will establish strong M&E and analysis components to ensure that program interventions are effective. USG/Ukraine will conduct mid-term and final evaluations.

Global Fund / Programmatic Engagement Questions



1. Is the Prime Partner of this mechanism also a Global Fund principal or sub-recipient, and/or does this mechanism support Global Fund grant implementation? **Yes**
2. Is this partner also a Global Fund principal or sub-recipient? **Neither**
3. What activities does this partner undertake to support global fund implementation or governance?

Budget Code	Recipient(s) of Support	Approximate Budget	Brief Description of Activities
IDUP	State Penitentiary Service of Ukraine	650000	Program under IDUP will support State Penitentiary Service of Ukraine with comprehensive HIV services on MAT
OHSS	Ministry of Interior, State service of drug control, State Penitentiary Service	150000	TA to support the common understanding of Health and Drug control issues

Cross-Cutting Budget Attribution(s)

Human Resources for Health	90,000
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TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

- Addressing male norms and behaviors
- Impact/End-of-Program Evaluation
- Increasing gender equity in HIV/AIDS activities and services
- Mobile Population



Budget Code Information

Mechanism ID:	13582		
Mechanism Name:	HIV PLEDGE		
Prime Partner Name:	UNODC		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	90,000	0

Narrative:

The PLEDGE projects aims to improve the availability, coverage and quality of HIV services for IDU while in detention, serving terms in prison, and in post-release settings. A prerequisite for increased service accessibility is the improved technical capacities of a vast body of policy- and decision-makers and service providers in human rights-based and gender-sensitive programming and planning, management, and M&E. The project will be implemented at national and sub-national (oblast) levels. Updated national strategies and policy frameworks will be applied and tested in at least 2 target regions (oblasts) that will be selected in close consultation with the national partners. A project dissemination strategy envisages expanding the project activities to 8 more regions annually starting from 3rd year of the project life, thus covering 27 regions of Ukraine by the end of the project.

The project will increase awareness and knowledge of key GOU stakeholders, including law enforcement and drug control agencies, on the importance of accessible comprehensive HIV prevention, treatment, care and support programs for people who use drugs. Activities include conducting national- and decentralized-level advocacy among senior government officials, policy and decision makers and other officials from the prison management authorities.

Ukraine lacks a national research, policies, and protocols on the delivery of evidence-informed and human rights-based comprehensive package of HIV prevention, treatment, care and support services, including drug dependence treatment, for pre-, in-, and post- detention settings. Activities include a small grants program to provide Ukrainian researchers with awards to support multi-year research studies on the implementation of integrated HIV/AIDS and narcology services in Ukraine, MAT and harm reduction services. The project will facilitate the dissemination of these studies to professional fora, including TWGs, to inform policy, standards, and protocol formation.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
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Prevention	IDUP	360,000	0
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Narrative:

According to national estimates, Ukraine has some 360,000 people who inject drugs. This represents an overall IDU prevalence of 1% of the total population over the age of 15. Approximately 130,000–140,000 people are incarcerated at any given time in Ukraine and according to the national statistics, HIV prevalence among prisoners in 2009 was 15% (32% in women and 12% men). A high proportion of prisoners have a history of drug use (56%) and injecting drug use (35%).

The program will work with GOU stakeholders, including the MOH, law enforcement and drug control agencies, to strengthen support for accessible comprehensive HIV/AIDS and drug dependence services, including MAT, for people who use drugs. The project will be rolled out to all 27 regions. Activities include national and decentralized advocacy for senior government officials, policy and decision makers and other officials from law enforcement and drug control authorities, and the formation of TWGs to address strategic and rights-based HIV/AIDS policy frameworks and plans for persons in pre-, in-, and post-detention settings.

Other activities include the development of HIV/AIDS and drugs-related training curricula and technical assistance to mainstream HIV/AIDS and drug dependence services, including MAT, into detention settings. This includes the development of a comprehensive and integrated service provision system at local level with effective referral and case management mechanisms to ensure continuum of care for people who use drugs. The project will pilot and test comprehensive HIV/TB and drug dependency treatment programs in selected detention facilities with services that include communications, HCT, condoms, drug dependence treatment including MAT, bleach and disinfection programmes, ART, TB and STI diagnosis and treatment, hepatitis B and C treatment and care, and PMTCT. The project will design and roll out referral and notification systems to link HIV-infected individuals to positive prevention services post-release.

The project will work through service provision systems, management, and providers to ensure appropriate monitoring, evaluation and documentation of the lessons learned, and results. The project will collaborate with the GOU and Global fund to disseminate integrated HIV/AIDS/drug dependence service delivery models to other facilities.

Implementing Mechanism Details

Mechanism ID: 14071	Mechanism Name: Peace Corps HIV Prevention
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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 122,600	Total Mechanism Pipeline: N/A
Funding Source	Funding Amount
GHP-State	122,600

Sub Partner Name(s)

(No data provided.)

Overview Narrative

PC supports the development goals of GOU through Goal 1 of its mission which is to “help the people of interested countries in meeting their need for trained men and women.” As an implementing agency and the largest PC post, PC/Ukraine has expanded its reach to meet Ukraine’s needs in the area of HIV prevention. PCVs serve in all of Ukraine’s Oblasts. Most PCVs implementing HIV/AIDS activities serve at the Rayon level, in Oblast centers, and smaller communities that feed into larger urban areas. Volunteer activities are targeted at raising awareness about HIV transmission and decreasing stigma and discrimination towards PLHIV and MARPs. In addition, PCVs target the general populations, and Peace Corps Response Volunteers are assigned to HIV-service NGOs for PLHIV, IDUs, and street youth for specific, targeted assignments.

The PC approach to development advances sustainability and country ownership of PEPFAR program efforts in requesting local organizations for specific, time-limited assignments and designed from the onset to build community capacity to sustain projects and through day-to-day collaboration with host country national partners. Volunteers placed in local organizations strengthen institutional capacities in the areas of communication, financial management, outreach to target populations, monitoring, evaluation and reporting, as well as provide linkages between prevention and treatment services through referrals. All PCV activities are reported semi-annually through a central database that is managed by PC, ensuring compliance with PEPFAR requirements. In addition, all Volunteers are trained in M&E, and the data reported is verified by several PC staff members and compared with both the PCV project completion reports and local training participant lists.

Cross-Cutting Budget Attribution(s)



Education	88,500
Gender: Reducing Violence and Coercion	18,800
Human Resources for Health	3,300

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

- Addressing male norms and behaviors
- Increasing gender equity in HIV/AIDS activities and services
- Increasing women's access to income and productive resources
- TB
- Family Planning

Budget Code Information

Mechanism ID: 14071			
Mechanism Name: Peace Corps HIV Prevention			
Prime Partner Name: U.S. Peace Corps			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	122,600	0

Narrative:

PC Volunteers work with communities to design and implement context-appropriate prevention interventions addressing the keys drivers of the epidemic, including sexual and behavioral risk, and harmful gender/cultural norms. PC promotes behavior change through use of evidence-based programs and integration of efforts of other USG agencies and implementing partners. Programs include a cross-cutting focus on reduction of stigma and discrimination. Volunteers work throughout Ukraine, with



representation in most Oblast and rayon centers, as well as smaller communities, in educational institutions, local governments, FBOs and NGOs, including HIV-service NGOs. All Volunteers and HCN counterparts receive training on HIV/AIDS prevention services for general populations and MARPs, including MSM, PLWH, and CSW. Community projects receive on-going technical support by Peace Corps staff and consultants. Volunteers report on all activities and results using standardized electronic reporting tool that is managed centrally. Training materials utilized are based on evidence-based programs developed by WHO, UNAIDS, UNICEF, and by USAID implementing partners, and Peace Corps centrally-developed materials. Linkages are made to All-Ukrainian PLWH Network and current programs by USAID implementing partners, as well as resources provided by other bilateral and private partners, such as German Agency for International Development and Clinton Health Initiative.

Target population/Approx Dollar Amount/ Coverage/ Activity

- General population (youth and adults, including educators)/ \$75,600.00/16,000/ Awareness-raising activities, peer education programs for youth and adults, stigma reduction mass media events
- Community health care and para-social workers, including medical college students/\$6,000.00/300/ Training program on stigma reduction and confidentiality issues
- Medical service providers from Rayon-level clinics/\$4,000.00/230/ Training program on stigma reduction and confidentiality issues
- PLWH/\$20,000/20/ Peer education and recreational summer camp for PLWH youth
- PWID/\$12,000.00/90/ Community projects with NGOs serving PWID
- CSW/\$5,000.00/50/ Community projects with NGOs providing prevention services for CSW

Implementing Mechanism Details

Mechanism ID: 14219	TBD: Yes
REDACTED	

Implementing Mechanism Details

Mechanism ID: 14225	Mechanism Name: PATH
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Program for Appropriate Technology in Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	



G2G: N/A	Managing Agency: N/A
Total Funding: 0	Total Mechanism Pipeline: N/A
Funding Source	Funding Amount
GHP-State	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The goal of this project is to strengthen the control of HIV-associated TB in two Ukrainian regions not covered by other USG TB TA through strengthening the capacity of the national TB and HIV programs to link TB and HIV services, perform reference laboratory functions and surveillance and monitoring.

Objectives are as follows:

- * Collect baseline data to guide project implementation and adapt existing tools.
- * Strengthen oblast-level TB-HIV program coordination capacity.
- * Strengthen the TB surveillance system to ensure use of HIV variables and improve monitoring of patient outcomes
- * Expand coverage of high-quality PITC among TB patients and suspected TB cases
- * Improve intensified TB case-finding among PLWHA.
- * Ensure effective referral systems and linkages to HIV care and treatment for TB patients
- * Strengthen integration of TB best practices, especially involving infection control, in institutions, targeting those providing outpatient services and care and treatment.
- * Strengthen the capacity of oblast reference laboratories.

The project will directly contribute to all three PF goals.

The primary target population includes people coinfectd with HIV and TB. Patients with mono-infection will also benefit through improved access to services in health facilities.

The project has a detailed M&E plan which includes qualitative and quantitative indicators for each objective (33 total). The indicators will measure performance by the number and percent of people reached with services; people covered with capacity building activities; and institutions involved in improved service provision.

Global Fund / Programmatic Engagement Questions

1. Is the Prime Partner of this mechanism also a Global Fund principal or sub-recipient, and/or does this



mechanism support Global Fund grant implementation? **Yes**

2. Is this partner also a Global Fund principal or sub-recipient? **Sub Recipient**

3. What activities does this partner undertake to support global fund implementation or governance?

Budget Code	Recipient(s) of Support	Approximate Budget	Brief Description of Activities
HVTB	GOU	200000	The mechanism will strengthen capacities of the regional health authorities to implement the HVTB activities under GF Rd9 and 10.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Impact/End-of-Program Evaluation

Increasing gender equity in HIV/AIDS activities and services

TB

Budget Code Information

Mechanism ID:	14225		
Mechanism Name:	PATH		
Prime Partner Name:	Program for Appropriate Technology in Health		
Strategic Area	Budget Code	Planned Amount	On Hold Amount



Care	HVTB	0	0
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Narrative:

Since last year's COP, the mechanism has been competed and awarded (September 2011) to PATH; initial steps in project implementation are underway. The FY12 funds will be used to support working groups and task forces, train service providers, develop and adapt tools and instruments. Direct service provision will be facilitated, but not be covered monetarily by PATH. The project activities are in accord with current draft national Ukrainian guidelines on the monitoring and control of HIV-TB. The proposed project regions are being selected with input from an stakeholder advisory group (including USAID) from oblasts not covered with other international or USG current or planned HIV-TB activities. Selection criteria include areas with political commitment and basic DOTS programs but with high TB-HIV morbidity and mortality rates. More than half of Ukrainian regions have had no previous international assistance in TB or HIV-TB; three of these were chosen for assessment. The partner has previous experience in implementing USAID-funded HIV-TB activities in Ukraine and will use these models to rapidly bring the selected regions to the level of more experienced regions with additional CDC technical input in SI, IC, and laboratory strengthening. The activities will also be closely coordinated with Global Fund Round 9 supported HIV TB activities.

Human resource strengthening is a primary focus of partner activities and will create trained cadres who can continue these activities after the end of USG support.

Partner activities include increasing the quality of available data. Currently data from routine TB case reporting and recently mandated TB patient cohort evaluations exists for all regions but training in cohort evaluations is needed for previously unassisted regions. Where feasible, progress in project areas will be compared with existing data in non-project areas or nationally to assess the added value of project activities.

Where feasible, progress in project areas will be compared with existing data in non-project areas or nationally to assess the added value of project activities. PATH will emphasize program sustainability by addressing structural/policy issues creating barriers to effective integration; building capacity of Coordination Councils and health care institutions; creating Task Forces; training trainers in respective areas; official endorsement of developed tools. PATH will assess the capacity of local partners and progressively transfer activities to them to support sustainability.

Implementing Mechanism Details

Mechanism ID: 14229	TBD: Yes
REDACTED	



Implementing Mechanism Details

Mechanism ID: 14235	TBD: Yes
REDACTED	

Implementing Mechanism Details

Mechanism ID: 14240	Mechanism Name: WHO
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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A
Total Funding: 250,000	Total Mechanism Pipeline: N/A
Funding Source	Funding Amount
GHP-State	250,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

During FY 2012, WHO will receive funding under the World Health Organization (WHO) Umbrella Grant to support TB/HIV activities in Ukraine. The purpose of this assistance is to decrease TB burden in Ukraine by providing technical assistance to Ministry of Health, the recipients of the Global Fund Round 9 TB grant, and other partner organizations implementing TB, MDR-TB and TB/HIV activities based on WHO guidelines and recommendations. Assistance objectives are to decrease TB burden in Ukraine by providing technical assistance to the MOH of Ukraine through NTP and National State Service against HIV/AIDS and other socially hazardous disease, with the implementation of TB, MDR-TB and TB/HIV activities based on WHO guidelines and recommendations. WHO strategic technical support will provide critical direction to Ukraine's National TB Program.



Activities under this assistance directly contribute to Goals #2 and #3 of Ukraine's Partnership Framework.

Global Fund / Programmatic Engagement Questions

1. Is the Prime Partner of this mechanism also a Global Fund principal or sub-recipient, and/or does this mechanism support Global Fund grant implementation? **Yes**
2. Is this partner also a Global Fund principal or sub-recipient? **Neither**
3. What activities does this partner undertake to support global fund implementation or governance?

Budget Code	Recipient(s) of Support	Approximate Budget	Brief Description of Activities
HVTB	MOH	150000	TA to support the implementation of TB/HIV and service integration components of Round 6 and 10 GF grants

Cross-Cutting Budget Attribution(s)

Human Resources for Health	50,000
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TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Increasing gender equity in HIV/AIDS activities and services
TB



Budget Code Information

Mechanism ID: 14240			
Mechanism Name: WHO			
Prime Partner Name: World Health Organization			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	250,000	0

Narrative:

During FY 2012, the WHO will continue to support the achievement of goals and benchmarks outlined in Ukraine's National TB Control Plan, 2011 -2016. Expected results for the National TB Program include decrease in TB morbidity ; decreases in TB mortality rate ; increase access to high quality DOTS services; and provision of quality treatment to MDR TB patients.

Activities include TB/HIV and HIV testing services, including the development of regional laboratory services and a quality improvement/ quality assurance mentoring program. WHO will assess the implementation of a provider-initiated testing and counseling model in the Zakarpattia oblast. Other activities include the development and testing of a tool to guide services integration, and will be in the oblasts that are implementing health care reform and service integration. WHO will provide assistance in TB/HIV infection control, with operational research on infection control effectiveness to guide the development of national guidelines, and the piloting of models for integrated treatment and care services for HIV-infected pregnant injecting drug users.

All proposed technical assistance is complementary to USAID-supported activities including the TB/HIV project that is under procurement, the TBD comprehensive services targeted to MARPs, which is also under procurement, and the HIV Pledge activity implemented by UNODC.

Assistance objectives are to strengthen and expand basic DOTS and increase laboratory network efficiency and quality. Assistance will improve MDR TB management through TA to strengthen policy to implement PMDR at the national level, the revision of the national MDR TB Strategy Plan, and the development of MDR national guidelines. WHO support will also improve TB/HIV management by providing support in revision of national TB/HIV guidelines with defined responsibilities of each service, providing support in elaborating national TB/HIV strategic plan, revising the cross-training curricula for TB and HIV specialists, and improving the policy environment among local organizations to implement HIV and TB/HIV activities. WHO will address infection control by providing TA in developing and updating of



national infection control (IC) policies and guidelines, supporting development of national IC Plan, and ensuring IC plan implementation via IC assessment missions. Other support includes strengthening health systems through assistance in integration of TB, HIV and PHC services, the introduction of the Practical Approach to Lung health plan (PAL), and support to develop a proposal for the Global Fund Round 11 health systems strengthening component.

Collaborating organizations include: the Ministry of Health; the State Department on HIV/AIDS and other Socially dangerous diseases; All Ukrainian TB Center; the State Department of Ukraine for Penitentiary System; the Yanovsky TB Institute; the Foundation “Development of Ukraine”; PATH; The Policy Initiative; The Global Fund; World Bank; MSH; Global TB Drug Facility ; Green Light Committee; USAID; WHO at EURO and Headquarters levels; and all NGOs working in HIV/AIDS, TB and other related areas.

Implementing Mechanism Details

Mechanism ID: 14247	TBD: Yes
REDACTED	

Implementing Mechanism Details

Mechanism ID: 14251	Mechanism Name: MEASURE EVALUATION PHASE III
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: University of North Carolina at Chapel Hill, Carolina Population Center	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 200,000	Total Mechanism Pipeline: N/A
Funding Source	Funding Amount
GHP-USAID	200,000

Sub Partner Name(s)

(No data provided.)



Overview Narrative

By strengthening USG-supported for strategic information systems, and promoting improved use of data in planning, managing and monitoring programs, Measure’s technical assistance directly contributes to the achievement of PEPFAR goals by building stronger host country systems. Assistance is aligned with Ukraine’s Partnership Framework Goal Three, to "Strengthen National and Local Leadership, Capacity, Institutions, Systems, Policies and Resources to Support the Achievement of National AIDS Program Objectives".

In FY 2012, Measure Evaluation Phase III will continue to provide technical assistance initiated in previous years to strengthen the accurate and timely collection, analysis, reporting, and use of strategic information within the USG PEPFAR team, USG implementing partners, and the Government of Ukraine (GOU). An FY 2011 data quality audit found nearly no deficiencies in the audited PEPFAR New Generation indicators with implementing partners. USG would like to conduct another data quality audit in FY 2012 to ensure continued data quality and to work with the partners who receive new awards. Moving forward, Measure will work with USG SI teams to align Performance Monitoring Plans with PEPFAR Next Generation Indicator requirements; provide technical assistance to USG and implementing partner staff to improve the quality of data collection , data analysis, monitoring and evaluation. With a new Strategic HIV and Health Information Project Management Specialist on the USG team, FY 2012 funding will also support targeted technical assistance to build the capacity of the USG team to analyze information for PEPFAR planning and reporting purposes and ensure quality reporting.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	50,000
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TBD Details

(No data provided.)

Motor Vehicles Details

N/A



Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	14251		
Mechanism Name:	MEASURE EVALUATION PHASE III		
Prime Partner Name:	University of North Carolina at Chapel Hill, Carolina Population Center		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	200,000	0

Narrative:

With FY 2012 funding, Measure will provide technical assistance and training to strengthen strategic information capacity within the Government of Ukraine (GOU), USG, and implementing partners.

In FY 2012, a data quality audit with partners will be undertaken. In addition, Measure may work on supporting implementing partners on a routine data quality assessment tool that partners can share with local organizations and other sub-partners to improve data quality. Measure will create a technical assistance plan to help build long term capacity in data quality, monitoring, and reporting. Part of this activity will include training for USG Ukraine staff and implementing partners on PEPFAR indicator requirements, program planning, and reporting.

Implementing Mechanism Details

Mechanism ID: 14252	TBD: Yes
REDACTED	

Implementing Mechanism Details

Mechanism ID: 14253	TBD: Yes
REDACTED	

Implementing Mechanism Details



Mechanism ID: 14254	TBD: Yes
REDACTED	

Implementing Mechanism Details

Mechanism ID: 14255	TBD: Yes
REDACTED	



USG Management and Operations

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

Agency Information - Costs of Doing Business

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

Agency Cost of Doing Business	GAP	GHP-State	GHP-USAID	Central GHP-State	Cost of Doing Business Category Total
Computers/IT Services		46,500			46,500
ICASS		125,000			125,000
Management Meetings/Professional Development		48,700			48,700
Non-ICASS Administrative Costs		125,000			125,000
Staff Program Travel		115,000			115,000
USG Staff Salaries and Benefits	300,000	132,800			432,800
Total	300,000	593,000	0	0	893,000

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

Category	Item	Funding Source	Description	Amount
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Computers/IT Services		GHP-State		46,500
ICASS		GHP-State		125,000
Management Meetings/Professional Development		GHP-State		48,700
Non-ICASS Administrative Costs		GHP-State		125,000

U.S. Peace Corps

Agency Cost of Doing Business	GAP	GHP-State	GHP-USAID	Central GHP-State	Cost of Doing Business Category Total
Computers/IT Services		300			300
Non-ICASS Administrative Costs		1,600			1,600
Peace Corps Volunteer Costs	0	170,000	0		170,000
Staff Program Travel		9,100			9,100
USG Staff Salaries and Benefits		81,400			81,400
Total	0	262,400	0	0	262,400

U.S. Peace Corps Other Costs Details

Category	Item	Funding Source	Description	Amount
Computers/IT Services		GHP-State		300
Non-ICASS Administrative Costs		GHP-State		1,600

