Ukraine

Country Operational Plan

(COP) 2019

Strategic Direction Summary

April 5, 2019

PEPFAR

U.S. President's Emergency Plan for AIDS Relief

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1.0 Goal Statement

In 2018, Ukraine continued to embrace a progressive health reform agenda despite an ongoing war in the eastern Donbas region. Ukraine's progress in a difficult environment is commendable and reflective of key stakeholder engagement from the National Center for Public Health (PHC) and civil society. The Government of Ukraine (GoU) has absorbed all patients on PEPFAR procured ARVs, committed to procuring TLD, and is implementing national polices to improve the quality of care provided to People Living with HIV (PLHIV).

ART coverage in 12 PEPFAR scale-up aggressive regions of Ukraine is projected to reach 123,000 PLHIV on ART by the end of 2020 (78% of Ukraine's estimated PLHIV). These regions must dramatically increase case-finding to find approximately 44,000 undiagnosed PLHIV who remain unaware of their status in 12 PEPFAR supported-regions.

In support of these ambitious targets, PEPFAR-Ukraine's Country Operational Plan (COP) 2019 goals are to:

- Ensure rapid uptake of ART through:
    - Expansion of HIV testing services (HTS) among key population (KP) groups; large-scale expansion of effective modalities (provider-initiated testing and counseling (PITC), and index testing)
    - Implementation of comprehensive National HIV Treatment Guidelines and adoption of health reform policies
    - Decentralization, differentiated services, multi-month scripting (MMS), regimen optimization, and Test and Start
- Ensure high viral load suppression through improved retention and adherence activities
- Foster innovations throughout the clinical cascade

In COP 2019, PEPFAR-Ukraine will continue to focus resources towards increased case finding and linkage through support of PITC in health care facilities, index testing, and expanded KP network recruitment. COP 2019 program activities include: (1) enhanced network-based HTS recruitment among men who have sex with men (MSM); (2) improved network-based HTS use of point-of-care recency assays to link recently infected persons who inject drugs (PWID) to care; and (3) expanding coverage of high-yield testing modalities. Additional resources will support retention and adherence activities. PEPFAR-Ukraine continues to prioritize HTS and linkage activities for PWID and MSM in collaboration with community and civil society organizations. 60 percent of COP 2019 funding goes to indigenous organizations.

Current bottlenecks include the need to reorient providers and patients towards the benefits of early ART initiation, while addressing policy and systems issues limiting or delaying treatment access. The GoU adoption of key legislative changes in early 2019 are critical to ensure patients are diagnosed and enrolled on ART. These important regulations also authorize prescription of ART at primary care centers, MMS, and decrease lab tests prior to ART initiation.

The country team remains committed to a timely review of our quarterly data to identify changes needed in program implementation for a successful COP 2019. Close review of partner performance continues to guide program decisions and we actively share and review all data and results with stakeholders.

Overall, PEPFAR COP 2019 investments accelerate achievement of service targets leading to a rapid ART scale-up while continuing to catalyze key reforms in legislation, finance, procurement systems, and organizational capacity.

2.0 Epidemic, Response, and Program Context

2.1 Summary statistics, disease burden and country profile

Since 2014, Ukraine's conflict with Russia has significantly affected regions that have a high HIV burden. The Ukraine State Statistics Service estimates Ukraine's total population as 42.4 million. Ukraine's census data predates the Maidan Revolution and the ongoing war in the eastern Donbas region. Approximately 2.3 million people live in Russian-occupied Crimea and another 3 million in separatist/Russian-occupied portions of eastern Luhansk and Donetsk regions. Over 1.4 million people from these regions are internally displaced.

Spectrum 2019 results estimate 237,000 PLHIV in Ukraine (0.5% of the total population) with the majority of cases among men. An estimated 196,000 PLHIV live in Ukrainian government controlled areas (GCA). Case reporting data show 142,000 (72%) of PLHIV in GCAs were registered at an AIDS Center as of Jan 2019. Estimated 52,000 PLHIV remain unaware of their status or have not yet registered at an AIDS Center in GCAs. Approximately 17% of total estimated PLHIV live in occupied Crimea or uncontrolled Luhansk/Donetsk (NGCA). Ukraine's HIV epidemic remains geographically concentrated within a belt of regions in the South and East. PEPFAR's support to 12 high-burden regions or oblasts account for ~66% of estimated PLHIV and ~54% of the population.

Spectrum 2019 results are useful in context, but are based on a general population estimate for Ukraine of 42.4 million. Due to the war in the eastern Donbas region and ongoing migration a more accurate estimate of Ukraine's population is around 33-37 million. This variance in the Spectrum model will impact our ability to reliably calculate oblast-level estimates. In addition, age and sex disaggregation within Spectrum is distorted in younger age groups and the model doesn't provide insight into identifying gaps in case finding by specific age/sex groups.

In 2017, HIV accounted for an estimated 6,000 deaths (1% of all deaths in Ukraine in 2017) with tuberculosis (TB) causing approximately 51% of all officially reported AIDS-related deaths among PLHIV. In 2017, 46,673 new cases of TB-HIV co-infection were diagnosed and 1,663 deaths were reported among co-infected individuals[1].

Spectrum 2019 estimates ~12,000 new cases of HIV infection. The epidemic is concentrated in key populations (KP) with a stable prevalence of among PWID (22% in 2011, 23% in 2017), declining trend among CSW (13% in 2011, 5% in 2017), and slight increase in prevalence among MSM (6.4% in 2011, 7.5% in 2017), according repeated Integrated Bio-Behavioral Survey (IBBS) data. Evidence supports that injecting drug use (IDU) still accounts for 20% - 40% of new cases. Rapid recency testing from the 2017-2018 IBBS found the highest incidence rates among PWID (2.4%) and relatively low incidence among other KPs (0.6% MSM; 0.6% CSW). The highest incidence among PWID was observed in Kropyvnitskii (10.9%), Cherkasy (7.7%), Kyiv Oblast (6.6%), and Dnipro (5.2%).

[1] Tuberculosis in Ukraine, Statistical Data, 2017. Table 32 and Table 65

The HIV prevalence among pregnant women was 0.9% in 2016 and has been declining slightly since 2009. A similar trend has been observed among young pregnant women aged 15-24, with a decline in prevalence to 0.4% in 2016. Detailed SNU-level analysis of antenatal care (ANC) prevalence, however, revealed that 20% of rayons in 12 PEPFAR oblasts have ANC prevalence higher than 2%. Analysis of baseline CD4 levels among newly registered PLHIV revealed an increasing trend of late presenters in care (CD4<200, from 31% in 2010 to 41% in 2018). Majority of late presenters are adult men and PLHIV identified via provider-initiated testing (PITC). PLHIV with CD4>500 are more likely to be MSM, pregnant women, and younger age groups. Analysis of undiagnosed population estimates that majority of undiagnosed cases constitute PWID cases (53%).

Data on estimated number of PLHIV, registered in care, undiagnosed, and on ART, by regions of Ukraine

	All Ukraine (including non-government controlled areas)	**Government-controlled areas (GCA)** Excluding Crimea and portions of Donetsk and Luhansk oblasts occupied by Russian-supported forces.	**Non-government-controlled areas (NGCA)**	**12 PEPFAR regions of Ukraine**
Est N of PLHIV	237,000	196,000	41,000	157,400
N of PLHIV who know their status (includes LTFU and deceased)	N/A	142,000	N/A	113,500
Est N of undiagnosed PLHIV	N/A	52,000	N/A	43,900
N of PLHIV on ART	121,900	103,900	18,000	81,100

Response and Program Context

The GoU response to the HIV epidemic has been focused on KP prevention programs and an expansion of ART. Harm reduction continues to be a key component of the National HIV Prevention Strategy. As a result of increased GoU funding, new national procurement procedures, and an ART optimization strategy, the GoU plans to cover 69% of the ARVs need by the end of 2020. No funding has been requested from PEPFAR for ARVs in COP 2019.

The ambitious expansion of the ART program requires significant scale-up of the testing program. Under current testing program approximately 2.3 million people get tested for HIV annually, resulting in ~14,501 newly identified cases each year in 12 PEPFAR supported oblasts. The existing testing program ensures universal coverage with testing for pregnant women and blood donors

(45% of all tests) with yield of 0.3% and 0.1%, respectively. The highest yields have been found in testing partners of PLHIV (13.5%), prisoners (4.2%), anonymous testers (3%), and provider-initiated testing (2.2%). In 2018, PHC adopted 2019-2030 National HIV Testing Strategy which focuses on expansion on high yield testing modalities, especially index testing.

PEPFAR Ukraine's proposed COP 2019 testing strategy will build on COP 2018 activities to expand partner notification, index testing for HIV, and provider initiated testing and counselling, including age-based opt-out testing in locations with high HIV prevalence among ANC. USAID's Serving Life project will ensure comprehensive testing and treatment services for prisoners in 12 PEPFAR regions. PEPFAR will continue to support testing and linkage to care among KPs, mainly PWID and MSM, using social network and online-based recruitment. The use of Asante rapid recency tests into testing at regional AIDS Centers will allow rapid linkage to care of PLHIV with incident HIV infection and enhanced efforts to test their partners, and will set up the foundations for routine HIV incidence surveillance. Self-testing will be offered to MSM.

Other policy advances are key to set the stage for improved coverage of testing and treatment. Ukraine adopted WHO Comprehensive HIV Prevention and Treatment Guidelines in September 2018, which includes recommendations for pre-exposure prophylaxis (PrEP), 'Test and Start', partner notification and testing for HIV, self-testing, differentiated service delivery, and multi-month scripting. In addition, a number of pending legislative changes including the new HIV testing algorithms and permission for lay providers to conduct HIV testing will intensify case-finding efforts and initiation onto treatment.

Table 2.1.1 Host Country Government Results															
	Total		**<15**				**15-24**				**25+**				***Source, Year***
			Female		**Male**		**Female**		**Male**		**Female**		**Male**		
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	
Total Population	42,378,887	100%	3,199,317	7.5%	3,396,748	8.0%	2,062,837	4.9%	2,180,841	5.1%	17,388,463	41.0%	14,150,681	33.4%	Spectrum estimates, January 2019
HIV Prevalence (%)		0.5%		0.4%		0.4%		0.13%		0.11 %		0.6%		0.8%	Spectrum estimates, revised 02.25.2019
AIDS Deaths (per year)	6,000														Spectrum estimates, revised 02.25.2019
# PLHIV	237,001		1,328		1,405		2,965		2,630		104,097		124,576		Spectrum estimates, revised 02.25.19
Incidence Rate (Yr)															
New Infections (Yr)	12,000														Spectrum estimates, revised 02.25.2019
Annual births	364,000														Ukraine State Statistic Service (2017),
% of Pregnant Women with at least one antenatal clinic visit	~97%														Proxy data: 97.6% of pregnant women were tested for HIV in 2017, MoH/PHC
Pregnant women needing ARVs	2,606														Proxy data: N of new pregnancies with HIV in 2017, MoH/PHC, *HIV Newsletter* #49, p. 101
Orphans (maternal, paternal, double)	~8,100														https://www.ukrinform.ua/rubric-society/2464791-usinovlenimi-mozut-buti-ne-bilse-5-vihovanciv-internativ-kuleba.html
Notified TB cases (Yr)	21,995														*TB in Ukraine Newsletter*, PHC 2017, New cases only, Table #13
% of TB cases that are HIV infected		22%													*TB in Ukraine Newsletter*, PHC 2017, Table #31, 32
% of Males Circumcised	N/A														
Estimated Population Size of MSM*	179,400	0.4%													National Council on TB/HIV/AIDS, 03.12.19

MSM HIV Prevalence		7.5													IBBS, 2017
Estimated Population Size of FSW	86,600	0.2%													National Council on TB/HIV/AIDS, 03.12.19
FSW HIV Prevalence		5.2													IBBS, 2017
Estimated Population Size of PWID	350,400	0.8%													National Council on TB/HIV/AIDS, 03.12.19
PWID HIV Prevalence		22.6													IBBS, 2017
Estimated Size of Priority Populations (Sexual partners of PWID)	125,093														Estimate based on IBBS 2015 (35.7% of PWID reported that they have non-IDU sexual partner)
Estimated Size of Priority Populations Prevalence (Sexual partners of PWID)		15													IBBS, 2015
	**If presenting size estimate data would compromise the safety of this population, please do not enter it in this table.*														

Table 2.1.2 90-90-90 cascade: HIV diagnosis, treatment and viral suppression*										
Epidemiologic Data					HIV Treatment and Viral Suppression			HIV Testing and Linkage to ART Within the Last Year		
	Total Population Estimate** (#)	HIV Prevalence (%)	Estimated Total PLHIV (#)	PLHIV diagnosed (#)	On ART (#)	ART Coverage (%)	Viral Suppression (%)	Tested for HIV (#)	Diagnosed HIV Positive (#)	Initiated on ART (#)
Total population	42,378,887	0.5%	237,001 221,959**	142,000[2]	103,928[3]	44[4]	92[5]	2,394,364[6]	18,099[7]	14,162[8]
Population <15 years	6,596,065	0.4%	2,733 2,560**		1,912**					
Men 15-24 years	2,180,841	0.1%	2,630 2,465**		1,080**					
Men 25+ years	14,150,681	0.9%	124,576 116,727**		48,148**					
Women 15-24 years	2,062,837	0.14%	2,965 2,775**		1,662**					
Women 25+ years	17,388,463	0.6%	104,097 97,432**		46,581**					

[2] NPHC data as of 01/01/2019, including newborns with pending HIV status, https://old.phc.org.ua/uploads/documents/83da57/d0271446db89b6a8953082c1c40ee107.pdf
[3] NPHC data as of 03/01/2019, only Government controlled areas, https://old.phc.org.ua/pages/diseases/hiv_aids/statistics/art
[4] For total ART patients in GCA, using 237,000 as denominator
[5] HIV Bulletin #49, English, p.115, data for 2017, of 68,803 tested for VL 63,573 had VL<1,000 copies/ml
[6] HIV Bulletin #49, , p.72, data for 2017
[7] NPHC 2018 data, including newborns with pending HIV status, https://old.phc.org.ua/uploads/documents/83da57/0d22fdcb99d51596ad28c9d2412bd1e2.pdf
[8] Difference total N on ART between 01/01/2019 and 01/01/2018, only GCA,

Figure 2.13 National and PEPFAR trend for Individuals Currently on Treatment

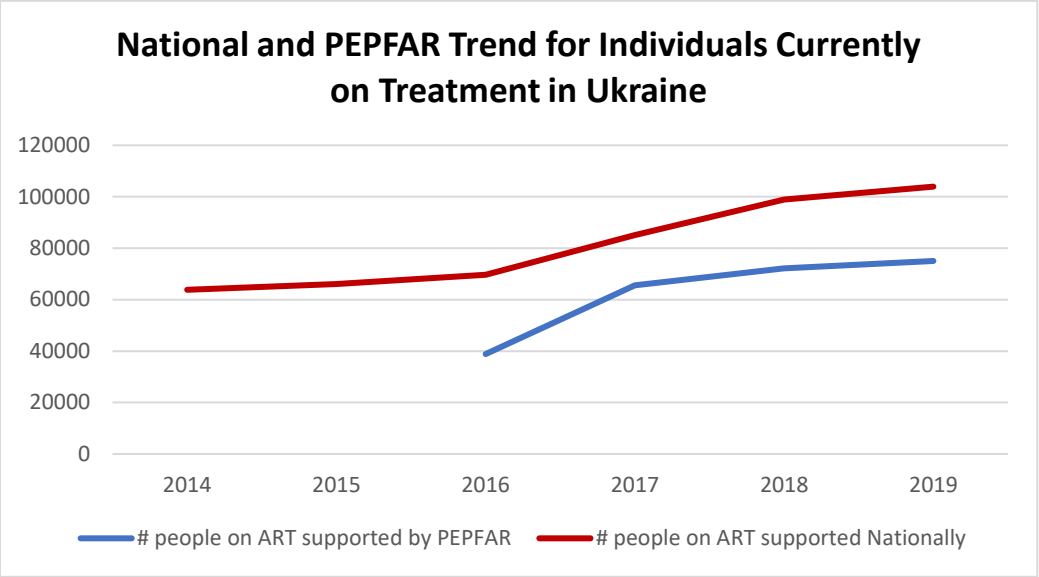
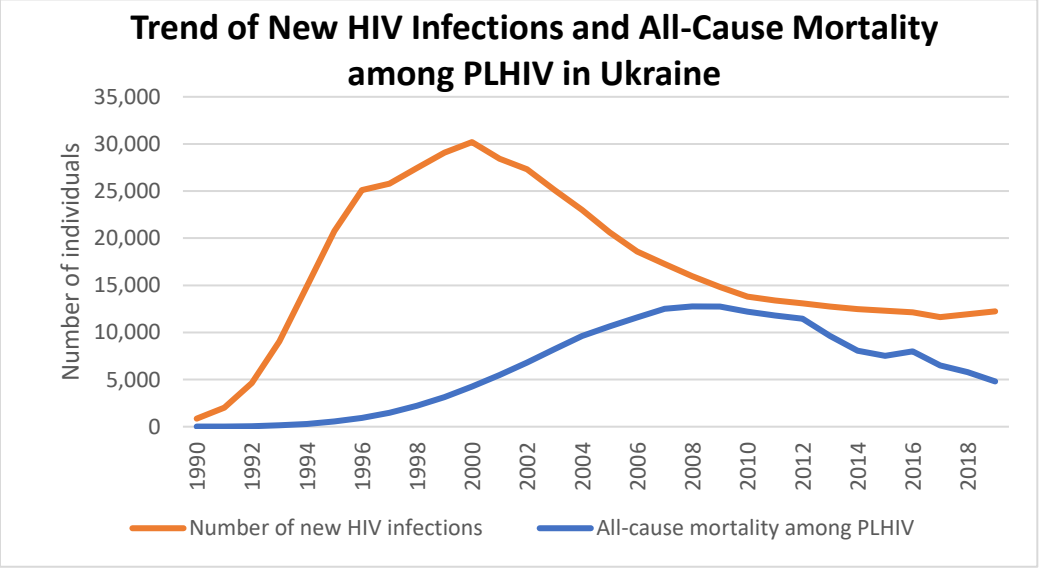


Figure 2.1.4 Trend of New Infections and All-Cause Mortality Among PLHIV



2.2 Investment Profile

GFATM and PEPFAR remain the major contributors to Ukraine's AIDS response covering between 60-70% of the country's HIV programs costs in 2016–2018. According to the most recent National AIDS Spending Assessment done by the MoH Center for Public Health, in 2016, the total expenditure was ~$112 million: the GFATM contributed 49%; PEPFAR - 20%; and the GOU - 22%. In 2017 and 2018, the GoU significantly increased the State AIDS budget from $12.5 million USD in 2016 to $32 million USD annually in response to intense advocacy efforts of CSOs and development partners to embrace the global commitment to 90-90-90 and Test-and-START.

The state budget covers ARVs and most of the laboratory commodities related to facility –based HTS, including HIV tests for pregnant women and blood donors. The local GOU budget covers baby milk formula for PMTCT, staff, and the operational costs of health facilities. Concurrently, local governments in PEPFAR-focal regions have started to buy rapid test kits to provide increased PITC in their primary and specialized (TB, STI, drug abuse treatment) facilities and began contracting HIV linkage to care and support services from local NGOs.

The 2018-2020 GFATM HIV-TB grant to Ukraine allocated around $77 million for Ukraine's HIV program with $3.5 million earmarked for Donetsk and Luhansk NGCAs catalytic funding including: $3.9 million for activities with high KP impact, $2.3 million for tackling human rights barriers to health services, and $2 million to support Resilient and Sustainable Systems for Health in data systems. There is a transition plan under the GFATM grant for the GoU to gradually pick up the outreach prevention and care linkage service provision for key populations – from 20% in 2018 to 50% in 2019 and 80% in 2020.

Since the beginning of 2018, Ukraine has made strides to implement health financing reforms across the healthcare system. It is anticipated that by 2020 Ukraine will integrate HIV care and treatment services into the primary and secondary healthcare. Services provided will be reimbursed through the National Health Service of Ukraine and will be financed by the State Budget.

Table 2.2.1 Annual Investment Profile by Program Area[9] (MoH/Ukraine's NASA 2016, USD)					
Program Area	**Total Expenditure**	**% PEPFAR**	**% GF**	**% GoU**	**% Other**[10]
Clinical care, treatment and support	**58,765,330**	7	66	23	4
incl. HTS	3,262,837	39	3	42	16
Community-based care, treatment, and support	n/a	n/a	n/a	n/a	n/a
PMTCT	**1.173,217**	0	12	58	30
VMMC	n/a	n/a	n/a	n/a	n/a
AGYW Prevention	n/a	n/a	n/a	n/a	n/a
Key population prevention[11]	11,204,498	16	66	3	15
incl. PWID	9,184,764	17	66	3	14
incl. MSM	818,535	37	55	0	8
OVC	**980,094**	0	0	84	16
Laboratory	5,693,692	15	50	30	5
SI, Surveys and Surveillance	1,565,762	69	12	3	16
HSS	859,557	0	3	43	54
Total[12]	**111,840,232**	**20%**	**49%**	**22%**	**9%**

Table 2.2.2 Annual Procurement Profile for Key Commodities, NASA 2016 (MoH/CPH)					
Commodity Category	**Total Expenditure**	**% PEPFAR (ECF)**	**% GF**	**% GOU**	**% Other**
ARVs	$40,838,295	4	77	18	1
HIV test kits	$1,561,442	5	6	69	20
Lab reagents (incl. CD4 and viral load)	$5,031,080	17	58	22	3
Condoms (with lubricants)	$569,757	62	25	0	13
MAT	$2.790,245	20	77	3	0
Total	**$50,790,819**				

Note: Please note that Table 2.2.1 and 2.2.2 contains information from the most recent 2016 National AIDS Spending Assessment by MoH/ PHC. For Table 2.2.5, 2014-18 funding was calculated by PEPFAR/Ukraine based on available MoH operational data and the new GFATM HIV-TB grant to Ukraine for 2018-2020.

[7] (MoH/CPH: Ukraine's National AIDS Spending Assessment , 2016), all amounts in 2016 USD: Nat Bank of Ukraine currency exchange rates: 2016: $1 USD = 25.59 UAH; 2017: $1 USD = 26.59 UAH

[8] Other (NASA categories combined): Households' expenditures (OOPs); other bilats/ multilats, domestic and international charities,

[10] KP prev in PEFAR-Ukraine: PWID, MSM and their sexual partners, prisoners, sex workers and their clients

[11] Total shows not just the PEPFAR program areas but all GAM 2018 categories in the 2016 NASA expenditures)

Table 2.2.3 Annual USG Non-PEPFAR Funded Investments and Integration					
Funding Source	**Total USG Non-PEPFAR Resources**	**Non-PEPFAR Resources Co-Funding PEPFAR IMs**	**# Co-Funded IMs**	**PEPFAR COP Co-Funding Contribution**	**Objectives**
USAID TB	$5.4M FY18				The overall goal of the TB activity is to reduce the TB epidemic in Ukraine through early detection, appropriate care, and prevention for people living with TB, DR-TB and TB/HIV.

Table 2.2.4 Annual PEPFAR Non-COP Resources, Central Initiatives						
Funding Source	**Total PEPFAR Non-COP Resources**	**Total Non-PEPFAR Resources**	**Total Non-COP Co-funding PEPFAR IMs**	**# Co-Funded IMs**	**PEPFAR COP Co-Funding Contribution**	**Objectives**
Other PEPFAR Central Initiatives	(SAMHSA)					To support SAMHSA in-country activities

Table 2.2.5 GoU and donor funding for the AIDS national response in 2016-2019 (in USD)					
Year	**Total Expenditure**	**% PEPFAR**	**% GF**	**%GoU** (State+Local)	**% Other**
2016	112 mln	29	49	22	9
2017, estimate	85 mln	26	36	20*	n/a
2018, estimate	95 mln	35	31	34*	n/a
2019, estimate	95 mln	30	20	40*	n/a

Sources: 2016 – NASA; 20172098 - MoH/ GoU Budget, GF Grant budgets, PEPFAR EA + Planning Levels; * Does not include data for the local GoU budget as it is not available for 2017- 2019,

2.3 National Sustainability Profile

The Sustainability Index and Dashboard (SID 3.0) analysis was undertaken jointly with key national stakeholders (GOU, UNAIDS, UNICEF, UNDP, UNODC, GFATM, and national and regional CSOs) in November 2017. Results of SID3.0 identified three main areas of strength – planning and coordination, policies and governance, and public access to information. The MoH has endorsed the global 90-90-90 strategy and the Fast Track Initiative based on the WHO Test-&-Start approach. The health sector continues to undergo radical reforms. The National Health Service of Ukraine was established in April, 2018 and the Central Procurement Agency was established in late 2018.

The national HIV response also faces vulnerabilities. CSOs currently provide most prevention, care, and support services while supporting strategic information, health management information systems, research, procurement, and advocacy. CSOs remain dependent on external funding and their long-term existence is threatened by a reduction of GFATM assistance after 2020. The SID also identified quality management as an area of vulnerability for the government lacks a formal system of funding and implementing quality management in health care, and in HIV services in particular.

Private sector engagement is another weak area in the country's response to HIV/AIDS with the government sector being the predominant player in the overall health care service provision. Private providers (less than 2 % of all the HCF) are currently not providing HIV services. National stakeholders are working together to mitigate the impact of these vulnerabilities through planned activities to introduce changes into the health and HIV-related legislation and through recently initiated developments for a new National HIV/AIDS Response Strategy through 2030.

Sustainability Strengths:

- **Planning and Coordination (Score: 9.3):** Ukraine has made significant strides in its capacity to develop, plan, budget and coordinate HIV/AIDS response activities with funding from different sources under costed and targeted national and regional AIDS programs. National HIV and TB Coordination Council at the Cabinet of Ministers of Ukraine (performing the function of CCM for the GFATM grants) serves as a multi-stakeholder mechanism of programmatic oversight for both GoU- and donor-funded programs. This platform also serves to improve the sustainability and effectiveness of the national AIDS response and inter-sectoral linkage with TB. Similar processes are observed at the sub-national level in most regions in the form of Oblast Coordination Councils actively supported by CSOs.

- **Policies and Governance (Score: 8.1):** The MoH has endorsed the global 90-90-90 strategy and Fast Track Initiative based on the WHO Test-&-Start approach. The MoH led by the NPHC with support from UNAIDS and PEPFAR developed the Strategy for Sustainability of the National HIV/AIDS and TB response by 2020.

- **Public Access to Information (Score: 8.0):** Ukraine has made major strides in its capacity to provide epidemiologic, programmatic, and financial information related to the national HIV response open to public scrutiny. The Center for Public Health website has significantly improved over the last two years with a National Portal of Strategic HIV/AIDS Information developed with PEPFAR support and available to program managers, CSOs, and service providers.

Sustainability Vulnerabilities:

- **Commodity Security and Supply Chain (Score: 3.4):** PEPFAR is helping to develop an electronic HIV Management Information System and an LMIS module.

- **Quality Management (Score: 3.2):** A Quality Improvement Curriculum for post-graduate education was adopted, and a set of Quality Improvement recommendations were approved by MoH/NPHC as organizational standards for public health management. However, the government lacks a budget line item for quality management, a data collection and analysis system to track performance improvement, and provision of oversight that ensures continuous quality improvement in HIV services. PEPFAR will continue to address these shortcomings by fostering innovations throughout the clinical cascade, including improving network-based and PITC HIV testing services, and linkage and retention, rolling out a national HIV Management Information System.

- **Private Sector Engagement (Score: 3.0):** Although legislation does not bar national and sub-national governments from procuring private-sector medical services, currently private sector facilities do not provide HIV services, such as HIV testing, ART prescription, or dispensing. PEPFAR is tackling this deficiency by providing TA to introduce changes into the health and HIV legislation and regulatory acts. Additionally, there are plans to provide regional governments, newly formed regional public health centers, and local health care facilities with technical assistance to procure services from NGOs and emerging non-for-profit primary health care clinics. In addition, some PEPFAR-supported NGOs received TA to develop business plans and several of them have applied for low-interest social entrepreneurship loans from commercial banks.

2.4 Alignment of PEPFAR investments geographically to disease burden

As noted in the map below, PEPFAR directly funds oblasts (regions) and areas of the country that have the highest HIV burden. In COP 2019 PEPFAR continues to align investments with the regional (and district-level) disease burden and complements GFATM's continued efforts to support activities in the GCA of Donetsk.

Figure 2.4.1 Number of PLHIV in 12 PEPFAR Regions within Ukraine

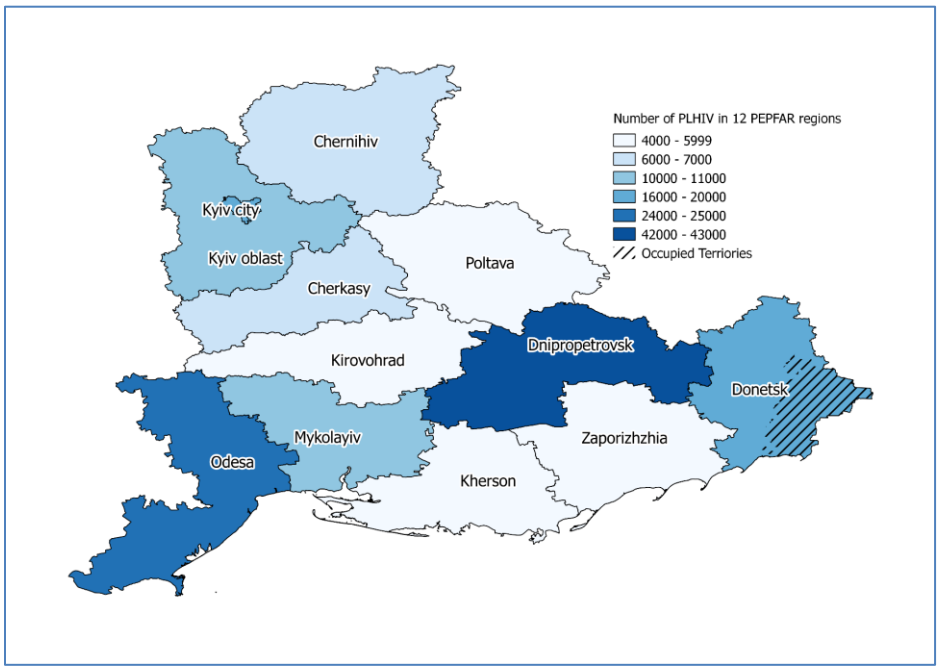


Figure 2.4.2 Percent treatment coverage in 12 PEPFAR Regions within Ukraine

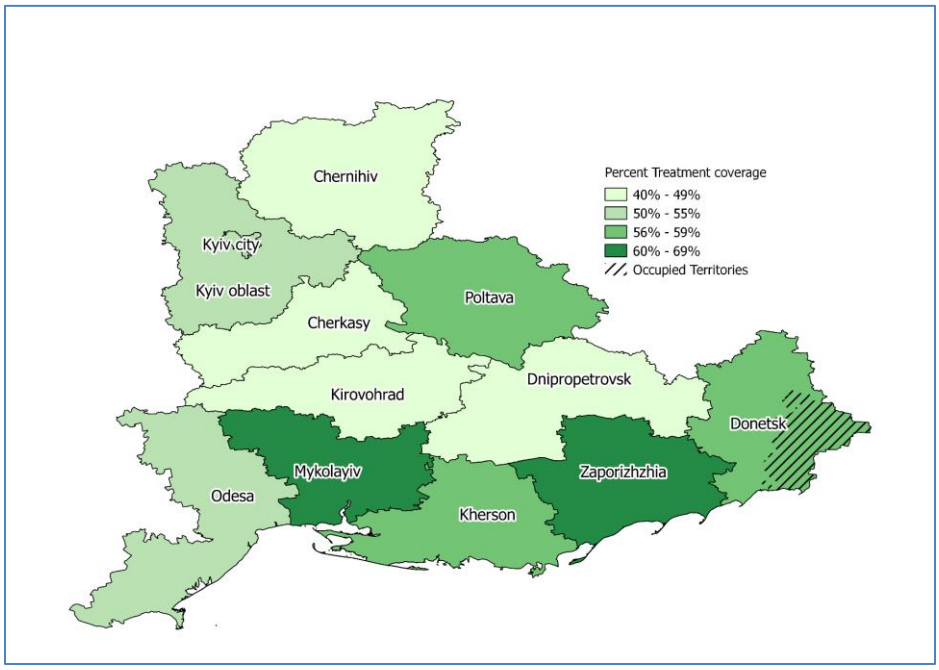
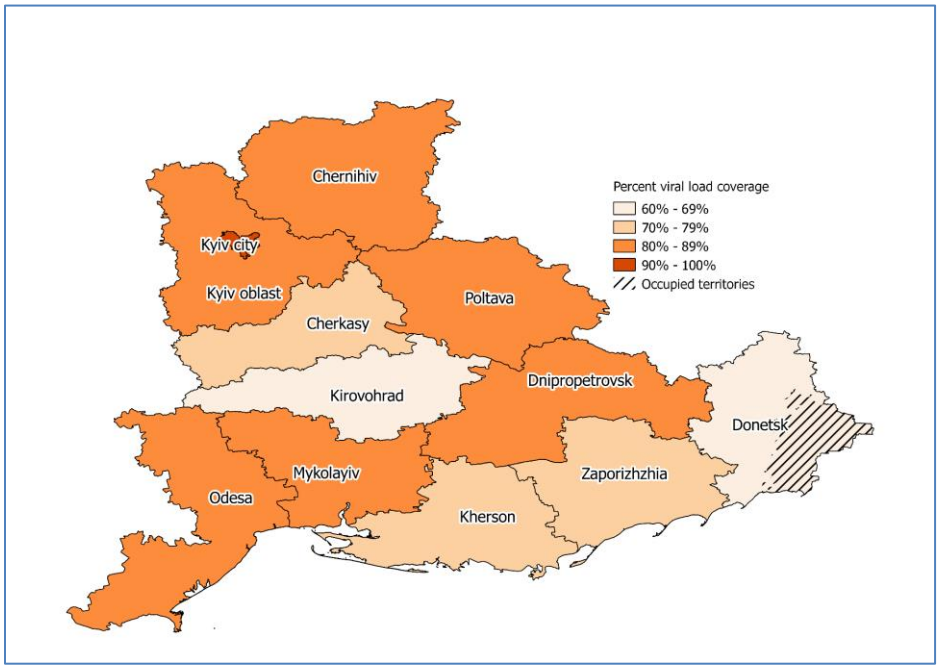


Figure 2.4.3 Percent viral load coverage in 12 PEPFAR Regions within Ukraine



2.5 Stakeholder Engagement

PEPFAR/Ukraine organized a joint COP 2019 consultation meeting with national stakeholders, international donors, and implementing partners co-facilitated by GoU/ Ministry of Health Center for Public Health, UNAIDS, and PEPFAR on January 25th, 2019. The meeting agenda, Power Point presentations, and audio recordings are available upon request. The meeting brought together national and local (e.g., oblast/district) stakeholders from different parts of the country including the GOU, CSOs, GFATM, UN agencies and other multilateral organizations, and external donors at a key point in COP 2019 development. Key objectives for the meeting included a discussion on the GoU's vision for leveraging ongoing public health reforms to help achieve PEPFAR goals and control the HIV/AIDS epidemic. An extensive discussion revolved around different orders and regulations that need to be updated and/or adopted to amend testing and treatment protocols to help achieve the 90-90-90 goals. PEPFAR staff gave presentations outlining gaps and achievements in current PEPFAR programs and small groups were formed to allow participants to have in-depth and detailed conversations about barriers and challenges that needed to be addressed in COP19. Groups focused on testing, treatment, MSM, PWIDs, labs, and cross-cutting issues. An overarching theme that emerged from each discussion was the need to think outside the box in overcoming current challenges as most traditional approaches have been tried for many years. A detailed readout of each group discussion is available upon request.

The stakeholders reached consensus around proposed key priorities for COP 19: (1) Increase the number of PLHIV in PEPFAR regions who know their status through continued scale-up of HIV testing with higher yield modalities and optimized case finding and increasing demand for HIV testing, with a particular focus on index testing and refinement of PITC; (2) Increase the number of PLHIV who are on safe and effective ART by promoting optimized ART regimens (including TLD), increase provider knowledge about MMS, and build the capacity of PHC and health care providers to implement new National Treatment Guidelines; (3) Continue to test innovative approaches to reach PWID and MSM, including PrEP and self- and index-testing; and (4) utilize recent ANC prevalence data to identify areas of high prevalence where no testing partners current work and to redirect resources to these districts.

The USG PEPFAR team has also consistently shared quarterly PEPFAR Oversight and Accountability Response Team (POART) monitoring and program results via presentations with national stakeholders. In addition, USG staff meets at least bimonthly with other national stakeholders, including GOU/PHC and UNAIDS representatives, and hold periodic calls with GFATM to ensure coordination on key technical and program issues.

3.0 Geographic and Population Prioritization

Progress towards epidemic control: In October 2017, the Ukrainian Parliament approved the Health Finance Reform law, a cornerstone of the Health Reform policy and an important first step in the development of a transparent and sustainable national health system. Ukraine continues to increase local and national funding for HIV services and improve access to HIV care and treatment. In addition to the Health Finance Reform, coordinated advocacy from national stakeholders produced major policy improvements in 2017-18, including:

- 2.5 fold increase in GOU funding for HIV commodities to procure ARVs for use in 2018; GOU will not request funding from PEPFAR in FY2019/2020 to purchase ARVs. The GoU has also absorbed the costs for CD4 and Viral Load lab reagents, lab equipment, and TB drugs. PEPFAR will not invest new funding for commodities in COP 2019. Existing funds will be used to assist case finding efforts in PEPFAR-supported regions by procuring RTKs, rapid recency tests, and self-test kits.

- ARV manufacturer concessions especially for efavirenz/emtricitabine/tenofovir and dolutegravir (DTG) allowing for decreased reliance on expensive branded ARVs, extension of one-pill-a-day regimens, and a bold plan to rapidly scale-up access to tenofovir/lamivudine/dolutegravir (TLD).

- Acceptance by national stakeholders of procurement of only optimized regimens for new patients regardless of the source of funding (GOU, GFATM, PEPFAR).

- Finalization of new National Clinical Guidelines in April 2018 that establish DTG regimens as the preferred first line regimen and encourage its use for both new and existing ART patients.

- Establishment of the Central Procurement Agency in 2018.

Despite these progressive gains the country faces several key hurdles to further scale up treatment including 1) building a consensus among the patient and provider communities on the benefits of immediate initiation of optimized ART regimens for all; 2) increasing the capacity for delivering ART through further decentralization and more efficient service delivery; and 3) adoption of key national polices to simplify HIV diagnosis by updating the National Testing Algorithm and promote self-testing.

The GoU adoption of updated Order 1141, Order 585, and Order 388 in early 2019 are critical to ensure patients are diagnosed and enrolled on ART. These important regulations also authorize

prescription of ART at primary care centers, MMS, and decrease lab tests and mandatory examinations prior to ART initiation.

PEPFAR/Ukraine is supporting the country's efforts to address these issues. The USG will support the implementation of the new treatment guidelines with an emphasis on education and support of providers and patients, including activities to create demand for optimized ART regimens and quality HIV services among patient communities. PEPFAR activities will support development of differentiated services in the HIV care delivery system and support accelerated decentralization of ART provision. Additionally, PEPFAR activities will support education on ART optimization, continued reform in procurement processes, and additional advocacy to ensure adequate GOU resources.

Data for prioritization decisions and associated yields for epidemic control: PEPFAR/Ukraine reviewed epidemiology and program data to assess the program's progress in the priority regions and populations for focused USG efforts. Data included 1) ANC prevalence data 2) GOU data on new/cumulative PLHIV in care, number on ART and retention on ART, reported mortality; 3) GOU data on HTS; 4) national 2019 SPECTRUM on incidence, prevalence, and mortality estimates; 5) KP population size estimates and data from the integrated bio-behavioral surveys (IBBS); and 6) published studies on HIV prevalence, incidence, and transmission in Ukraine; 7) MER results for FY18 and FY19Q1.

Geographic focus: 12 PEPFAR supported regions for "scale-up aggressive":

In COP 2019, PEPFAR/Ukraine remains focused on six regions with the highest HIV burden (Dnipropetrovsk, Mykolayiv, Odesa, GCA Donetsk, Kyiv City, and Kherson) and continues to work in six additional medium burden oblasts (Cherkasy, Poltava, Chernihiv, Zaporizhzhya, Kirovograd, and Kyiv Oblast), with an estimated 80% of all PLHIV in GCA of Ukraine.

PEPFAR/Ukraine's focus to the GCA of Donetsk complements GFATM-funded activities in NGCAs. The GCA of Donetsk has the fourth largest estimated number of PLHIV among PEPFAR scale-up oblasts. GOU HIV care delivery capacity continues to be severely impacted by the conflict as the major clinical and laboratory facilities were located in areas seized by Russian-supported forces (Donetsk oblast and city AIDS centers).

Table 3.1: Current Status of ART saturation

Table 3.1 Current Status of ART saturation				
Prioritization Area	**Total PLHIV/% of all PLHIV for COP19**	**# Current on ART (End of 2018)**	**# of SNU COP18 (FY19)**	**# of SNU COP19 (FY20)**
Scale-up Aggressive	157,400[1]	72,186	12	12

Note: All 12 PEPFAR Regions within Ukraine are "Scale-Up: Aggressive" prioritization.

[1] This data point is derived from the Government of Ukraine 2/25/2019 SPECTRUM estimate and is includes only Government Controlled (GCA) area of the Donetsk region; while the Datapack estimated number of PLHIV for 12 PEPFAR regions is 178,633 (as Donetsk oblast includes both GCA and NGCA).

Populations that PEPFAR/Ukraine will prioritize:

Population Focus:

Age and gender: Ukraine's epidemic overwhelmingly affects adults over 25 years old. Case reporting data indicates that only 5.7% of 12,893 adult cases in 2015 were 15 – 24 years of age; SPECTRUM also estimates that <6% of adult cases are <25 years old. In both case reporting and modelling, the proportion in this age group has steadily decreased over the past decade.

KPs: PEPFAR/Ukraine continues to emphasize improving services to limit transmission among KPs. While case reporting data suggests that heterosexual transmission has been increasing since 2007, data suggest that transmission among KPs continues to play a major role. The PEPFAR-supported Modes of Transmission study of 2,285 recently registered adult PLHIV used baseline data on the mode of HIV transmission from medical records, a sensitive standardized risk assessment questionnaire, and hepatitis C virus testing to find that the proportion of participants who were likely infected via parenteral transmission increased from 33% (recorded in medical records) to 60% (with the survey and HCV testing). The proportion of men reporting MSM risk increased from 5% to 7%. This study suggests that PWID and MSM represent a majority of recently registered PLHIV and a significant proportion of the remaining cases are likely to have been sexual partners of KPs, especially of current or former PWID.

In 2015, MSM were a KP of increasing concern. The 2013 IBBS had shown MSM to have the highest estimated incidence (by LAg testing) among KP; a similarly high incidence among MSM was reported from LAg testing of registered cases in Kyiv in 2013-14. In the 2015 IBBS, MSM in both <25 years old and 25+ age brackets showed increasing HIV prevalence compared with the 2013 IBBS. Results of the 2017-18 IBBS suggest HIV prevalence among MSM declined from 8.5% to 5.6%. A similar result was found when the analysis was limited to younger MSM aged 15-24 years old: 4.8% in 2015 and 2.6% in 2017. These results among MSM need further analysis and validation, but suggest that HIV prevalence among MSM has not continued to rise rapidly presenting a window of opportunity for improved prevention and treatment efforts.

IBBS results for PWID showed a relatively stable prevalence of 22% in 2015 and 23% in 2017. However, among PWID 15-24 years old measured HIV prevalence increased from 4% to 5% after declining from 8% in 2009 to 4% in 2015. PEPFAR-Ukraine will continue to focus on improving case finding and linkage for PWID and increasing activities to reach and link PWID to services. Current network based recruiting of PWID will continue to be optimized to improve enrollment into case management and linkage to treatment.

Expected Results of refinement in prioritization:

Achievement of COP 2019 treatment targets will raise coverage for PEPFAR scale-up oblasts to 78%. Discussions with stakeholders indicate that these ambitious targets represent an upper limit of absorptive capacity within this timeframe and will require intensive combined efforts to address potential bottlenecks. Continued PEPFAR-Ukraine efforts to focus on services for KPs should mitigate anticipated issues affecting recruitment and retention for KPs and allow for continued scale-up according to the ambitious targets developed with NPHC and civil society partners.

4.0 Program Activities for Epidemic Control in Scale-up Locations and Populations

4.1 – 4.3 COP 19 Programmatic Priorities for Epidemic Control

4.1 Finding the missing, getting them on treatment, and retaining them

Ukraine has made progress in slowing its HIV epidemic, especially transmission due to injecting drug use. Since 2004, the country has used external support to focus its HIV prevention programs on KPs, including PWID, FSW, and MSM. These HIV prevention programs, bolstered by rapid scale-up of ART by the GOU and GFATM from 2008 – 2014 and an emergency supply of ART from PEPFAR in 2016-17, contributed to a stabilization of reported HIV cases since 2012 and importantly, stabilization of HIV prevalence among PWID (IBSS 2017).[13] COP 2019 activities are designed to complement the GFATM's outreach prevention services (such as needle and syringe exchange) which covered ~ 64% of estimated PWID, 52% of FSW, and 28% of MSM in 2018 (in GCA).

While the Modes of Transmission study data suggest prevalent cases appear to be linked to a history of injection use, the proportion attributable to sexual transmission has increased and contributing risks for incident cases are less clear. Persistently high rates of infection among young females in PMTCT in several regions suggest ongoing sexual transmission despite very low rates of HIV infection among young drug users. A better understanding of how young women's sexual partners were infected will be needed to effectively control HIV transmission.

HTC

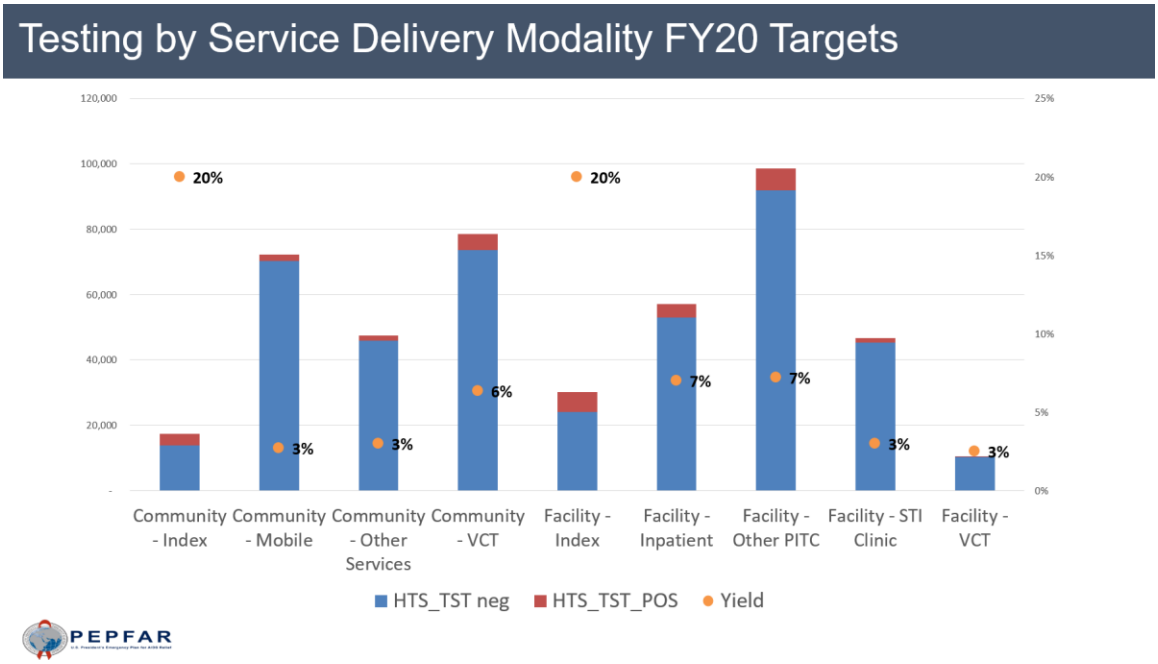
IBBS 2017,Spectrum PLHIV and national KP estimates reflect that at least 43,900 PLHIV were undiagnosed in PEPFAR regions, and it is estimated that of those ~28,000 are PWID and ~3,600 are MSM.

To achieve epidemic control by rapidly scaling up ART to ~28,600 newly initiated PLHIV on ART through FY2020, intensified efforts are required to identify PLHIV who currently do not know their status, particularly in hard-to-reach KP sub-groups and link them to treatment.

To enhance efforts to identify new PLHIV, PEPFAR will focus activities in COP 2019 on expanding and refining high-yield testing modalities such as PITC and index testing, while also identifying and engaging PWID and MSM through innovative network-based approaches. COP 2019 will further expand these high-yield testing modalities, using regional and site level data to focus resources on areas with high prevalence, ensuring adequate coverage of testing by all partners.

[13] slight increase in HIV prevalence among PWID in 2015 IBBS is felt to represent deliberate changes in sampling methodology to decrease sampling of PWID already in care as discussed during COP16

PEPFAR/Ukraine's ambitious testing targets for COP 2019 are reflected in the following chart by testing service delivery modality and yield.



New approaches adopted in COP 2019 include incorporating Hep C testing and linkage to treatment into existing testing activities to bring in individuals reluctant to be tested for HIV. PEPFAR/Ukraine will continue to provide intensive overview to partners by conducting weekly data site-level reviews and analysis. In addition, the following benchmarks have been established to ensure partners redirect resources rapidly to improve testing yields:

- Scale up implementation of index testing in 10 additional ART centers through peer to peer approach
- Increase proportion of POS found through index testing from 11% in FY19Q1 to 20% by end of FY19Q3
- Replace 50 lowest performing testing sites and optimize in high burden rayons currently not covered by PEPFAR by end of FY19Q3
- Increase proportion of older MSM tested from 30% of total MSM to 50% by FY19Q3
- Implementation of finalized risk screening tool for testing in all facilities by end of FY19Q3
- Immediate shift from individual facility agreements to regional agreement to facilitate quick pivot of facilities
- Expand performance-based incentive program to cover all project facilities in two regions by end of FY19Q3

Oversight for site-level data review and related adjustments in programmatic activities will be provided by a PEPFAR/Ukraine Interagency task team dedicated to reviewing site-level data on a

weekly basis and providing real time guidance to the PHC, partners, civil society and other stakeholders.

KP case-finding:

PWID

Many undiagnosed PWID can be reached with HTS via PEPFAR network-based recruiting as demonstrated in FY2018 when PWID HTS revealed ~4,000 HIV-positive individuals, including 3,123 (5% yield for confirmed facility-based HTS_TST_POS) who were newly identified. This testing compares favorably in yield to a standard outreach HTS model and uses fewer staff and financial resources. PEPFAR is also supporting increased case management (CM) to link HIV-positive individuals to HIV care and treatment. PEPFAR Ukraine has been working with partners to improve CM services and linkage to CM. In COP19, PWID yield and linkage will be further improved through the use of mobile case finding teams, moving the location of where seeds are recruited to Dnipro and Odessa, the use of artificial intelligence to increase yield, and better motivational interviewing and education on ART.

MSM

There are an estimated 3,600 undiagnosed MSM in PEPFAR regions; at least 60% of whom live in Dnipro, Odesa, and Donetsk. In FY2016 and 2017, PEPFAR Ukraine piloted an MSM HTS project, using social media platforms to connect and link MSM to HTS and care. Of ~4,600 MSM reached through online and in-person counseling, 52% were tested with a 7% yield. This innovative strategy shows promise in reaching harder-to-reach MSM, however the results showed that in-person and network-based outreach are strategies that should be employed in conjunction with on-line outreach. In COP 17, MSM outreach testing activities, combined with online counseling and use of mobile applications were introduced in Dnipro and Odessa, in COP18 MSM activities expanded to Mariupol in Donetsk. In COP19, Kherson, Zaporizhia, and Mykolaiv will be added, bring the covered MSM population to over 85%.

The highest yield is found among MSM aged 40-50+ so COP19 will see an expansion of testing of this age group by using older MSM outreach workers, older social media influencers, and assessing communication channels used by older MSM. To increase effectiveness of outreach to all MSM, Oral Self-Tests will be distributed with referral information. PEPFAR will monitor best approaches for implementation of Oral Self –Tests – as they will be newly introduced into Ukraine. Self-tests are currently being registered in Ukraine and legislation is being changed to allow for it. Multi-tests (Hep C) will also be offered to encourage those afraid of being stigmatized by an HIV test to get tested.

Index testing:

PEPFAR/Ukraine is focused on an intensified scale-up of community and facility index testing and will continue to provide oversight to our testing partners to ensure our ambitious targets are met. In COP19, index and social network testing will expand from 34% to 47%. To capture these new cases, COP 2019 will see further expansion of index testing so that it is offered to all newly identified PLHIV. To enhance these activities, every step of the index testing cascade will be strengthened through targeted peer-to-peer training and specialized training provided by SAMSHA. An index testing SOP was approved and implemented in COP18. Additionally, the HIV MIS has been updated to be able to track index testing. Systems will be implemented to ensure index testing for partners of 100% of HIV-positive women identified in antenatal clinics as these partners and their networks represent an important access point to stop the heterosexual component of the epidemic. The demographics of these women will also be studied to identify trends in HIV transmission. To help focus our index testing efforts, in COP19, biweekly analysis of index testing data will result in the rapid transition of low volume, low yield sites out of PEPFAR support.

PITC:

PITC has not been routinely practiced in most facilities outside of TB and AIDS centers before COP18. PITC is useful in reaching significant numbers of PLHIV with longer-standing infections who have not previously sought or who have dropped out from HIV specialty services, but is not as useful in finding recently infected PLHIV. To help guide providers to do more targeted testing, in COP18, a screening tool for risk behaviors and a clinical indications guide were piloted and introduced. COP19 PITC activities will further refine these tools based on regular review of the associated data. In COP18, PITC coverage is expanding drastically to cover over 300 healthcare facilities in PEPFAR oblasts. PEPFAR will further scale-up PITC in COP19 to over 400 facilities to identify over 12,500 new PLHIV through primary care, in-patient care, and specialized health services, linking them to HIV care and treatment through case managers.

ART Treatment and Retention

To date, the PEPFAR program in Ukraine initiated ART for 15,601 new patients in 12 PEPFAR supported regions. Ukraine has markedly reduced the time to treatment initiation over the past several years. The average time for ART initiation drastically decreased from 30 days to 15 days over the past two years. The number of new patients initiated ART in PEPFAR supported regions is higher than number of newly registered patients suggestive of enrollment on ART of patients from previously registered cohorts who were not on ART.

Health care professionals are eager to initiate ART for new patients; however, ART sites faced lack of new patients due to low case finding. HIV case finding remains one of the main challenges facing the PEPFAR program in Ukraine and our case-finding program activities described above are intended to address this gap.

To work towards 90% ART coverage by 2020, improved case finding and reengagement of lost to follow up patients is needed. Successful tracing of PLHIV who have failed to initiate ART or who are lost from treatment will be a core intervention. Partner notification and index testing will be implemented as routine practice for all registered PLHIV at AIDS centers. The HIV MIS will be used to ensure index testing results are captured and reported.

The GoU has taken responsibility to support ART treatment for all PLHIV. The PHC, supported by WHO and PEPFAR, has succeeded in ensuring that all ART procurements use optimized ART regimens, predominantly DTG based regimens including TLD. PEPFAR will support the GOU to ensure that a newly established independent state procurement agency is functioning by the end of 2019 with effective anti-corruption measures in place and the capacity to continue to procure health commodities at globally prevailing unit-prices.

PEPFAR initiated performance based incentives (PBI) model for ART sites to streamline ART initiation and reinforce ART scale up. This PBI model is already showing promising results including doubling the number of new patients on ART in some facilities.

PEPFAR conducted a situational analysis in COP 2018 to address challenges, barriers, and solutions for improved utilization of case managers, including peers, within GOU supported HIV services. Case managers will be a link between facility and community based services – providing the social support necessary to link people to testing, treatment and care services, track LTFU, and provide tailored support to enhance adherence and retention in care.

PEPFAR Ukraine has developed a strategy to link post-release prisoners to treatment, care, and support which will improve treatment retention among this population. Case managers will support post-release prisoners with pre-release counseling, and will link them with HIV treatment services upon release.

In 2017, of 74,529 patients on ART estimated 93% had VL<1,000 (PHC data). During FY18 there were no shortages of VL commodities. COP 2019 resources will support improved adherence activities to help ensure continued high treatment adherence and VL suppression, including initiating HIV drug resistance (DR) monitoring. PEPFAR-supported mechanisms will work with the ART providers to develop improved activities targeting PLHIV with unsuppressed viral loads for enhanced adherence support, retesting, and expeditious regimen change if appropriate.

The HIV policy environment in Ukraine is currently shifting to allow for improved differentiated service delivery and rapid ART initiation. WHO comprehensive guidelines will be enforced in April 2019. These new guidelines, MOH order #1141 and several others will include explicit recommendations for rapid ART initiation for all PLHIV and differentiated services including multi-month scripting and TLD transition. A PEPFAR supported revision of the testing algorithm to allow HIV confirmation by rapid tests is pending approval with Ministry of Justice with anticipated confirmation by mid-2019.

COP 2019 activities involve support for comprehensive technical assistance to treatment facilities to implement the WHO guidelines, including supportive mentoring and monitoring, training on Test and Start practices, and improvement of procedures and policies at regional and facility levels.

TB/HIV

TB/HIV continues to be a major cause of morbidity and mortality for PLHIV; however, due to success in identification of TB/HIV cases and routine initiation of these cases on ART, PEPFAR is no longer funding TB/HIV activities but will continue to monitor the TB/HIV situation through the USAID Global Health funded TB program. HIV status is established for >95% of confirmed TB cases (through HIV testing of those not already registered as HIV-positive) and symptomatic TB screening of HIV patients is routinely implemented, continued high mortality appears linked to late presentation, delayed initiation of ART, late TB diagnosis, and a high prevalence of MDR-TB. USG regions now have joint TB/HIV plans on improving TB/HIV case management and coordination of services, which are approved by regional orders. A monitoring system for ART treatment among HIV TB cases has been implemented within the GOU system; the results from the regions supported by Challenge TB project from 2017 indicate a 67% initiation rate of ART within 2 months. With PEPFAR technical assistance, Ukraine adopted an ambitious target to increase this to 90% within 2018 - 2020. TPT with 9H is recommended for all PLHIV by national guidelines and was initiated for 61% of newly diagnosed PLHIV in 2017. PEPFAR will work to improve monitoring of TPT administration, completion and effectiveness (given the high background rate of MDR-TB) and will advocate for additional TPT regimens especially 3HP.

4.2 Prevention, specifically detailing programs for priority programming

a. Military

Due to a continuing war with Russia-supported 'separatists' in eastern Ukraine military active duty personnel are classified as a higher-risk population. Approximately 40,000 soldiers are deployed to the Joint Forces Operation (JFO) zone every year. PEPFAR through DoD/Defense HIV/AIDS Program (DHAPP) will continue to implement a comprehensive HIV/AIDS prevention program among servicemen. PEPFAR support includes standardized HIV prevention training for all military recruits/conscripts and support for demand creation for HIV testing, especially among those who are identified as higher risk.

DoD supported activities in partnership with the MoD Military Medical Department (MMD) will target HIV education and prevention activities (such as, condom use, avoid sharing syringes, and institute disease control practices) to individuals who practice risky behavior. DoD prevention activities will also include a series of trainings for the core military medical personnel (125 persons) that deal with infectious diseases, to include HIV and TB. DHAPP will assist the Preventative Medicine Section of the MMD to develop a military-oriented manual on VCT. HIV testing support for the Ukrainian military will include clinical mentoring/supportive supervision, HTC training,

HTC guidance development, infrastructure, and commodities support at fixed military HIV testing sites.

In COP2019 the DoD HIV testing strategy has been revised to target higher risk groups to improve our yield. The DoD will procure, distribute, and provide TA for the use of 10,000 HIV rapid test kits (RTKs). RTKs will be delivered and distributed among three Operations Districts with focus on high burden areas and post deployment testing in the JFO Zone.

To reach the second 90-90-90 goal and ensure timely ART for those, who were found HIV-positive, the Medical Department will provide 100% linkage with civilian AIDS facilities. To support these efforts our IP will join forces with NGO ELEOS, which has a background in patient-centered social, psychological, and pastoral support and has active duty and demobilized soldiers among the target groups.

***b. Prison Settings**:*

In 2018 in PEPFAR regions, 93% of people in prison settings were tested for HIV, while 1,173 PLHIV were identified. During COP19, to increase testing coverage, PEPFAR's prison activity is institutionalizing PITC by routine screening for new prisoners upon entry, annually during incarceration, and upon release. To maintain confidentiality, HIV screening will be conducted as part of each prisoner's health screening in a private setting. All medical records remain confidential in accordance with Ukrainian legislation, and informed consent will be required for a PLHIV prisoner to receive case management services, including ART initiation. In COP18, the HIV MIS will be installed in 100% of penal settings in all 12 PEPFAR regions so that in COP19, all patient information will be coded – to improve confidential medical record-keeping practices, and ensuring better data capturing on detection, linkage, treatment and retention. All PLHIV will be linked to care and treatment in the civilian sector upon release. To increase new HIV case finding, PEPFAR is introducing index testing of newly identified PLHIV in penal, pre-trial, and probation settings. In COP18, two regions are piloting index testing in selected penal, pre-trial detention centers, and probation settings and this will be scaled up in COP19 to all penal, pre-trial detention centers, and probation centers that PEPFAR programs cover.

***c.* OVC**

Based on PHC data as of July 1, 2018, there were 8,077 children at the dispensary record born to HIV-positive women. PEPFAR/Ukraine remains committed to developing a sustainable system to provide support to OVC in Ukraine. We do this through the following activities:

- Trainings of social workers and pediatricians
- Strengthening networks of cooperation between pediatricians, social workers, and OVC
- Finding ways to increase outreach to OVC
- Identifying ways to fund the OVC program through state/local budgets

- Providing NGOs with technical assistance to find mechanisms and create advocacy campaigns for finding potential sources of funding

Strengthening OVC ART-adherence, provision of psycho-social support and reduction of self-stigma related to youth affected by HIV and their caregivers remains a PEPFAR focus.

During COP18/FY19 PEPFAR Ukraine achieved 152% of the FY 2018 target for OVC_SERV, providing 606 OVC and caregivers with psycho-social support and family strengthening activities in order to improve the OVC ART-adherence and resilience. Two thirds of OVC clients reached (410) were under the age of 18, and the remaining third (196) were over the age of 18. Throughout the year, the network of cooperation between pediatricians, social workers, youth and caregivers was strengthened in order for them to enhance their collaboration in providing the youth with necessary support to maintain and improve their ART-adherence. Social workers and psychologists were trained to improve their skills in facilitating and expanding support groups and outreach to the youth affected by HIV and their caregivers.

Among the main challenges that remain is the lack of a holistic approach to support programs for OVC in the country which in its turn also points to the lack of referrals to and linkages with other social-psychological programs of support important for the youth, e.g., prevention/dealing with gender based violence, bullying, risk behavior, etc. During the upcoming year Peace Corps is going to develop referrals for youth attending PEPFAR events to be aware of other services of support available in their communities.

Providing payments to social workers and psychologists who facilitate support groups and other OVC-related activities throughout the year on a volunteer-basis remains a challenge. We are looking for possible state actors to cover this expense to ensure the program's sustainability and are engaging in ongoing discussions with the CPH. We are also providing technical support to partner NGOs to facilitate negotiations with local authorities in order for these services to be funded from the local budget.

Reaching out to youth from rural areas remains a challenge. In order to improve outreach, social media platforms, and video informational materials will be created in partnership with OVCs. Regional summer trainings/camps for youth will continued to increase outreach to HIV+ youth in the oblasts most affected by the epidemic. We also cooperate with pediatricians to be able to share the material and information about the PEPFAR program among OVC and engage them in the services. We will continue the alignment of OVC packages of services and enrollment to support children affected by HIV and their caregivers, who require socioeconomic support, including integrated case management.

Table 4.6.4 Targets for OVC and Linkages to HIV Services			
SNU	**Estimated # of Orphans and Vulnerable Children**	**Target # of active OVC (FY20Target) OVC_SERV**	**Target # of active beneficiaries receiving support from PEPFAR OVC programs whose HIV status is known in program files (FY20 Target) OVC***
Cherkasy	95	52	39
Chernihiv	91	59	44
Dnipropetrovsk	671	116	85
Kherson	99	34	18
Kirovohrad	120	53	39
Kyiv oblast	172	5	5
Mykolayiv	200	81	39
Odesa	533	139	106
Poltava	74	61	38
TOTAL	**1,198**	**600**	**413**

4.3 Policies, partner management and innovative evidenced-based solutions

Policies

The adopted WHO HIV Prevention and Treatment Guidelines and legislative changes required to implement the protocol will facilitate expansion of testing including: alignment of existing testing algorithms with WHO recommendations allowing for diagnosis with RTKs, and supporting mechanisms to maintain client confidentiality. It is anticipated that legislative changes will be enacted in early 2019.

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Partner performance management

Ongoing review of partner data for network-based HTS and Community Initiated Treatment Initiative (CITI) model among PWID allowed to dramatically improve linkage to care among PWID (from confirmed HTS_TST_POS to ART initiation): it increased from 52% in FY17 to 99% in FY19Q1. However, overall linkage to care, especially after PITC testing remains low (~75% in some

locations). Improved coordination of implementer and QI activities at ART sites to address access has been developed and case managers conducted CM meetings at the regional health facilities, AIDS centers (rather than in the community) to address the region-specific issues and structural barriers. Multi-disciplinary teams in the PEPFAR treatment mechanism and CM teams will work with ART sites to strengthen coordination and tracking of PWIDs to better understand and address gaps in achieving linkage and treatment initiation targets. Other enhancements to the CITI model envision intensive case engagement such as motivation counselling, education on treatment literacy, transportation to appointments, providing food packages for PWID who register and initiate ART, and consistent follow up via telephone calls and texting. Improved messaging regarding the benefits of early ART initiation are integrated in the HealthLink project.

PEPFAR Ukraine is moving to biweekly review of site level data with a heavy focus on the performance of testing partners. An interagency team has been formed to more intensely and collaboratively review partner data and implement corrective actions. The PEPFAR team has also increased interagency site visit to ensure testing and treatment partners are properly linked and are working from the same knowledge basis.

Innovative evidence-based solutions

PEPFAR COP 2019 funds will support MSM prevention NGOs to link MSM into prevention services and HTS through targeted outreach, internet and network-based approaches. Other major complementary COP 2019 activities are described under HTS; NGOs will recruit PWID and MSM for HIV testing services using network or social media recruiting to increase early diagnosis and linkage to ART and further reduce HIV transmission to sexual and injecting partners. Participants will also receive KP-appropriate prevention messaging.

MAT: As of March 1, 2019, 11,533 people were receiving MAT at 214 sites in 25 regions in Ukraine. A sustainable transition of MAT to the GOU is a key goal of GFATM and PEPFAR will continue to advocate for this transition. One of the most prominent successes of 2018 was the adoption of National MAT scale up plan for 2019-2023. According to this plan, the number of MAT patients is to grow each year approximately by 3,000 persons. It was agreed at the national level to expand MAT in Ukraine up to 23,648 patients by the end of 2023. GoU took responsibility to secure growing number of patients with supply of MAT medications. Innovative MAT models will be piloted with PEPFAR support aiming to improve MAT access and quality, and ensure sustainable MAT services in PEPFAR priority regions. Linkage of HIV-positive MAT clients to ART will be a focus of PEPFAR partners. PEPFAR Ukraine and PEPFAR partners will continue to work to improve MAT guidelines and government regulations related to MAT.

Per existing Ukrainian legislation, MAT is only available in pre-trial detention centers. In COP18 MAT was included for the first time in the Ministry of Justice's approved comprehensive care package for detainees and prisoners. Also in COP18, the Ministry of Justice's signed an Order launching a pilot project in one prison that includes MAT for prisoners as part of the

comprehensive HIV prevention package. During COP19 PEPFAR partners will continue to push for comprehensive legislation changes that will allow MAT implementation in all prison settings.

PrEP: COP19 funds will be used to support PrEP program at the national level. GFATM funds support procurement of 2,600 doses of PrEP for PHC implementation.

4.4 Commodities

In FY2018 the GOU has successfully increased its commitment and will be procuring most of the national need for ARVs, RTKs, laboratory reagents, consumables, and tuberculosis program commodities with an estimated budget of $40M. To compliment this national investment, the Global Fund will continue supporting limited ARV procurements, RTKs, drugs for opportunistic infections, and laboratory reagents with an estimated annual budget of $10M.

The national forecast for HIV programming is routinely developed by the PHC, who then oversees and coordinates supplies entering into the country through MOH international procurement agents: UNICEF, Crown Agents, UNDP, or the Global Fund implementers: 100 Percent Life and Alliance. Commodities are then distributed through Ukrmedpostach or Ukrvaksina, the GOU logistics agents, or Global Fund implementing partners and their logistics agents.

Given the level of investment and commitment from the government and with PHC agreement, PEPFAR procurement support is scaling down. In COP19, PEPFAR will procure rapid test kits, rapid recency tests, and Oraquick tests to assist with case finding in PEPFAR regions for an estimated $600,000. The tests will be bought through the global PSM project and delivered in country with the help of the local NGO - 100Percent Life. The tests will go to sites that are managed by Healthlink and PHC. In addition, two hematology machines with consumables and reagents will be procured by PHC through a CDC funding mechanism.

In COP19, PEPFAR will continue supporting activities that strengthen forecasting, procurement, supply coordination, logistics data management processes to ensure smooth and improved management of the program. To effectively connect the work of the entire supply chain cycle, in COP19 work will be done to introduce state of the art forecasting modalities so more efficacious regimens and formulations come to the market faster. Then PEPFAR will work to link forecasting to the national electronic tender platform Prozorro. Stock management solutions on the ground, will create the information flow needed for data-driven decision making. Currently, some tools exist but none talk to each other and in COP19, PEPFAR will work on data connectivity to improve this.

Building on the success of the recently created Central Procurement Agency (CPA), PEPFAR and the Global Fund will continue supporting the agency and strengthening the capacity of its staff. In COP18, PEPFAR is monitoring and assisting with pilot procurements for OI and TB medicines. The goal is to effectively transition most of the HIV commodity categories from international procurement agents to the CPA by end of 2020.

To ensure that national HIV funding remains a high priority for the government, PEPFAR will continue working with the newly formed Health Technology Assessment Agency to develop, introduce, institutionalize, and legalize the concept of priority diseases and conditions. This will help guarantee that HIV commodities, tests are included in the national health benefit package.

In COP 19 work will continue on seeking innovative solutions to last mile distribution and drug availability in Ukraine. Pilots are being developed to bring PreP and/or other commodities through private sector pharmacy network. Additionally, work is ongoing to engage private sector logistics companies into last mile distribution for HIV program medicines.

4.5 Collaboration, Integration, and Monitoring

The PEPFAR/Ukraine team has leveraged a strong interagency working relationship over the last few years to ensure coordination amongst USG agencies and their implementing partners as well as with external stakeholders, including GFATM and its principal recipients, as well as UNAIDS. PEPFAR-Ukraine technical resources are shared across agencies with increased cross-agency input into design of new procurements and development of workplans. In addition, technical capacity is shared with the GFATM and MOH with USG-supported technical experts (both locally employed staff and partner-supported) participating in the GFATM grant proposal development working groups and MOH technical working group.

The PEPFAR/Ukraine team actively ensured linkage between a United States Agency for International Development (USAID) mechanism working on MAT policy (i.e. Deloitte) and a CDC mechanism focused on advocacy for MAT. Also, Substance Abuse and Mental Health Services Administration (SAMHSA) staff has been working with both agencies to strengthen the impact of USG efforts.

Partner performance will be managed systematically using a multi-faceted approach, to facilitate timely performance improvements. Activity managers will continuously engage with implementing partners, meeting at least quarterly, to stay abreast of issues impacting performance as they arise. Each quarter the inter-agency team will share IP narrative reports among the USG team; analyze project data to assess progress towards reaching targets prior to each POART call; and review expenditure trends and pipeline. Every six months agency leads will assess overall IP performance, and develop remediation plans if required. Bi-weekly analysis of site level testing and yield data will also be reviewed by the inter-agency team.

PEPFAR continues to support strengthening of HIV clinical care training through strengthening regional training centers to a) improve ART training modules; b) increase numbers of healthcare workers (including primary care doctors) in ART and HIV management; c) develop more sustainable decentralized training capacity; and d) train nurses to be able to assume increased HIV clinical responsibilities as envisaged under new clinical guidelines. PEPFAR will continue to make

major investments in building the capacity of CSOs and government institutions, policy change, strengthening GFATM PRs, and building human capacity.

Expansion of a USG-supported HIV Management Information System (MIS) system to facilitate analysis of data on cascade and quality of care indicators will continue with extension beyond major oblast HIV care facilities and transition to GOU support. A laboratory module is being added to increase the utility to HCF.

Standard Table 4.6.1: Entry Streams for Adults and Pediatrics Newly Initiating ART Patients in Scale-up Districts

Table 4.6.1 Entry Streams for Adults and Pediatrics Newly Initiating ART Patients in Scale-up Districts			
Entry Streams for ART Enrollment	**Tested for HIV (APR FY20)** ***HTS_TST***	**Newly Identified Positive (APR FY20)** ***HTS_TST_POS***	**Newly Initiated on ART (APR FY 20)** ***TX_NEW***
Total Men	258,320	16,921	15,896
Total Women	200,353	13,463	12,778
Total Children (<15)	0	0	0
Total from Index Testing	47,500	9,500	9,025
Adults			
TB Patients	0	0	0
VMMC clients	0	0	0
Key populations	102,127	5,530	4,996
Other Testing *(= Men + Women – Index Testing – Key populations)*	309,046	15,354	14,653
Pediatrics (<15)			
HIV Exposed Infants	0	0	0
Other pediatric testing	0	0	0
Previously diagnosed and/or in care	0	0	0

Standard Table 4.6.3: Target Populations for Prevention Interventions to Facilitate Epidemic Control

Table 4.6.3 Target Populations for Prevention Interventions to Facilitate Epidemic Control			
Target Populations	**Population Size Estimate** (scale-up **SNUs)**	**Coverage Goal (in FY20)**	**FY20 Target**
KP_PREV for PWID	241,200	28%	66,666
KP_PREV for MSM	115,800	9%	10,080
KP_PREV for Prisoners	30,555	95%	29,027
TOTAL	**387,355**	**27%**	**105,773**

Note: Population size estimates for PWID and MSM are drawn from the most recent data from the National Council on TB/HIV/AIDS (March 12, 2019) and are for the 12 PEPFAR Regions within Ukraine.

5.0 Program Activities for Epidemic Control in Attained and Sustained Locations and Populations

All 12 PEPFAR supported Regions within Ukraine are "Scale-Up: Aggressive" prioritization and program activities are described in Section 4.0.

6.0 Program Support Necessary to Achieve Sustained Epidemic Control

Ukraine's COP 2019 above-site investments amount to $7.7 million USD representing 26% of the total planned allocation. Six technical approaches represent the focus of above-site activities: (1) Host Country Institutional Development; (2-3) Laboratory and Information System; (4-5) Workforce Development and Policy & Governance, and (6) Financial Management Policies and Procedures. These priority activities complement major health systems (financing, eHealth, procurement) reforms in Ukraine and reflect strong stakeholder consensus.

1) Health Commodities Insecurity has improved significantly since the GoU has confirmed its commitment to fully fund the need for ARVs in COP 2019. Additionally, GFTAM will support around 28% of the total ART courses, including 18,000 in the NGCAs. In COP 2019 the GoU is not requesting PEPFAR support for ARVs due to cost efficiencies achieved from better ART regimens.

The GOU has requested technical assistance (from PEPFAR and the new GFATM HIV-TB grant) to build programmatic and managerial capacities for health procurement and supply chain. Rational pharmaceutical and supply chain management, including quantification of commodities, are important for the country as it is still heavily influenced by the availability of funds and lacks systems for forecasting, planning and managing supplies. The development of an LMIS will help deliver, track, and manage stocks in facilities.

2) Improve Detection, Linkage, and Retention in Care of PLHIV/Key Populations

Ukraine needs an efficient national testing strategy to augment standard outreach in detection and linkage of PWID and MSM through support of PITC in health care facilities, index testing, and expanded KP network recruitment. Optimized Case finding through network-based recruiting and case management implemented in COP 2018 remains an effective intervention to reach undiagnosed PWID and link them to care.

To increase yield, PEPFAR/Ukraine has refocused its testing strategy in 12 PEPFAR regions. PITC is being refined through the introduction of new tools so providers test less but test smarter and find more PLHIV. Index testing is being scaled up and will be universally offered in COP19. Improvement and expansion of OCF/CITI for PWID and HealthLink for MSM will increase detection of PLHIV and improve linkage to care.

The GoU has also adopted innovative service delivery models including differentiated services and dispensing 3-6 month supplies of ART. PEPFAR/Ukraine will support the GoU in educating providers on these revised polices. Development of improved adherence activities will improve patient retention, adherence and decrease loss to follow-up.

A lack of a public health approach to HIV service delivery is a serious barrier to scaling up HTS and treatment services for KPs. The current system prioritizes specialized and high threshold care, rather than primary or preventive care. The government, in partnership with NGOs and USG support, is working to establish standards and certification for HIV outreach, prevention, support, and care services. Local social services administrations have started to contract NGOs for non-clinical, social care services despite regulatory and institutional barriers that still exist. The removal of these barriers will allow for health authorities to contract NGOs for outreach prevention, HTS with rapid tests, case management, and retention services. Ongoing health reform activities should address some of these issues.

PEPFAR's investment in a unified HMIS with the capacity to track patients through the continuum of care has led to improvements in data use for decision-making. In FY19 Q1, 251 ART treatment sites were reporting through HMIS for nearly 98,000 registered HIV+ patients. In COP 2018 the HMIS will be supplemented with a laboratory module. In COP 2019 features planned include: 1) an ARV stock management module; 2) data fields to capture index testing; 3) tracking IPT initiation (current) and completion (planned); 4) automatically generated notifications of missed appointments; 5) generation of a list of patients who are not yet virally suppressed; and 5) tracking patients who are LTFU in line with TX_ML MER indicator. HIV MIS is also being rolled out in all prisons in the PEPFAR regions to ensure better tracking and linkage of these patients. The CPH will assume leadership of the biennial IBBS surveys in 2020 and will require capacity strengthening to undertake these activities.

3) Test-and-START

With PEPFAR support, the PHC has developed an ART optimization strategy and succeeded in ensuring consensus among all regions to plan and request their state-funded ART procurements using optimized ART regimens. However, Ukraine will need significant support in implementation of the WHO HIV Comprehensive Treatment Guidelines. Major legal changes for the new HIV guidelines introducing self-testing, PrEP, and ART prescription by other than ID doctors (incl. family physicians and GPs) are pending approval by Ukraine's Parliament in 2019. With this strong legal backing, lessons learned from planning, costing, organization of, PITCs with rapid tests and

ARV dispensing in primary care settings, tested initially in selected districts and communities, will be applied and scaled up in PEPFAR's focal regions.

Efficient Service Delivery Models continue to be a priority area for above-site activities to ensure proactive new HIV case detection and enrolment in HIV care for aggressive ART scale-up in 2019. The ongoing health financing reform, underpinned by eHealth solutions, is going to change the amount and mechanisms of financial compensation for providers, which is likely to affect their motivation as well as operational modalities of service provision. To assess and address the impact of these changes on the reach, enrolment, and retention in care of key population groups, including PWID, MSM, their sexual partners, and sero-discordant couples, USAID will leverage non-PEPFAR funded health reform activities to support PEPFAR investments in synergistic ways.

Ukraine's Table 6-E tab and SRE-Tool E are attached to Appendix C.

7.0 Staffing Plan

In COP 2019, PEPFAR reduced its Cost of Doing Business Budget (CODB) by 10% and has redirected resources to PEPFAR-funded implementing partners to intensify case-finding and linkage to ART activities. To help monitor site-level progress PEPFAR staff and partners will form an Interagency Testing Task Team to review data in real time and make strategic decisions for enhanced program activities.

No new staff will be recruited during COP2019. USAID will repurpose an existing USPSC position to meet programmatic needs.

APPENDIX A -- PRIORITIZATION

Continuous Nature of SNU Prioritization to Reach Epidemic Control

Table A.1

SNU	COP	Prioritization	Results or Targets	Treatment Coverage at APR by Age and Sex																								Overall TX Coverage
				<1		1-4		5-9		10-14		15-19		20-24		25-29		30-34		35-39		40-44		45-49		50+		
				F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	
Cherkasy	COP17	Scale-Up: Aggressive	APR18	0%	0%	117%	73%	109%	68%	100%	138%	144%	119%	73%	24%	52%	24%	57%	37%	54%	58%	43%	55%	48%	55%	37%	25%	47%
	COP18	Scale-Up: Aggressive	APR19	0%	0%	0%	0%	0%	0%	0%	0%	126%	153%	66%	90%	61%	55%	81%	61%	85%	91%	72%	86%	80%	86%	67%	53%	74%
	COP19	Scale-Up: Aggressive	APR20	0%	0%	0%	0%	0%	0%	0%	0%	84%	102%	63%	84%	57%	51%	76%	57%	79%	85%	56%	67%	93%	100%	62%	49%	69%
Chernihiv	COP17	Scale-Up: Aggressive	APR18	54%	34%	98%	61%	90%	57%	196%	145%	59%	50%	57%	11%	39%	19%	52%	27%	47%	58%	41%	48%	46%	48%	29%	23%	42%
	COP18	Scale-Up: Aggressive	APR19	0%	0%	0%	0%	0%	0%	0%	0%	120%	147%	63%	86%	58%	52%	77%	58%	81%	87%	68%	82%	77%	82%	64%	51%	71%
	COP19	Scale-Up: Aggressive	APR20	0%	0%	0%	0%	0%	0%	0%	0%	102%	123%	58%	79%	54%	48%	71%	54%	75%	81%	53%	63%	88%	95%	59%	47%	65%
Dnipropetrovsk	COP17	Scale-Up: Aggressive	APR18	43%	27%	93%	58%	86%	54%	169%	140%	114%	124%	44%	19%	35%	16%	38%	26%	45%	38%	54%	51%	61%	51%	66%	44%	45%
	COP18	Scale-Up: Aggressive	APR19	0%	0%	0%	0%	0%	0%	0%	0%	117%	143%	61%	84%	57%	51%	76%	57%	79%	85%	67%	81%	75%	81%	62%	49%	69%
	COP19	Scale-Up: Aggressive	APR20	0%	0%	0%	0%	0%	0%	0%	0%	101%	123%	54%	75%	50%	45%	67%	50%	70%	76%	49%	59%	83%	89%	55%	44%	61%
Donetsk	COP17	Scale-Up: Aggressive	APR18	71%	44%	87%	54%	81%	51%	128%	78%	86%	57%	33%	15%	35%	14%	32%	19%	40%	29%	40%	47%	44%	47%	32%	22%	34%
	COP18	Scale-Up: Aggressive	APR19	0%	0%	0%	0%	0%	0%	0%	0%	101%	123%	53%	72%	49%	44%	65%	49%	68%	73%	57%	69%	64%	69%	54%	42%	60%
	COP19	Scale-Up: Aggressive	APR20	0%	0%	0%	0%	0%	0%	0%	0%	69%	83%	37%	51%	34%	31%	45%	34%	48%	51%	33%	40%	56%	60%	37%	30%	42%
Kherson	COP17	Scale-Up: Aggressive	APR18	113%	71%	140%	88%	130%	82%	207%	125%	125%	88%	48%	23%	50%	22%	46%	30%	59%	45%	57%	72%	64%	72%	47%	34%	51%
	COP18	Scale-Up: Aggressive	APR19	0%	0%	0%	0%	0%	0%	0%	0%	125%	152%	65%	90%	61%	54%	80%	61%	84%	91%	71%	86%	80%	86%	66%	53%	74%
	COP19	Scale-Up: Aggressive	APR20	0%	0%	0%	0%	0%	0%	0%	0%	105%	118%	64%	90%	65%	55%	83%	63%	88%	94%	61%	74%	103%	111%	69%	54%	76%
Kirovohrad	COP17	Scale-Up: Aggressive	APR18	0%	0%	238%	149%	220%	139%	195%	197%	111%	91%	86%	17%	56%	29%	55%	40%	48%	50%	36%	40%	40%	40%	34%	28%	44%
	COP18	Scale-Up: Aggressive	APR19	0%	0%	0%	0%	0%	0%	0%	0%	144%	175%	75%	103%	70%	63%	93%	70%	97%	105%	82%	99%	92%	99%	76%	61%	85%
	COP19	Scale-Up: Aggressive	APR20	0%	0%	0%	0%	0%	0%	0%	0%	109%	139%	58%	80%	54%	48%	71%	54%	75%	80%	52%	63%	88%	95%	59%	47%	65%
Kyiv city	COP17	Scale-Up: Aggressive	APR18	14%	9%	54%	34%	50%	31%	109%	84%	39%	59%	25%	75%	26%	34%	41%	36%	45%	58%	30%	45%	33%	45%	21%	22%	39%
	COP18	Scale-Up: Aggressive	APR19	0%	0%	0%	0%	0%	0%	0%	0%	146%	178%	76%	105%	71%	64%	94%	71%	99%	106%	83%	100%	93%	100%	78%	62%	87%
	COP19	Scale-Up: Aggressive	APR20	0%	0%	0%	0%	0%	0%	0%	0%	178%	218%	93%	128%	86%	78%	115%	86%	120%	129%	84%	102%	142%	153%	94%	75%	105%
Kyiv oblast	COP17	Scale-Up: Aggressive	APR18	126%	79%	187%	117%	173%	109%	111%	185%	171%	139%	99%	45%	70%	36%	72%	53%	65%	78%	44%	61%	50%	61%	41%	26%	58%
	COP18	Scale-Up: Aggressive	APR19	0%	0%	0%	0%	0%	0%	0%	0%	157%	192%	82%	113%	76%	69%	101%	76%	106%	114%	90%	108%	100%	108%	84%	66%	93%
	COP19	Scale-Up: Aggressive	APR20	0%	0%	0%	0%	0%	0%	0%	0%	100%	127%	60%	83%	58%	52%	76%	58%	80%	86%	56%	68%	94%	102%	63%	50%	70%
Mykolayiv	COP17	Scale-Up: Saturation	APR18	59%	37%	122%	76%	113%	71%	142%	112%	143%	138%	57%	26%	41%	14%	49%	23%	58%	43%	67%	71%	75%	71%	66%	44%	53%
	COP18	Scale-Up: Aggressive	APR19	0%	0%	0%	0%	0%	0%	0%	0%	126%	153%	66%	90%	61%	55%	81%	61%	85%	91%	71%	86%	80%	86%	67%	53%	74%
	COP19	Scale-Up: Aggressive	APR20	0%	0%	0%	0%	0%	0%	0%	0%	136%	168%	69%	93%	64%	57%	84%	64%	89%	95%	62%	75%	105%	113%	69%	55%	78%
Odesa	COP17	Scale-Up: Aggressive	APR18	192%	120%	110%	69%	102%	64%	190%	121%	103%	66%	61%	29%	41%	24%	37%	23%	41%	29%	44%	43%	50%	44%	56%	37%	40%
	COP18	Scale-Up: Aggressive	APR19	0%	0%	0%	0%	0%	0%	0%	0%	120%	147%	63%	86%	58%	52%	77%	58%	81%	88%	69%	83%	77%	83%	64%	51%	71%
	COP19	Scale-Up: Aggressive	APR20	0%	0%	0%	0%	0%	0%	0%	0%	141%	177%	75%	104%	70%	63%	93%	70%	98%	105%	69%	83%	115%	124%	77%	61%	85%
Poltava	COP17	Scale-Up: Aggressive	APR18	66%	41%	94%	59%	87%	55%	208%	73%	118%	102%	58%	18%	43%	18%	51%	27%	57%	50%	53%	63%	60%	63%	42%	33%	48%
	COP18	Scale-Up: Aggressive	APR19	0%	0%	0%	0%	0%	0%	0%	0%	124%	151%	65%	89%	60%	54%	80%	60%	84%	90%	71%	85%	79%	85%	66%	52%	73%
	COP19	Scale-Up: Aggressive	APR20	0%	0%	0%	0%	0%	0%	0%	0%	108%	142%	63%	89%	61%	54%	79%	60%	84%	90%	58%	70%	98%	106%	66%	52%	73%
Zaporizhzhia	COP17	Scale-Up: Aggressive	APR18	61%	38%	87%	54%	81%	51%	152%	106%	126%	76%	72%	35%	54%	31%	67%	44%	62%	62%	69%	77%	78%	77%	60%	46%	62%
	COP18	Scale-Up: Aggressive	APR19	0%	0%	0%	0%	0%	0%	0%	0%	153%	186%	80%	110%	74%	67%	98%	74%	103%	111%	87%	105%	97%	105%	81%	64%	90%
	COP19	Scale-Up: Aggressive	APR20	0%	0%	0%	0%	0%	0%	0%	0%	160%	180%	79%	112%	74%	68%	99%	75%	104%	112%	73%	88%	122%	132%	82%	65%	91%

Note: We have reported Results for COP17 and Targets for COP18 and COP19.

Table A.2.

Table A.2 ART Targets by Prioritization for Epidemic Control						
Prioritization Area	**Total PLHIV**	**Expected current on ART (APR FY19)**	**Additional patients required for 80% ART coverage**	**Target current on ART (APR FY20) *TX_CURR***	**Newly initiated (APR FY20) *TX_NEW***	**ART Coverage (APR 20)**
Scale-Up Aggressive	157,400	103,000	20,235	123,072	28,674	78%

*All 12 PEPFAR Regions within Ukraine are "Scale-Up: Aggressive" prioritization

APPENDIX B – Budget Profile and Resource Projections

B1. COP 19 Planned Spending

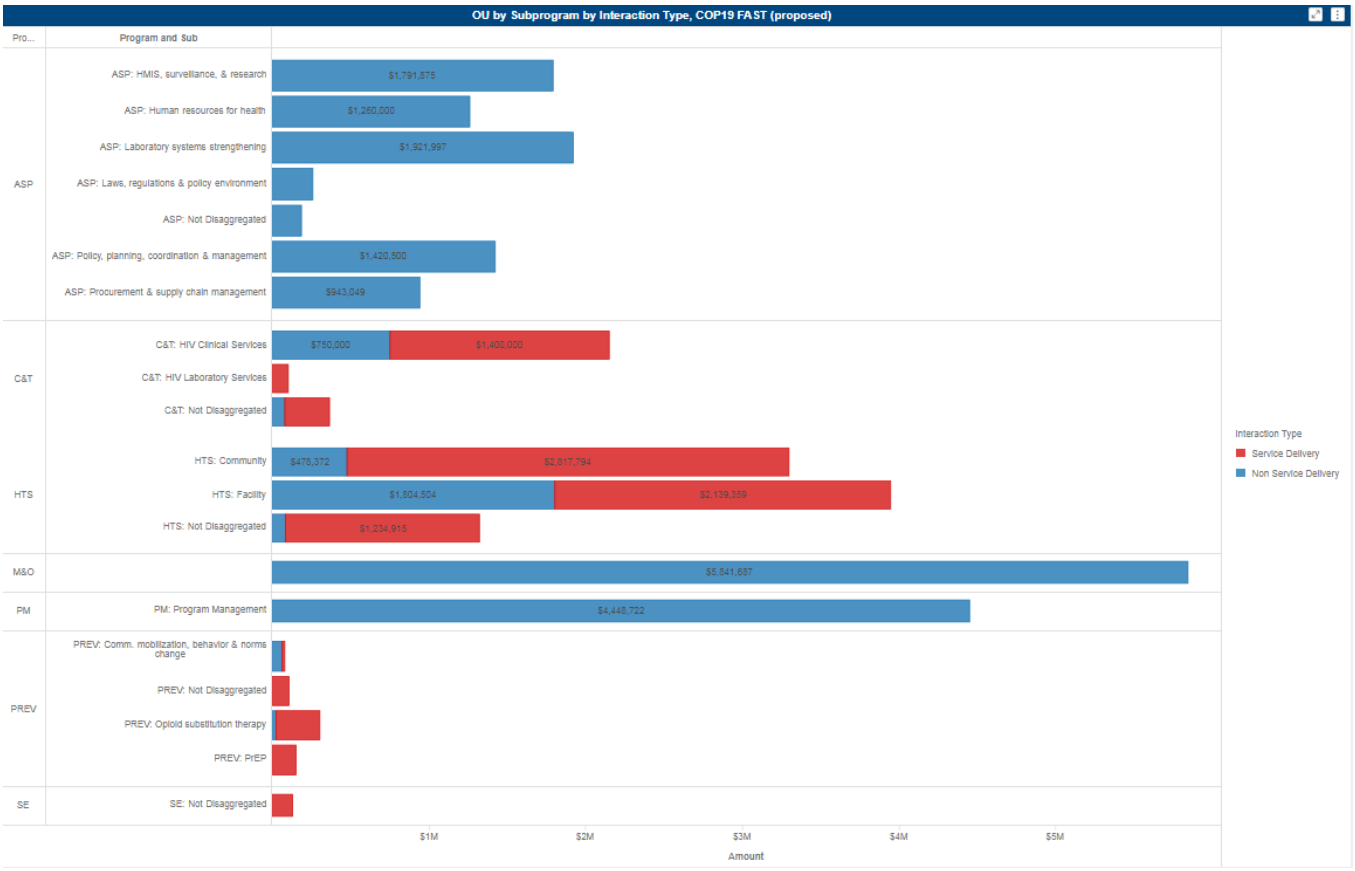

Table B.1.2 COP19 Total Planning Level		
Applied Pipeline	**New Funding**	**Total Spend**
$US 9,645,297	**$US 20,354,703**	**$US30,000,000**

Table B.1.3 Resource Allocation by PEPFAR Budget Code (new funds only)	
PEPFAR Budget Code	**Amount Allocated**
HBHC	$577,273
HKID	$130,000
HLAB	$741,737
HTXD	$1,000,000
HTXS	$2,308,062
HVCT	$6,428,208
HVMS	$3,045,307
HVOP	$244,807
HVSI	$1,253,839
HVTB	$27,628
IDUP	$144,401
OHSS	$4,453,443
HBHC	$577,273
HKID	$130,000
HLAB	$741,737
HTXD	$1,000,000
HTXS	$2,308,062
HVCT	$6,428,208
HVMS	$3,045,307

APPENDIX D– Minimum Program Requirements

#	Program Minimum Requirement	Issue	Policy Status	Implementation Status COP18 - # of sites, districts by population, partner	Implementation Status COP19 - # of sites, districts by population, partner
1	Test and Start	Adoption and implementation of Test & Start with demonstrable access across all age, sex, and risk groups	• Adoption of WHO 2016 and July 2018 guidelines as the official country guidelines in play • **MOH Order 1141 - not yet signed** • National testing strategy adopted	• 81% patients started ART within one month in 2018 (14% in 2016)	• Scale-up of Test and Start • Rapid ART mentoring conducted by I-TECH, WHO • ART Starter pack • **Tailored/targeted testing**: - Index testing - PITC - Self-testing - KP: PWID, MSM • Adult Men/clients of FSW
2	Differentiated Service Delivery (DSD)	Adoption and implementation of differentiated service delivery models, including six month multi-month scripting (MMS) and delivery models to improve identification and ARV coverage of men and adolescents	• Policy environment permissive to MMS	• 3-month refill already widely used • 6-months refill is possible with justification • SOP for stable patients	• 6-months refill for stable patients • Procure 3-month and 6-month bottles • USAID will assist MoH in adapting supply-chain to 6-month supply

3	TLD Transition	Completion of TLD transition, including consideration for women of childbearing potential and adolescents, and removal of nevirapine-based regimens	• National ART optimization plan adopted	• DTG-based regimens are being rapidly scaled-up • DTG for WCBA conservative approach-restricting use for this population • NVP no longer procured	• TLD arrived in Ukraine in November 2018 and TLD transition is on track
4	Index testing and self-testing	Scale up of Index testing and self-testing, and enhanced pediatric and adolescent case finding, ensuring consent procedures and confidentiality are protected and monitoring of intimate partner violence (IPV) is established	• Systematic HIV testing of partners of pregnant women seen at ANC clinics	• Focus on index testing offered at different entry points: ART sites, hospitals • Assisted partner notification • Self-testing	• Partners identified to oversee index testing • Updates to HIV MIS to permit monitoring of index testing as per MER guidance • Develop strategy for IPV monitoring
5	TB preventive treatment (TPT)	TB preventive treatment (TPT) for all PLHIVs must be scaled-up as an integral and routine part of the HIV clinical care package	• Systematic screening of all PLHIV patients for TB using standard WHO screening tools • At least 6 months of IPT recommended as part of comprehensive package of HIV care	• GoU Policy is to provide TPT for all PLHIV that do not have active TB	• Adapting HIV MIS to reliably capture TPT completion • Harmonize country TPT guidelines with WHO's • Provision of LAM assay as a rapid point-of-care diagnostic for patients with advanced HIV infection to rule out TB

6	Linkage to care	Direct and immediate (>95%) linkage of clients from testing to treatment across age, sex, and risk groups	• Patient pathway developed for each PEPFAR oblasts	• 90% linkage rate for MSM population • 79% linkage rate for OCF/CITI PWID (FY18) • 87% linkage rate for Serving Life prisoners (COP18 target is 90%) • 75% linkage rate for HealthLink • Innovations: • PBI model across all PEPFAR partners • Mobile drive in Dnipro city • ART initiation at NGOs • ART demand creation campaign	• Population-specific strategies developed • Exploring ART initiation at PITC sites • Expanding and optimizing PBI model • Exploring options around ART Starter packs • Improving rates of linkage through motivational counseling • MAT scale up
7	VL testing scale-up	Completion of VL/EID optimization activities and ongoing monitoring to ensure reductions in morbidity and mortality across age, sex, and risk groups	No policy barriers	• VL lab results integration into HIV_MIS to improve VL result utilization • LIMS development	• DQA activities • VL patient monitoring • Leveraging GeneXpert for viral load testing in rural areas
8	Morbidity and mortality monitoring	Monitoring and reporting of morbidity and mortality outcomes including infectious and	No policy barriers	• Official registers do not capture HIV-related mortality electronically	• Cross-check and verification of the HIV-positive deaths • Clear definition of causes of death among patients of

		non-infectious morbidity		• Actions currently being developed to improve mortality surveillance	regional AIDS Centers, • Pathology Service (autopsy) and State Statistics authorities to ensure the data completeness and quality
9	OVC package alignment	Alignment of OVC packages of services and enrollment to provide comprehensive prevention and treatment services to OVC ages 0-17, with particular focus on adolescent girls in high HIV-burden areas, 9-14 year-old girls and boys in regard to primary prevention of sexual violence and HIV, and children and adolescents living with HIV who require socioeconomic support, including integrated case management	Peace Corps does not work on the Above-site level with policy making	• 9 PEPFAR oblasts • OVC linkages with NGO-run HIV service providers and psychological support to children and youth • Support groups for adolescents and caregivers • Summer camp focus on ART adherence	• Referrals for domestic violence, bullying • Strengthening ART adherence, through provision of medico-social and psychological support • Integrated case management NGO "Caritas-Spes" • Scale up of outreach to OVC • Trainings for pediatricians, social workers, psychologists, peer- navigators and case managers
10	Host government commitment	Evidence of resource commitments by host government with year after year increases	GOU has met commitments to HIV funding: • ARV procurement funding remained steady at $25.3M in 2017		

			and 2018 but more patients were covered (2017 - 67,134 patients, 2018- 91,025 patients) • MAT procurement also remained steady at $668K while covering more patients (2017 – 10,554, 2018 – 12,227)		
11	Local partners	Clear evidence of agency progress toward local, indigenous partner prime funding			60 percent of COP 2019 funding goes to indigenous organizations
12	Unique Identifier: HIV MIS Scale-up	Scale up of unique identifier for patients across all sites	Addressed in the HIV MIS roll-out	• SOPs to verify clinical and community level data btw AIDS centers and local NGOs • By end of COP18, HIV MIS will be in all penal settings in the 12 PEPFAR regions	• In the process of developing strategy to ensure interoperability between HIV MIS and other systems • Aggressive scale up of HIV MIS across PEPFAR regions (97% of all sites)

Tables and Systems Investments for Section 6.0

Table 6-E (Entry of Above Site Programs Activities)									
Funding Agency	PrimePartner	COP19 Program Area	COP19 Beneficiary	Activity Budget	COP19 Activity Category	Key Systems Barrier	Intervention Start	Intervention End	COP19 Benchmark
HHS/CDC	Alyans Gromaskogo Zdorovia,MBF	ASP: Policy, planning, coordination & management	Key Pops: People who inject drugs	$ 200,000	National strategic plans, operational plans and budgets	Detection, linkage, retention of KPs	COP17	COP20	1).Advocacy plan developed (Y) and Implemented (Y) 2). Regulations addressing MAT barriers adopted (Y) 3). .System for key quality indicators implemented (Y) 4). 4 5). MAT scale up at the project sites ensured (10-15%) 6). Y
HHS/CDC	TSENTR GROMADSKOGO ZDOROV'YA MINISTERSTVA OKHORONY ZDOROV'YA UKRAINY, UCH	ASP: HMIS, surveillance, & research	Non-Targeted Pop: Not disaggregated	$ 560,000.00	Surveillance	Detection, linkage, retention of KPs	COP19	COP19	IBBS 2020 preliminary results for PWID available, PSE available
HHS/CDC	TSENTR GROMADSKOGO ZDOROV'YA MINISTERSTVA	ASP: HMIS, surveillance, & research	Non-Targeted Pop: Not disaggregated	$ 50,000.00	Program and data quality management	Detection, linkage, retention of KPs	COP18	COP19	DR HIV monitoring system in place
HHS/CDC	TSENTR GROMADSKOGO ZDOROV'YA MINISTERSTVA OKHORONY ZDOROV'YA UKRAINY, UCH	ASP: Laboratory systems strengthening	Non-Targeted Pop: Not disaggregated	$ 250,000	Lab quality improvement and assurance	Detection, linkage, retention of KPs	COP18	COP20	1). NRL HIV Lab confirm ISO 15185 accreditation 2). National lab guidelines for HIV molecular tests developed 3). Viral Load (VL) Implementation Monitoring Tool and RTCQI
HHS/CDC	TSENTR GROMADSKOGO ZDOROV'YA MINISTERSTVA OKHORONY ZDOROV'YA UKRAINY, UCH	ASP: Policy, planning, coordination & management	Non-Targeted Pop: Not disaggregated	$ 100,000.00	National strategic plans, operational plans and budgets	Detection, linkage, retention of KPs	COP18	COP19	1). 100% implementation of PoA FY19 2). 3). HIV case based surveillance introduced Plan for improving HIV mortality surveillance developed 4). N/a
State/EUR	DEPARTMENT OF STATE	ASP: Laboratory systems strengthening	Non-Targeted Pop: Not disaggregated	$ 1,341,997	Laboratory infrastructure	Other system investments	COP18	COP21	HIV HRL reconstruction started

Table 6-E (Entry of Above Site Programs Activities)									
Funding Agency	**PrimePartner**	**COP19 Program Area**	**COP19 Beneficiary**	**Activity Budget**	**COP19 Activity Category**	**Key Systems Barrier**	**Intervention Start**	**Intervention End**	**COP19 Benchmark**
HHS/CDC	TSENTR GROMADSKOGO ZDOROV'YA MINISTERSTVA OKHORONY ZDOROV'YA UKRAINY, UCH	ASP: Human resources for health	Non-Targeted Pop: Not disaggregated	$ 500,000	Institutionalization of in-service training	Test and START	COP17	COP20	1). 1 SOP for each category on test and start, rapid ART initiation,, multi-month scripting, TLD transition, VL utilization, TPT scale-up, LTFU active tracing , pre-exposure prophylaxis, U=U, , managing patients with advanced diseases developed and implemented TPT coverage 70% of newly diagnosed patients DTG based regimens (TLD) 50% of patients 2).4 meetings on PBI model modification conducted. PBI model modified with indicators 3).1 round table on the results of PBI model implementation 4).24 Clinical mentoring visits 5). 360 monitoring visits by MDTs
HHS/CDC	TSENTR GROMADSKOGO ZDOROV'YA MINISTERSTVA OKHORONY	ASP: Laws, regulations & policy environment	Non-Targeted Pop: Not disaggregated	$ 15,000	Clinical guidelines, policies for service delivery	New and Efficient service delivery models	COP17	COP20	1 guidance on PBI modified with new indicators
HHS/HRSA	UNIVERSITY OF WASHINGTON	ASP: HMIS, surveillance, & research	Non-Targeted Pop: Not disaggregated	$ 100,000	Program and data quality management	Other system investments	COP18	COP20	1). DQI guidance developed based on the the results of DQA visits to the regions 2). Recommendations on improvement of data quality captured by HIV MIS DQI guidance implemented in all PEPFAR ART sites
HHS/HRSA	UNIVERSITY OF WASHINGTON	ASP: Human resources for health	Non-Targeted Pop: Not disaggregated	$ 200,000	Institutionalization of in-service training	Detection, linkage, retention of KPs	COP18	COP20	1). Clinical mentoring visits continued 2). Regional barriers defined and plans to address those are developed for 42 ART sites to enable scale up

Table 6-E (Entry of Above Site Programs Activities)									
Funding Agency	PrimePartner	COP19 Program Area	COP19 Beneficiary	Activity Budget	COP19 Activity Category	Key Systems Barrier	Intervention Start	Intervention End	COP19 Benchmark
HHS/CDC	World Health Organization	ASP: Human resources for health	Non-Targeted Pop: Not disaggregated	$ 250,000	HRH recruitment and retention	New and Efficient service delivery models	COP18	COP20	2). 36 mentoring visits of WHO National clinical experts conducted 3). 12 meetings with regional administration on ART scale up barriers elimination conducted 50% of patients initiated ART within 7 days 90% of registered patients start ART in 12 PEPFAR oblast
HHS/CDC	World Health Organization	ASP: Laws, regulations & policy environment	Non-Targeted Pop: Not disaggregated	$ 40,000	Information and sensitization for public and government officials	New and Efficient service delivery models	COP18	COP20	Continue and support implementation of 12 local guidance based on WHO updated recommendations
HHS/CDC	CO 100 PERCENT LIFE	ASP: HMIS, surveillance, & research	Non-Targeted Pop: Not disaggregated	$ 250,000	HMIS systems	Other system investments	COP17	COP21	1). 2 2). 1 3). 150 4). 4
HHS/CDC	CO 100 PERCENT LIFE	ASP: Laboratory systems strengthening	Non-Targeted Pop: Not disaggregated	$ 150,000.00	Laboratory infrastructure	Detection, linkage, retention of KPs	COP19	COP19	1).1 2).4
HHS/CDC	CO 100 PERCENT LIFE	ASP: Policy, planning, coordination & management	Non-Targeted Pop: Not disaggregated	$ 150,000	Oversight, technical assistance, and supervision to subnational levels	Detection, linkage, retention of KPs	COP19	COP21	1).1 2).12 3)12 4).1 5). 24 6).12
USAID	CO 100 PERCENT LIFE	ASP: Policy, planning, coordination & management	Non-Targeted Pop: Not disaggregated	$ 250,000	Service organization and management systems	Test and START	COP17	COP21	Communication strategy is implemented in all PEPFAR oblasts. Demand creation materials are distributed through sub-grantees, KP groups, and health facilities in all PEPFAR oblasts; 60% of KP access prevention and health care services over the last 12 months.

Table 6-E (Entry of Above Site Programs Activities)									
Funding Agency	PrimePartner	COP19 Program Area	COP19 Beneficiary	Activity Budget	COP19 Activity Category	Key Systems Barrier	Intervention Start	Intervention End	COP19 Benchmark
USAID	CO 100 PERCENT LIFE	ASP: Policy, planning, coordination & management	Non-Targeted Pop: Not disaggregated	$25,000	Service organization and management systems	New and Efficient service delivery models	COP18	COP19	At least 3 innovative models for outreach, testing and linkage are implemented, results are analyzed, and recommendations made for improvement or scale-up.
USAID	CO 100 PERCENT LIFE	ASP: HMIS, surveillance, & research	Non-Targeted Pop: Not disaggregated	$20,000	Evaluations	Detection, linkage, retention of KPs	COP18	COP19	HIV Stigma Index conducted in all of PEPFAR regions; Report produced and finding used to refine project approaches to testing.
USAID	CO 100 PERCENT LIFE	ASP: Policy, planning, coordination & management	Non-Targeted Pop: Not disaggregated	$10,000	Training in coordination and management of health systems	Test and START	COP18	COP19	The manual and the course are institutionalisied.
USAID	Management Sciences For Health, Inc.	ASP: Procurement & supply chain management	Non-Targeted Pop: Not disaggregated	$ 943,049	Forecasting, supply chain plan, budget, and implementation	Commodity Insecurity	COP18	COP21	ARV/RTK and laboratory procurements conducted by Central Procurement Agency; Number of facilities with ARV stock outs reduced substantially. End-to-end LMIS piloted providing data for decision making, developed and used by CPA, Public Health Center and the regions that will include the functionalities of MedDATA and connect to eStock; Key stakeholders are trained in the use of E2E LMIS
USAID	Management Sciences For Health, Inc.	ASP: Policy, planning, coordination & management	Non-Targeted Pop: Not disaggregated	$ 300,000	Oversight, technical assistance, and supervision to subnational levels	Commodity Insecurity	COP18	COP21	More public funds allocated to HIV programs; screening/testing included in the Benefits Guaranteed Package supported by HTA
USAID	Management Sciences For Health, Inc.	ASP: Laws, regulations & policy environment	Non-Targeted Pop: Not disaggregated	$ 200,000	Assessing impact of policies and regulations on HIV	Commodity Insecurity	COP18	COP21	Better quality generics in use, including those for HIV and OI treatment
USAID	PATH	ASP: Policy, planning, coordination & management	Non-Targeted Pop: Not disaggregated	$ 91,500	Training in coordination and management of health systems	Commodity insecurity	COP18	COP20	Scaling up social contracting through NGOs involved in comprehensive service provision for those on probation to three additional regions (for a total of 6)
USAID	PATH	ASP: HMIS, surveillance, & research	Non-Targeted Pop: Not disaggregated	$ 91,875	HMIS systems	Detection, linkage, retention of KPs	COP18	COP20	85% of penal facilities successfully implemented HIV MIS program
USAID	PATH	ASP: Policy, planning, coordination & management	Non-Targeted Pop: Not disaggregated	$ 55,000	Training in coordination and management of health systems	Detection, linkage, retention of KPs	COP18	COP20	Health care and non-health care staff working in pre-trial and prison settings enhanced their knowledge and skills through participation in the adapted training program, leading to 95% of HIV-positive individuals enrolled in treatment.

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Funding Agency	PrimePartner	COP19 Program Area	COP19 Beneficiary	Activity Budget	COP19 Activity Category	Key Systems Barrier	Intervention Start	Intervention End	COP19 Benchmark
USAID	PATH	ASP: Policy, planning, coordination & management	Non-Targeted Pop: Not disaggregated	$ 15,000.00	Clinical guidelines, policies for service delivery	Detection, linkage, retention of KPs	COP19	COP19	Enhanced knowledge on benefits of ICT and OST of prison health care and and NGO's social workers as well as people in conflict with law to scale-up ICT and OST in penal settings and project probation centers
USAID	PATH	ASP: Policy, planning, coordination & management	Non-Targeted Pop: Not disaggregated	$ 70,000.00	Training in coordination and management of health systems	Detection, linkage, retention of KPs	COP19	COP19	Scaling up Index Case Testing to all prison facilities and project probation centers in 12 PEPFAR regions. OST is accessable for those on probation and for prisoners during incarceration. Prisoner will be linked to OST resources in the civil sector upon release.
USAID	PATH	ASP: Policy, planning, coordination & management	Non-Targeted Pop: Not disaggregated	$ 54,000.00	Oversight, technical assistance, and supervision to subnational levels	Detection, linkage, retention of KPs	COP18	COP19	PITC is institutionalized in all prisons in the PEPFAR regions (no NGO support required).