

Approved



Ukraine

Country Operational Plan

FY 2014

Note: *Italicized sections of narrative text indicate that the content was not submitted in the Lite COP year, but was derived from the previous Full COP year. This includes data in Technical Area Narratives, and Mechanism Overview and Budget Code narratives from continued mechanisms.*



Operating Unit Overview

OU Executive Summary

Introduction

Ukrainians are experiencing an unprecedented moment in their history. The February 2014 revolution resulted in a new government committed to democratic ideals. However, Ukraine is now facing extraordinary challenges that include a fragile economy that will place public sector services at risk. The promise of significant changes, including those in the health care system, remains to be realized.

Ukraine has made progress in taking ownership for its national response but still needs financial and technical support to effectively address its parallel HIV/AIDS and tuberculosis epidemics. Ukraine is showing positive signs in successfully addressing its HIV/AIDS epidemic. In 2012, Ukraine recorded the first annual decrease in newly reported HIV cases since 1999. The Government of Ukraine (GoU) has made notable progress in buying antiretroviral drugs and increasing ART coverage. However, it has not yet demonstrated its willingness to support prevention, care, and support services, which are handled by CSOs. The international health community has recognized the critically-important role played by CSOs to stem the HIV/AIDS infection in the country.

The FY 2014 Country Operational Plan (COP) continues to emphasize PEPFAR's contribution to greater ownership and sustainability of the national HIV/AIDS response through implementing the goals and objectives of the Ukraine HIV/AIDS Partnership Framework (PF), 2011–2015. Its interventions will reduce HIV transmission among key populations, improve the quality and cost effectiveness of HIV/AIDS services, and strengthen national and decentralized health systems.

In 2013, PEPFAR supported the development of the GoU's new National AIDS Program (NAP), 2014-2018, which enhances country ownership and sustainability. PEPFAR-supported assistance for the new NAP will improve prevention services (particularly for key populations) and integrate HIV services with TB and drug dependence services. Technical assistance also improves outreach, early enrollment in HIV services, referral networks, and activities to retain patients in treatment, care, & support services. Technical assistance will continue to strengthen laboratory networks, information systems for evidence-based decision-making, and services to reduce stigma & discrimination.

The acceleration and sustainability of Ukraine's national response will depend on the new government's ability to address the current economic crisis and adequately fund the national response. UNAIDS and the World Bank are developing an investment case analysis of the costing of key components of the national response that will support Ukraine in its efforts to develop a realistic sustainability plan. However, the



USG must emphasize that a significant reduction of funding by the GFATM will reverse recent gains made by the GoU and civil society and will lead to severely negative effects. As GFATM has to date funded over 80 percent of civil society costs, the effect of a reduction will be devastating.

Country Context

Epidemiology

Ukraine is showing early signs of the impact of HIV prevention in stark contrast to Russia, the other major contributor to the Eastern European HIV epidemic. In 2012, Ukraine recorded the first year-on-year decrease (-2%) in newly reported HIV cases since 1999. In 2013, a 5% increase in new cases was reported, which may be attributable to intensified efforts implemented in 2013 to identify more HIV-infected individuals and link them to care. SPECTRUM and other modeling support a 70% decreased incidence compared to 2001. In 2013, ART coverage was ~50% (55,784) and is projected to increase to 84% by the end-2018 (CD4<350). In 2012, Ukraine reached the tipping point with a ratio of 0.8. The fall in HIV incidence and planned ART scale up are expected to further improve this ratio.

The HIV epidemic in Ukraine continues to be driven by unsafe drug injection and sexual practices and remains concentrated among key populations (KPs), including people who inject drugs (PWID), female sex workers (FSWs), men who have sex with men (MSM) and other vulnerable groups such as the sexual partners of these KPs and prisoners. In 2012, 63% of 16,677 newly reported adult/adolescent HIV cases were attributed to heterosexual transmission, and 36% to PWID. Since 2007, the reported primary mode of HIV transmission has shifted from IDU to sexual transmission underlining the need to focus prevention efforts increasingly on sexual behaviors of KPs while continuing to scale up harm reduction activities for PWID.

Epidemiological data still do not suggest a major proportion of new HIV infections within the general population independent of sexual and IDU transmission linked to key populations. Since 2012, the USG has begun to investigate the effect of overlapping risk behaviors in HIV transmission that heretofore had not been captured by Ukraine's surveillance system, but much more work is needed in this area.

By the end of 2012, UNAIDS estimated that the HIV prevalence among the adult (15-49 year old) age group was 0.9% with 230,000 people living with HIV (PLHIV) including 5,100 children (0-14). There were also 18,000 deaths from HIV/AIDS (AIDS Info, UNAIDS, 2013). The reported number of patients registered with the national AIDS Centers on January 1, 2014 was 139,573. Of these, 75,301 or 54% were male and 64,272 or 46% were female (UCDC 1/1/2014). The proportion of women infected increased rapidly in the 2000s consistent with sexual transmission from the largely male PWID population infected in the early part of the epidemic.



There were 20,743 new cases reported in 2012 compared to 12,491 in 2005 and 6,212 in 2000. The proportion of young people aged 15-24 years among newly reported cases decreased from 20% in 2006 to 9% in 2012. Over 75% of the registered HIV cases are in the age group 25-49 years based on recent data (UCDC 1/1/2014). The country's HIV prevalence rates also continue to be highest in the southern and eastern regions of Ukraine and higher in urban areas. Seven regions account for 62% of Ukraine's cases but only 32% of the population. [Ukraine Harmonized AIDS Response Progress Report. Reporting period: January 2010 – December 2011. GoU MoH 2012].

Ukraine has a high but modestly declining overall TB burden, but an increasing number and proportion of TB-HIV co-infected cases. In 2012, 4,726 new TB/HIV cases were reported (~15% of 30,958 new TB cases, up from ~6% of 37,095 TB cases in 2007). Guidelines have been changed to encourage more timely initiation of ART in co-infected patients. However, clinical practice in Ukraine has lagged due to excessive concerns about IRIS and hepatic toxicity among the high proportion of HCV-co-infected patients. Nationally, 2,786 co-infected patients died in 2012, suggesting a mortality rate of ~60%, which is a significant concern for the national response. USG has supported models to promote early initiation of ART and better monitoring of TB/HIV.

Status of the National Response

The national response is supported by key stakeholders including the GoU, civil society organizations, and the donor community. Since 2012, the GoU response to HIV/AIDS has become more robust in areas like treatment but is still lagging in other areas like prevention, care, & health systems strengthening. The GoU rapidly increased ART coverage from ~26% to 50% in the last two years and currently buys ~79% of ARV drugs. However, it has not yet demonstrated its willingness to fiscally support evidenced-based prevention services [i.e. outreach, needle-exchange, & medication-assisted therapy (MAT)] and care and support services.

Prevention and care services are predominantly GFATM funded and implemented by two civil society Principal Recipients (PRs) from the Round 10 grant – the International HIV/AIDS Alliance in Ukraine (Alliance) & the All-Ukrainian Network of People Living with HIV/AIDS (Network). GFATM also supports UCDC (a GoU entity) as a Round 10 PR to advance treatment services at AIDS Centers. PEPFAR's principal role has been to provide TA to all three GFATM PRs to improve the quality and scope of HIV services and to help the country address structural (i.e. legislative, political, organizational & fiscal) barriers that impede program implementation. While the country has made progress in its SI and M&E systems over the last two years, it lacks a paper-based or electronic system that can effectively track patients through the cascade of prevention, care and treatment services. However, the country is moving towards this goal and has just completed the terms of reference for an electronic HIV information system.



The acceleration and sustainability of Ukraine's national response will be dependent on at least three significant issues. In 2014, the GoU and national stakeholders will need to address: (1) whether Ukraine's Ministry of Finance (MoF) can fiscally support planned activities in the National AIDS Program, 2014-2018; (2) the implementation of a UNAIDS investment case and (3) the implementation of a national sustainability plan derived from the investment case. GFATM is expected to reduce funding for TB & HIV. If the GoU is unable to effectively address these key issues, recent gains made by the stakeholders of the national response will be halted and reversed.

In 2013, UNAIDS conducted an assessment of the NAP, 2009-2013, and the findings were used to inform the GoU's development of a new NAP, 2014-2018. The assessment noted gaps including:

- Weak [government] leadership and profound societal stigma and discrimination (i.e. stigma & discrimination from health care providers; gender inequality & limited human rights protections, particularly for KP)
- Weak governance (i.e. current legislation & human resource development/supply continue to hamper NAP implementation)
- Program sustainability at risk
- Inadequate service coverage, integration & quality

The assessment also had recommendations, all of which the USG is already addressing through existing activities:

- Challenge/improve leadership & reduce stigma/discrimination (e.g. address with service providers and promote gender equality)
- Improve governance and support mechanisms (e.g. change HIV/AIDS legislation & regulations and improve HR capacity; develop a sustainable M&E system for national & local planning; and enhance procurement and supply management)
- Improve services access, quality & integration (promote integrated, client-centered service delivery mechanisms; ensure timely access to HTC & OST; improve service quality via evidenced-based protocols and approaches)

With support from UNAIDS, the new NAP (2014-2018) has a costed budget. However, a planned budget does not guarantee funding for activities of the current NAP. Additionally, funding for prevention and care services in the NAP, 2014-2018, will clearly fall under local budgets that are variable from year to year. The investment case will delineate costs, identify cost efficiencies, and inform the national sustainability plan.

Another significant challenge to capacity building efforts and sustainability is the lack of clear roles and responsibilities between UCDC and the State Service for Countering HIV/AIDS. Both organizations



develop HIV policies and programs and oversee their implementation. This fragmentation hampers a unified and coherent response to the HIV/AIDS epidemic in Ukraine, and its rectification is a high priority.

GFATM's expected reduction in funding will put the national program at risk of decreased coverage and quality of services, if the GoU is not able to adequately prepare a programmatic response and allocate funding to sustain existing services. Given the fragility of Ukraine's economy, such a response will not be possible now and in the immediate future. As such, the USG and other donors, including GFATM, must provide the wherewithal to fill the country's gaps and ensure continued progress.

USG & other donor support for the national response

Since 2002, the USG has worked with the GoU, other donors, multilateral and international agencies, and CSOs, and foundations to contain the spread of HIV, especially among KP. As described in the USG's Partnership Framework (PF), 2011-2015, USG assistance supports GoU efforts to: strengthen the HIV/AIDS policy and legislative environment; expand prevention and care information and services to KPs, including access to MAT for PWID; reduce stigma and discrimination; and build governmental and CSO capacity to plan, implement, manage and monitor Ukraine's NAP. 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 & TA support community-level HIV prevention activities, and the USG works with the Ukrainian military to expand its HIV prevention response.

In December 2013, Congress enacted the President's Emergency Plan for AIDS Relief Stewardship Act. Both the Global Health Initiative and the Stewardship Act reinforce country ownership through strengthened country capacity to support a more sustainable, resourced response to combat HIV/AIDS. Through the PF, 2011-2015, the USG continues to build upon its bilateral investments, enhance alignment of Partnership programs with stakeholders such as GoU, GFATM, UNAIDS, WHO and other UN agencies, and make optimal use of civil society to expand program reach. Key coordination fora include the GFATM Country Coordination Mechanism (CCM) and a revitalized UNAIDS-led HIV/AIDS donor coordination group.

Other contextual factors

Ukraine's population has fallen 13.7 % from 51.7 million in 1991 to 44.6 million in 2013. This decline results from low fertility, high mortality, and external migration. The average life expectancy is 65 years for males and 76 years for females. Although non-communicable diseases (NCDs) are the leading causes of mortality, infectious diseases remain a significant public health concern.

Ukraine's health system has retained its over-medicalized Soviet structure with 80% of funding allocated



for hospital-based care compared to 15% for outpatient services and 5% for primary care and prevention. Many medical professionals have not yet embraced evidence-based medical norms and standards. Budget allocations and staff deployments are based on inputs and fixed schedules rather than on performance or quality of care standards. Health infrastructure has deteriorated and the health system employs large numbers of inefficient health providers. Medical schools continue to use outdated curricula. HIV, TB, and drug treatment service delivery remains verticalized and specialized. The health system lacks coordinated services and referrals, thus hobbling the development of a client-friendly continuum of integrated prevention, treatment, and care services.

Between November 2013 & March 2014, the country experienced a revolution with bouts of acute violence that led to the ouster of President Yanukovich. The country has established a new government and will hold elections on May 25, 2014. The economy remains very fragile and will continue to need a high level of support from the EU and US. Corruption is endemic in Ukraine and has permeated all aspects of the public sector including health care and has left the country nearly bankrupt. The country is currently considering an IMF aid package that will require painful but necessary economic policies and organizational restructuring to streamline excessively bureaucratic processes.

As the budget of the national HIV response was planned in the local currency, the GoU's ability to support prevention, care & treatment services (i.e. ART & MAT) at the levels noted in the NAP, 2014-2018, and in its GFATM Round 10/Phase 2 application will be at risk until the broader economic and structural challenges of the country are effectively addressed. In the wake of the recent upheaval, donors have assessed stocks of key commodities including ARVs, TB drugs & MAT. The USG is currently working with GFATM and with UNAIDS to ensure that there is no interruption in MAT and other services in the coming year.

The USG considered GoU and other donor resources in planning for the FY 14 COP. The USG does not currently anticipate the need to purchase large quantities of key commodities. However, if the current economic and political turmoil continues for an extended period, the USG may need to support emergency procurement of select commodities to ensure no interruptions of service.

PEPFAR Focus in FY 2014

USG 3-5 top priorities

Based on strategic team discussions, the USG's top priorities will be to better address: (1) reduction of government fragmentation (2) quality, (3) integration, and (4) sustainability. Reduction of fragmentation refers to clarifying the continuing ambiguity of roles between 1) UCDC & SSH, and 2) national and oblast responsibility for HIV programming and funding. Quality refers to the need to implement evidence-based activities that meet best-practice international standards with application to providing and monitoring



comprehensive continuum of care interventions. Integration refers to expanding effective and affordable multi-intervention services at local levels that cover HIV, TB, & other conditions of public health importance. Sustainability refers to the GoU assuming full institutional and reasonable financial responsibility to plan, manage, and implement routine NAP activities directly or through outsourcing to qualified CSOs. The program will also adopt the findings of the UNAIDS/World Bank investment case to engage the GoU and other key stakeholders in defining a realistic, national sustainability plan with clear timelines towards greater country ownership.

FY 2014 funding level letter priorities

Ukraine's Partnership Framework is the foundation for a strategy that encourages country ownership and country-led plans, leverages other donors and stakeholders, and improves collaboration for improved data and metrics. Strengthened health systems and the promotion of an improved legal and regulatory framework are critical elements of the Ukraine PEPFAR program. FY 2014 COP interventions promote the sustainability of the National HIV Response and support the principles of GHI and the PF. Per the FY 14 OGAC planning letter, the program's activities focus on reducing HIV transmission among KPs and improving the quality and cost effectiveness of the cascade of prevention, care and treatment services, particularly for KPs and their sexual partners. The program's activities will also strengthen the capacity of national and oblast health systems to address the HIV/AIDS epidemic.

USG's key priorities and activities under the FY 14 COP include:

- Support the GoU & CSOs to reduce HIV transmission among KP and their sexual partners through sustainable country-led HIV/AIDS programs with a focus on increasing the quality of services for KPs and their sexual partners and strengthening the capacity of Ukrainian institutions to deliver HIV/AIDS programs (Mechanism 12899)
- Continue to support and co-coordinate activities under the Ukrainian national HIV/AIDS response with the GoU, GFATM, CCM, & PRs for the Round 10 grant (Mechanism 13232 & OGAC GFATM CCI)
- Strengthen the GoU's procurement and supply management policies, procedures, and oversight (Mechanism 14247 & OGAC GFATM CCI)
- Strengthen institutional, managerial, & technical capacities of local NGOs in policymaking and analysis; financial management; budgeting; resource allocation; and HRH planning and implementation (Mechanism 13232)
- Strengthen the implementation of evidence-based approaches in prevention, diagnosis, and treatment of HIV; institutionalize these approaches to ensure sustainability (Mechanisms 14225, 12093, 13582, 12899 & 13232)
- Strengthen the Ukrainian national & regional laboratory systems, especially through improved human capacity, strategic planning, & QA/QC systems (Mechanisms 12957, 13268 & 13435)
- Strengthen the Ukrainian blood safety program by developing regional centers of excellence, a



volunteer donor system, and strengthened M&E and QA/QC (Mechanisms 14219 & 13425)

- Enhance the collection and use of epidemiology and intervention effectiveness through strengthened national and regional capacity in strategic information (Mechanism 14235)
- Promote integrated TB/HIV service delivery models and strengthen the control of HIV-associated TB through the national TB & HIV programs by building capacity to link services, perform reference laboratory functions, and conduct surveillance (Mechanisms 14225 & 12845)
- Expand the provision of HIV prevention services and HCT throughout the Ukrainian Department of Defense for employees and family members (Mechanism 7520)

Interagency approach to funding FY 14 COP activities

The USG programmed over \$10 million in applied pipeline funds and \$15 million of new money in support of strategic goals in the FY 14 COP. The interagency team examined pipeline by mechanism & burn rates to determine realistic applied pipeline funding. Also, in the August 2013 OPU exercise, the USG named all but one remaining TBD. In FY 14, funds from that TBD will be redirected into a FY 14 COP mechanism. The TBD media activity will not be undertaken as no capable implementing partner was identifiable during several rounds of competitive process and the USG believes that funding redirection will yield greater programmatic impact. There was a determination that the current portfolio of funded activities should continue to support the priorities of the new NAP, 2014-2018, the USG HIV Strategy, & the PF. The USG will also continue to support national program and CSO priorities and to complement other donor activities. FY 14 will be the second, consecutive year for PEPFAR where programmatic activities have been funded with over \$10 million USD of pipeline funding. Therefore, the USG expects a significant increase in its burn rate and a greatly reduced pipeline next year. Given GFATM/GoU's continued fiscal and programmatic support for treatment and care, PEPFAR has prioritized funding for prevention and health systems strengthening activities but will also continue to provide strategic and targeted TA to improve quality across the cascade of services in the FY 14 COP.

Progress and Future

Partnership Framework Monitoring

The USG PEPFAR Ukraine HIV/AIDS Strategy, 2011– 2015, delineates the implementation and monitoring of the PF. Stakeholders agreed on M&E indicators in December 2012 that will track PF progress. In fall 2013, the GoU collected data on these indicators. USG partners followed NCI reporting requirements in the submission of the 2013 PEPFAR APR and are currently transitioning to MER with custom indicators that will better reflect capacity building activities that advance the objectives of the PF. The National M&E Center, which is embedded in UCDC, is responsible for monitoring NAP and is collecting data from relevant national indicators from government & NGO partners.

Country Ownership



The goal of GoU and USG partnership is to contribute to an increasingly sustainable national HIV/AIDS response. This includes a five-year strategic approach, codified under the PF, which deepens cooperation, strengthens coordination, and enhances collaboration on programming of technical and financial resources with other stakeholders, including the GFATM. USG-funded activities in Ukraine were carefully designed with input and collaboration from the GoU, GFATM, and major civil society partners. USG & GoU engagement has ranged from policy discussions at senior levels to day-to-day consultation and advice. This partnership has been helpful in addressing difficult issues, such as tensions between public health and drug control, and the reduction of legal & regulatory barriers to MAT. The USG also plays a role in supporting governance of the national HIV/AIDS response and supporting the CCM and technical working groups.

During FY 2014 and FY 2015, the USG will advance the sustainability of the national HIV/AIDS response. USG will continue to align its investments with GoU and GFATM resources and deliver value-adding TA designed to enhance capacity, systems, & sustainability. The USG will make progress towards a sustained, national response through increased GoU ownership of HIV services; greater inclusion of public & civil society stakeholders in decision-making; improved service delivery; and reduced barriers to integrated services.

Trajectory in FY 2015 and beyond

USG is cognizant of the changing donor landscape, particularly the reduction in funding from GFATM. The development of the UNAIDS investment case and the country's ability to assume fiscal and programmatic responsibility for the national response will determine the trajectory of the program in FY 2015 and beyond. The ability of the national response to become less reliant on external funding through greater efficiencies and to ensure an enabling environment with quality services will depend heavily on the political and economic situation. If the country is able to adopt EU standards and effectively address pervasive issues of corruption and weak governance, it will create the kind of societal structures and conditions that would help advance the goals of the national HIV program.

Program Overview

Prevention

PWID continue to be the most affected group and contribute disproportionately to current incidence. An estimated 310,000 Ukrainians are PWID (0.8% of >15 y.o. population). The 2011 IBBS found a 21.6% HIV prevalence among PWID (20.5% in males & 25.1% in females). Prevalence among young PWID (<25 y.o.) progressively declined from 29.9% in 2004 to 7.2% in 2011. Opioids remain predominant (83%) although stimulants are injected by 37% (20% inject both). In 2011, only 8% reported sharing a needle/syringe within the last 30 days; however, a majority inject with syringes prefilled by others. PWID are an aging group due to reduced initiation of injecting after the 1990s; their average age was 33 years



in the 2011 IBBS.

The estimated population size of FSWs is 65,000 - 90,000. Many FSW are also PWID although the proportion is declining. Sixteen percent of FSW surveyed in 2011 reported current drug use, 58% of whom reported current IDU. HIV prevalence was 10% overall: 41% among FSW reporting IDU and 6% among non-PWID. Hepatitis C serology suggests unreported IDU; among HCV-seronegative FSW not using drugs, HIV prevalence was only 4%. In 2011, 92% of FSW reported condom usage with their last commercial partner.

The estimated MSM population size is 95,000 - 230,000. HIV prevalence in 2011 was 6%, strongly supporting significant misclassification of MSM in case reporting and a significant though modest contribution to the epidemic. Only two rounds of national IBBS among MSM were done; the 2013 IBBS will provide important trend data.

NAP 2014-2018 goals in prevention include: substantially decrease new HIV infections among general population; 50% decrease in HIV transmission for HCW; 50% decrease in new cases in KP; assure access to prevention programs for all KP; enroll into MAT and rehabilitation at least 35% of people injecting opiates (MAT target 20,000).

The goal of the USG's HIV prevention program relates both to PF Goal 1 and to the new NAP prevention goal to reduce HIV transmission, chiefly among KP. The main technical priorities for FY 2014 are continued support for HIV prevention activities to support the Ukrainian national HIV/AIDS response with the GoU. The program will complement and leverage GFATM activities implemented by the PRs. Activities will focus on scale up of provision of state-of-the-art comprehensive prevention, care, & treatment services to KPs, with an emphasis on building civil society service delivery capacity. The USG will continue to build national support for services targeted to KPs, such as MAT, and advocacy for the removal of legal and policy barriers, including conflicting public health and drug control policies.

Overall, the USG's HIV prevention program has evolved from direct service delivery to building sustainable capacity and systems with the GoU and GFATM PRs. A USG project (mechanism 12899) emphasizes building public sector and civil society service delivery capacity, particularly in HTC and IDUP, and supports research to identify best practices. The USG will also continue to support the inclusion of law enforcement and military agencies in the national HIV/AIDS response. Additional TA will support blood safety, the reduction of stigma & discrimination among health professionals, and greater linkage between prevention and other HIV services. Anticipated efficiency gains include strengthened GoU ownership, including increased publicly-provided KPs prevention services and integrated services efficiencies, as feasible within an inherently vertical health care system.



As a TA model, the USG has not generally engaged in direct service delivery or procurement. However, with the current turmoil, USG may need additional funds to support the GoU and GFATM in MAT procurement and ensure non-interruption of services. MAT procurement generally takes a year in Ukraine; given the recent political and economic upheaval, the GoU may not have enough lead time to initiate procurement of MAT that has previously been procured by GFATM. The country did not request funding for MAT procurement under the GFATM Round 10/Phase 2 application.

Care

The HIV/AIDS epidemic in Ukraine is concentrated among KPs, including PWID, MSM, and FSW and their sexual partners. HIV/AIDS care & support (C&S) services for KPs are primarily provided by CSOs through the GFATM, with limited GoU support. In 2013 and based on Network's data, 47% of officially-registered HIV-positive adults received at least one C&S service. There are an estimated 310,000 PWID with an HIV prevalence of 21.6%; 80,000 FSWs with an HIV prevalence of 10%; 176,000 MSM with an HIV prevalence of 6%; and estimated 140,000 prisoners with an HIV prevalence of 15%. Data on the percentage of KPs receiving clinical care services disaggregated by group is incomplete and not representative, and available data are likely to be underreported. For the period July 1, 2013 to December 31, 2013, at least one C&S service was provided to 72,660 adults and children; of which, 68,901 adults and children received a "full package" of services (defined as a minimum of four C&S services). These services include: (1) screening & prevention of TB and viral hepatitis; (2) PHDP services; (3) nutritional assessment, counseling, & support; (4) social services; and (5) PLHIV support groups.

The USG's care goal relates mainly to PF Goal 2: to improve the quality and cost effectiveness of care services for KPs through TA. The main technical priorities for FY 2014 include the scale up of the provision of state-of-the-art comprehensive care to KPs, the removal of legal and policy barriers, including factors that hamper service access, and strengthening the control of HIV-associated TB. The latter will be accomplished through the national TB & HIV programs by building program capacity to link services, perform reference laboratory functions, and conduct surveillance.

The USG's care program continues to evolve in response to the changing epidemic and GoU/civil society needs. In the approach to TB/HIV co-infection, the focus is to build on initial achievements in strengthening the GoU's national HIV/AIDS TB response, including screening, referrals, treatment, services integration, and M&E. In FY 2012 & FY 2013, the USG supported intensive TA to the GoU/UCDC to strengthen its response to the country's alarming increases in MDR and XDR TB cases. The USG also supported piloting models to improve TB/HIV/MAT integration and supported CSOs in strengthening M&E systems.



In FY 2014 & FY 2015, the USG will support GFATM Round 10 PRs in their efforts to strengthen existing referral systems between care and treatment services and to address policy barriers. USG-supported CSOs are strengthening their efforts to identify HIV positive individuals and to link them to care and treatment. The USG will also build on earlier investments from FY 2012 & FY 2013 to share and scale up best practices such as the early initiation of ART in TB/HIV patients. Anticipated efficiency gains include strengthened GoU ownership and increased publicly-provided KP HIV care services, and programmatic and cost efficiencies from integrated prevention, care, and treatment services. The program does not currently anticipate any procurement of OI drugs including TB medications or other care commodities. However, USG may request additional funding and headquarters support if the current political and economic condition deteriorates and both the GoU and the GFATM are unable to support the country fully.

Treatment

The most significant achievement of the national treatment program is a rapid increase in ART coverage between 2010 & 2013. As of October 1, 2010, the national program supported 25,865 ART patients. The number of patients on ART more than doubled by end-2013 to 55,784 patients. In 2013, the GoU funded 79% of ARV procurement and the GFATM 21%. ART coverage remains suboptimal at ~50% coverage of adults who need treatment (CD4<350) at end-2013. The USG does not directly support ART therapy or procure ARVs. However, it engages in strategic TA to the GoU and to GFATM PRs to improve the scale up and quality of treatment and support services. Under the new NAP for 2014 - 2018, ART will expand rapidly to 118,000 individuals in 2018, representing ~84% of the anticipated need (CD4<350).

All ART funding for 2017-2018 will be from the GoU as GFATM support of ARVs will end in 2016 when the Round 10 Program ends, requiring extra expenditures from an already weak Ukrainian budget. The ability to increase access to ART would be improved by increased efficiency from improved procurement policies to achieve internationally available prices and from better alignment of treatment regimens with WHO standards.

The goal of the USG's treatment program relates mainly to PF Goal 2: to improve the quality and cost effectiveness of treatment services for KPs. Access to ART for PWID has been limited by provider concerns about adherence, with only 5,994 (UCDC 1.1.2014) known PWID on ART, despite an estimated ~60,000 HIV-infected PWID. The main technical priorities for FY 2014 include continued support to GoU to scale up treatment services to KPs and to institutionalize evidence-based approaches for HIV diagnosis and treatment including strengthening laboratory quality assurance. Other assistance will increase the efficiency of the national ART system through improved ART M&E, procurement & supply management, strengthened provider capacity, and an active monitoring of adverse drug events.



Between FY 2014 & FY 2015, the USG will furnish TA to sustain the GoU's investment in treatment services and meet coverage targets in the NAP, 2014-2018. Assistance will continue to include advocacy activities to remove regulatory and operational barriers, improve forecasting, and support to the UCDC to meet GFATM Round 10 phase 2 grant requirements. The USG will also intensify support for the roll out of national HIV/AIDS treatment protocols and human resource allocation, scale up of integrated treatment models (i.e. HIV/TB/MAT), and analysis of the cost-effectiveness of various ART models. Activities will strengthen GoU ownership, increase publicly-provided KP treatment services, and improve efficiencies from integrated services, as feasible.

The USG does not currently anticipate any procurement of ARVs or other treatment commodities. However, the USG may request additional funding and headquarters support if the current political and economic condition deteriorates and both the GoU and the GFATM are unable to provide additional coverage. Also, the country is currently debating adoption of new WHO guidelines (CD<500). If the country adopts the guidelines and cannot adequately provide stock and buffer to meet the expected need, the USG may need to support procurement of ARV drugs.

Governance

Structural and systemic impediments to HIV services include a) fragmented and uneven government leadership and governance, b) unsatisfactory capacity to plan and implement HIV services at national and subnational levels, c) highly vertical, hospital-centered health services with inadequate laboratory and pharmaceutical management systems, d) vertical and duplicative health information systems, and e) lack of performance-based budgeting and funding. Only half of people in need of ART receive treatment, and there are service disruptions between testing and treatment. Similarly, only half of registered HIV-positive patients receive care and support services and efforts to further scale up treatment may be hampered by limited human resources as well as entrenched stigma and discrimination.

Despite constraints that affect the entire health system, Ukraine has recently made progress in addressing its HIV epidemic. The new NAP, 2014-2018, has been drafted & budgeted and is currently under Parliamentary review. The draft NAP addresses program sustainability and, for the first time, allocates state funds for activities beyond treatment. Parliamentary approval has been delayed due to the political crisis. Recent social sector reform allows CSOs to procure government services, and non-state agencies can now undertake social sector activities at the local level. Although health sector reform has not yet demonstrated similar progress, the GoU is testing new service delivery models and strengthened PHC in 4 oblasts, and a World Bank-supported health reform initiative that includes PHC-strengthening elements was successfully negotiated under the old government, and, if successfully renegotiated under the new government, might begin in 10 oblasts in 2014.



The goal of USG's program to improve governance relates mainly to PF Goal 3: to strengthen the national and local HIV/AIDS response through improved leadership, capacity, institutions, systems, and policies. The main technical priorities for FY 2014 include support and coordination with the GoU, GFATM, CCM, and PRs as the Round 10/ phase 2 grant starts. The USG will provide TA to strengthen national and regional laboratory and M&E systems, strengthen procurement and supply chain management, and health efficiency and financing.

USG's technical emphasis between FY 2014 & FY 2015 is on improving the organizational and technical capacity of GFATM PRs to implement Round 10 funding. Other areas of focus include increasing GoU involvement and capacity in KPs surveillance and unifying what will be a national M&E system with data for decision making in the public domain. Further TA will focus on the decentralized laboratory system, with emphasis on quality improvement and control for HIV and TB diagnostics, and procurement and supply management (refer to the Care TAN). Assistance in human resources for health will focus on strengthening adult treatment training and mentoring, and updating pre-training curricula. The USG will co-fund an efficiency survey to look at harm reduction, MAT, ART, and integrated care.

Global Health Initiative (GHI)

The USG's FY 2014 COP will contribute to the USG's GHI Strategy for Ukraine and the Partnership Framework. GHI's vision is to achieve a level of health care comparable to Western Europe. 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 policy, health information systems, procurement and supply management, support to civil society, and integrated messages through communication and programmatic outreach activities. With the recent revolution, the country is again poised to sign the EU agreement that will require it to adopt a number of European regulations. Achievement of GHI & PEPFAR programmatic goals would benefit from this historic event.

GHI's two cross-cutting priority focus areas are: 1) Quality of Care: improving the quality of TB, HIV, and FP/RH services; and 2) Data for Decision Making: developing and strengthening the use of data and evidence for health managers and to educate health consumers. These cross-cutting areas were selected based on importance; they also represent the USG's comparative advantage as a TA provider. The USG role has been to test state-of-the-art approaches for GoU and other donor scale-up. The USG's activities contribute to both cross-cutting priority areas and associated targets. More specifically, the USG, in collaboration with the WHO, supports a drug resistance survey in TB and has supported QA/QC guidelines on TB laboratory diagnostics through other USG partners. Also, the USG TA to the MoH and to GFATM PRs has strengthened their monitoring & evaluation systems and promoted data for decision



making.

Multilateral Engagement strategies

UNAIDS, GFATM & PEPFAR will continue to engage in joint planning and advocacy to advance key programmatic issues in different capacities and fora through fiscal and technical support; scheduled and ad hoc meetings; and periodic calls. In 2013, UNAIDS revitalized an HIV donor forum that now meets periodically to share information and to determine how to leverage resources (e.g. fiscal & technical) for the greatest impact. Over the last year, the program has worked with UNAIDS to address ad-hoc challenges and requests from both the GoU & civil society (i.e. TA support requests; moving the Lavra clinic; country application for GFATM funding). The USG also supported UNAIDS to convene a national PWID consultation in February 2014. The USG has a presence on the CCM and has worked closely and collaboratively with the GFATM. In 2013, USG consulted with the GFATM FPM on broad programmatic issues including: country funding requests; the development of the new NAP and ensuring adequate support and coverage for prevention services (i.e. MAT); and on the sustainability of the national response.

Central Initiatives

The USG has two central initiatives. The GFATM CCI supports strengthening of the CCM and of UCDC's organizational capacity to manage GFATM grants and lead the national response. Between June 2012 and June 2013, CCI activities were implemented by AIDSTAR-Two and by Alliance. AIDSTAR-Two improved UCDC operational capabilities by providing it with the knowledge and tools to carry out procurements and manage sub-recipients (SRs), and has also addressed legal obstacles that constrain UCDC's potential ability to engage with SRs. This implementer assisted UCDC in assessing the issue of staff remuneration as the GFATM mandated that costs associated with remuneration of certain UCDC staff be transferred to the GoU. Alliance worked with UCDC to develop the ToR for an electronic HIV information system. The USG's other central initiative is the Key Population Implementation Science (KPIS) award. The goal of KPIS research is to assess the efficacy of MAT in combination with ART at select sites. Ukraine's KPIS protocol is currently under development and implementation is expected to begin in 2014. Results will be used to advocate for the scale up of integrated MAT/ART sites and integrated service delivery.

Other key considerations

During the next few years, the long-term sustainability of PEPFAR activities will hinge on the country's willingness to effectively address: (1) reforms that fundamentally alter the current unresponsive post-Soviet health system; (2) pervasive corruption in the health sector, most notably for pharmaceutical procurements; (3) limited GoU interest in primary health care & preventive health; and (4) stigma & discrimination that have limited access to HIV services. The pace of transition to full country ownership

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and sustainability will be dependent on the broader country context.