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

# Ukraine Country Operational Plan

# COP 2020

# Strategic Direction Summary

# March 9, 2020

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# 1.0 Goal Statement

Ukraine made significant progress toward epidemic control in 2019, increasing volume and efficiency of case-finding, accelerating linkage to treatment, and achieving 95 percent viral suppression across the 12 PEPFAR scale-up aggressive regions. Ukraine's progress reflects strong stakeholder engagement from the Ministry of Health, the National Center for Public Health (CPH), and civil society. The Government of Ukraine (GoU) is implementing national policies to streamline diagnosis and improve the quality of care provided to people living with HIV (PLHIV).

The GoU remains committed to the Strategic Development Goals and UNAIDS 95-95-95 targets. PEPFAR Ukraine's robust case-finding, treatment, and retention plans for COP 2020 would bring the 12 PEPFAR scale-up aggressive areas to 90/90/95 by the end of COP 2020, setting the stage for accelerated progress towards 95-95-95 thereafter.

In order to achieve these ambitious goals, PEPFAR-Ukraine's Country Operational Plan (COP) 2020 goals are to:

- Ensure rapid uptake of ART through:
    - Scaling and optimizing implementation of effective case-finding modalities, including index testing, social network testing, self-testing and multi-testing.
    - Focusing technical assistance (TA) and continuous quality improvement (CQI) on facility-based testing in the six highest-burden oblasts, where 77 percent of the PLHIV who do not know their status are located.
    - Supporting continued improvements to the policy environment to facilitate further acceleration of linkage to treatment.
- Ensure client-centered treatment and lifelong retention through:
    - Support for removal of remaining bottlenecks to accelerated antiretroviral (ARV) regimen optimization and full implementation of multi-month dispensation (MMD).
    - Refinement and expansion of continuous quality improvement (CQI) programs to ensure client-centered diagnosis and treatment services.
    - Launching of client-centered retention packages providing PLHIV with wrap-around services to address barriers to adherence.

PEPFAR Ukraine will concentrate resources on accelerating focused case-finding and linkage to find approximately 42,844 undiagnosed PLHIV. PEPFAR will focus on scaling methods that facilitate earlier identification of PLHIV, including index testing, social network testing, and improved provider-initiated testing and counseling (PITC). Case-finding programs will focus outreach on key population (KP) communities through expanded mobile testing as well as scaling of self-testing and multi-testing in response to KP demand.

PEPFAR-Ukraine continues to prioritize testing and linkage activities for people who inject drugs (PWID) and men who have sex with men (MSM) in collaboration with community and civil society organizations. PEPFAR Ukraine will continue recency testing in COP 2020, targeting selected facilities in three high-burden regions with large numbers of newly-identified cases where bio-behavioral survey (BBS) data from 2013-17 shows high incidence among KPs. This testing will contribute to a refined understanding of the changing shape of the epidemic among KPs and young people in particular; this testing will be used to inform planning for acceleration of ART uptake among these population groups.

PEPFAR Ukraine will build on COP 2019 progress in expanding ART coverage by supporting continued and intensified region-by-region continuous quality improvement (CQI), working with the Government of Ukraine Center for Public Health (CPH), World Health Organization (WHO)-supported treatment, testing, and laboratory mentors, and national and regional stakeholders to develop client-centered treatment, based on quarterly performance data and analysis of site-level results. Based on in-depth analysis of program data, PEPFAR Ukraine will increase the intensity and focus of retention activities and will launch tailored packages of client-centered retention services to address barriers to adherence and to provide psychosocial and other support for clients at risk of loss to follow up. To support multi-month dispensing (MMD) and regimen optimization, PEPFAR Ukraine will work with the GoU to ensure ARV procurements are timely, uninterrupted, and in line with WHO treatment recommendations.

Ukraine has achieved 95 percent viral load (VL) suppression rates in all but three of the 12 PEPFAR regions. To close remaining gaps, PEPFAR Ukraine will support a client-centered HIV lab network optimization strategy in COP 2020, focused on improving VL testing coverage and VL suppression in geographies that lack streamlined access to VL testing services.

PEPFAR Ukraine will continue close coordination with CPH and the Global Fund on prevention services. PEPFAR Ukraine will support continued scale-up of PrEP in COP 2020, with a focus on making pre-exposure prophylaxis (PrEP) available at all sites providing ARVs, working to remove legal barriers to PrEP availability in pharmacies, and building demand through communications campaigns targeting high-risk groups.

PEPFAR Ukraine has allocated funds to maximize impact in priority areas, including index testing, mobile case-finding for PWID, CQI activities, and new retention packages. The COP 2020 plan emphasizes financial sustainability while seeking out efficiencies at every stage of the process, including by focusing resources on rapidly completing health systems investments and relying on local partner expertise for efficient completion of key antiretroviral treatment (ART) uptake communications campaigns. Sixty-eight percent of COP 2020 funding goes to indigenous organizations.

While this document outlines strategic directions for PEPFAR Ukraine's core HIV/AIDS programming for FY21, the progress and contours of our mission will shaped and adapted as needed in the context of COVID-19 to ensure continuing treatment coverage and access among PLHIV in

the 12 PEPFAR-supported regions as well as to protect clients, staff and partners. In COP 2020, PEPFAR Ukraine will continue to ensure the provision of client-centered services to PLHIV, including individuals impacted by the COVID-19 pandemic and its aftermath in the 12 PEPFAR regions.

# 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 41.7 million as of January 2020. Ukraine's census data predates the Euromaidan protests and the ongoing war in the eastern Donbas region. Approximately 2.3 million people live in Russian-occupied Crimea and another approximately 3 million in areas controlled by Russian-led forces in the Donbas region of eastern Ukraine. Over 1.4 million people from these regions are internally displaced.

Spectrum 2019 results – the latest currently available – are based on the official 2018 population estimate of 44 million (including Russia-occupied Crimea). However, due to emigration and other factors, many experts believe a more accurate estimate of Ukraine's population may be 35-39 million. In addition, increasing numbers of Ukrainians work abroad, either permanently or temporarily. According to World Bank data, personal remittances from Ukrainians working in other countries nearly doubled from $7.4 billion to $14.8 billion between 2014 and 2018. Given this demographic context, PEPFAR Ukraine will use the Spectrum 2019 lower-bound estimate for the 12 PEPFAR-supported regions as a basis for COP 2020 epidemiological calculations and target setting. PEPFAR Ukraine will step up survey and research activity in COP 2019 and 2020 to improve knowledge of population and epidemiological data in Ukraine's shifting demographic environment, with Bio-Behavioral Surveys planned for PWID, MSM, and female sex workers (FSW).

Spectrum 2019 lower-bound estimates indicate there are approximately 220,000 PLHIV in Ukraine (0.5 percent of the total population), with the majority of cases among men. An estimated 182,000 PLHIV live in Ukrainian government-controlled areas (GCAs). Case-reporting data show 135,902 (74 percent) of PLHIV in GCAs knew their status and were registered at an AIDS Center as of January 2020. An estimated 46,900 PLHIV in GCAs remain unaware of their status or have not yet registered at an AIDS Center. Approximately 17 percent of total estimated PLHIV live in occupied Crimea or in non-government-controlled areas (NGCAs) of Luhansk/Donetsk. 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 accounts for 66 percent of estimated PLHIV and 54 percent of the population.

In 2018, HIV accounted for an estimated 6,100 deaths (1 percent of all deaths in Ukraine in 2017) with tuberculosis (TB) causing approximately 53 percent of all officially reported AIDS-related deaths among PLHIV. Analysis of baseline CD4 levels among newly-registered PLHIV revealed an increasing trend of late presenters in care between 2016 and 2018. The proportion of PLHIV newly

registered at AIDS centers with CD4 levels <200 rose from 31 percent in 2010 to 41 percent in 2018. The majority of late presenters are adult men and PLHIV identified via PITC. PLHIV with CD4>500 are more likely to be MSM, pregnant women, and younger age groups.

Ukraine continues to expand ART coverage: 87 percent of those who are registered at AIDS Centers within the 12 PEPFAR regions are now receiving treatment, and 83 percent of those registered in AIDS Centers nationwide are receiving treatment. Continued ambitious expansion of the ART program will require significant improvements in testing efficiency. PEPFAR Ukraine's proposed COP 2020 testing strategy, which is described in detail in section 4.0, will build on COP 2018 and COP 2019 activities to expand and refine index testing, improve efficiencies to PITC, and scale-up social network testing, with a particular emphasis on expansion of mobile testing in PWID communities. PEPFAR Ukraine will continue to scale up PrEP availability to all at-risk groups and will work to build demand for PrEP through communications campaigns targeting at-risk groups.

Policy optimization and streamlining of the patient pathway has paved the way for major improvements in recent years in time to treatment initiation: the proportion of clients linked to treatment on the day of diagnosis more than doubled between 2016 and 2019, and 67 percent of clients were linked within a week (up from 29 percent in 2016). During FY 2019 and 2020, the GoU adopted the WHO Prevention and Treatment Guidelines and approved a new testing algorithm based on WHO guidance. In COP 2019 and 2020, PEPFAR Ukraine will support CPH in making further progress towards a maximally enabling policy environment, including in issuing or updating orders focused on ART optimization, scale-up of multi-month dispensation, and simplification of bureaucratic requirements for diagnosis, registration in treatment, and HIV certification for providers.

## Table 2.1.1 Host Country Government Results

| | Total | | <15 Female | | <15 Male | | 15-24 Female | | 15-24 Male | | 25+ Female | | 25+ Male | | Source, Year |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | N | % | N | % | N | % | N | % | N | % | N | % | N | % | |
| Total Population | 41,980,564 | 100 | 3,142,971 | 7.5 | 3,308,008 | 8.0 | 1,958,458 | 4.7 | 2,075,663 | 4.9 | 17,425,863 | 41.5 | 14,041,601 | 33.4 | 2019, State Statistics of Ukraine, permanent population (excluding Crimea) |
| HIV Prevalence (%) | | 0.5 | | 0.01 | | 0.01 | | 0.1 | | 0.1 | | 0.5 | | 1.8 | Spectrum, 2019, all Ukraine (including Crimea and NGCA) |
| AIDS Deaths (per year) | 6,174 (4,759-8,045) | | | | | | | | | | | | | | Spectrum, 2019, all Ukraine (including Crimea and NGCA) |
| # PLHIV | 298,623 (223,228-258,197) | | 430 | | 454 | | 2,257 | | 2,826 | | 86,709 | | 146,867 | | Spectrum, 2019, all Ukraine (including Crimea and NGCA) |
| Incidence Rate (per 1000) | 0.29 | | | | | | | | | | | | | | Spectrum, 2019, all Ukraine (including Crimea and NGCA) |
| New Infections (Yr) | 13,702 (10,105-26,999) | | | | | | | | | | | | | | Spectrum, 2019, all Ukraine (including Crimea and NGCA) |
| Annual births | 316,297 | | | | | | | | | | | | | | Annual MoH report form 921, 2018 (excluding non-GoU controlled areas) |
| % of Pregnant Women with at least one ANC visit | 314,699 | 99.4 | | | | | | | | | | | | | Annual MoH report form 921, 2018 (excluding non-GoU controlled areas) |
| Pregnant women needing ARVs | 2,317 | 96.2 | | | | | | | | | | | | | Annual MoH report form 963, 2018 (excluding non-GoU controlled areas) |
| Orphans (maternal, paternal, double) | 21,587 | | | | | | | | | | | | | | Ministry of Social Policy of Ukraine, as of 01/01/2018: https://www.msp.gov.ua/news/15569.html |
| Notified TB cases (Yr) | 25,396 | | 289 | | 296 | | 582 | | 803 | | 6645 | | 16,781 | | e-TB Manager, 2019 (excluding non-GoU controlled areas) |
| % of TB cases that are HIV infected | 5,789 | 22.8 | 19 | 6.6 | 19 | 6.4 | 43 | 7.4 | 35 | 4.3 | 1,909 | 29 | 3,734 | 22.2 | e-TB Manager, 2019 (excluding non-GoU controlled areas) |
| % of Males Circumcised | | | | | | | | | | | | | | | |
| Estimated Population Size of MSM | 178,408 | | | | | | | | | | | | | | Estimation of KPs population size, 2019 |
| MSM HIV Prevalence | | 7.5 | | | | | | | | | | | | | IBBS, 2017 |
| Estimated Population Size of FSW | 86,000 | | | | | | | | | | | | | | Estimation of KPs population size, 2019 |

| | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| FSW HIV Prevalence | | 5.2 | | | | | | | | | | | | IBBS, 2017 |
| Estimated Population Size of PWID | 350,300 | | | | | | | | | | | | | Estimation of KPs population size, 2019 |
| PWID HIV Prevalence | | 22.6 | | | | | | | | | | | | IBBS, 2017 |
| Estimated Population Size of People in Prisons | 51,652 | | | | | | | | | | | | | Ministry of Justice data as of January 1, 2020 (for all of Ukraine) |
| People in Prisons HIV Prevalence | | 7.4 | | | | | | | | | | | | Ministry of Justice data as of January 1, 2020 (for all of Ukraine) |
| | *If presenting size estimate data would compromise the safety of this population, please do not enter it in this table. Cite sources | | | | | | | | | | | | | |

## Table 2.1.2 95-95-95 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 Size 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 | 41,983,564 | 0.5 | 239,623 (223,228-258,197) | 135,902[*] | 113,962[**] | 61% (based on SPECTRUM lower-bound estimate) | 93%[***] | 2,415,202 | 22,881[****] | 10,614[*****] |
| Population <15 years | 6,480,979 | 0.01 | 1,212 | | | | | | | |
| Men 15-24 years | 2,075,663 | 0.1 | 2,826 | | | | | | | |
| Men 25+ years | 14,041,601 | 1 | 146,967 | | | | | | | |
| Women 15-24 years | 1,959,458 | 0.1 | 2,237 | | | | | | | |
| Women 25+ years | 17,425,863 | 0.5 | 86,709 | | | | | | | |
| | | | | | | | | | | |
| MSM | 179,400 | 7.5 | 13,455 | 7,972 | 6,255 | | | | | |
| FSW | 86,600 | 5.2 | 4,503 | 2,223 | 1,218 | | | | | |
| PWID | 350,300 | 22.6 | 79,167 | 45,115 | 29,737[****] | | | | | |
| People in prisons | 51,652 | 7.4 | 3,874 | | | | | | | |

Sources:

* PHC, Jan 2020, https://phc.org.ua/sites/default/files/users/user90/hiv_aids_statistics_operinfo_2020.01.pdf

** PHC, Feb 2020, https://phc.org.ua/sites/default/files/users/user90/hiv_aids_statistics_art_2020.02.pdf

** PHC Cascade, Bulletin 50, p.21, https://phc.org.ua/sites/default/files/users/user90/HIV_in_UA_50_2019.pdf

****PHC, data for 2018, Bulletin 50, p.6

*****PHC, calculated net new for 2019-20; IBBS and PSE 2017-2018

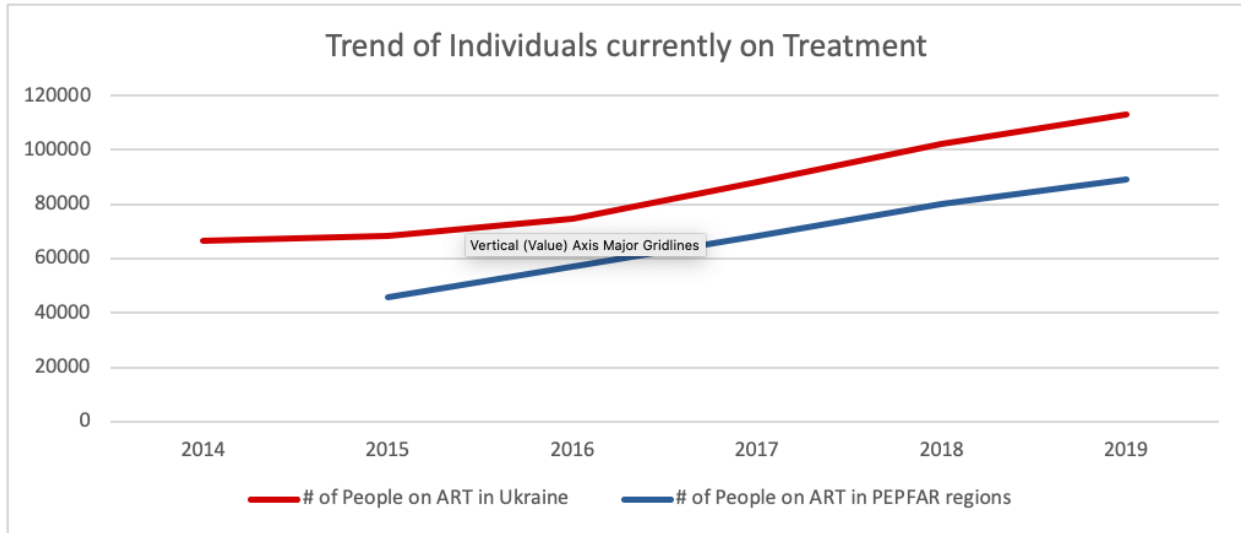**Figure 2.1.3 National and PEPFAR Trend for Individuals currently on Treatment**



Trend of Individuals currently on Treatment

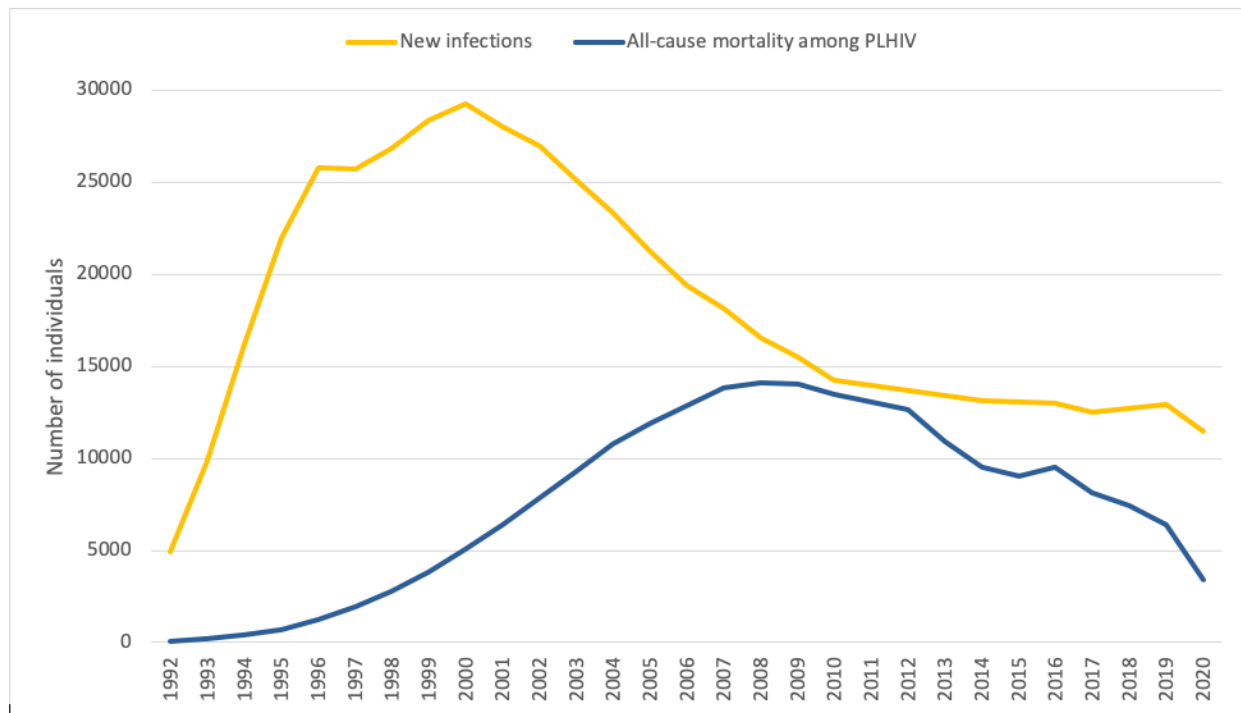— # of People on ART in Ukraine    — # of People on ART in PEPFAR regions

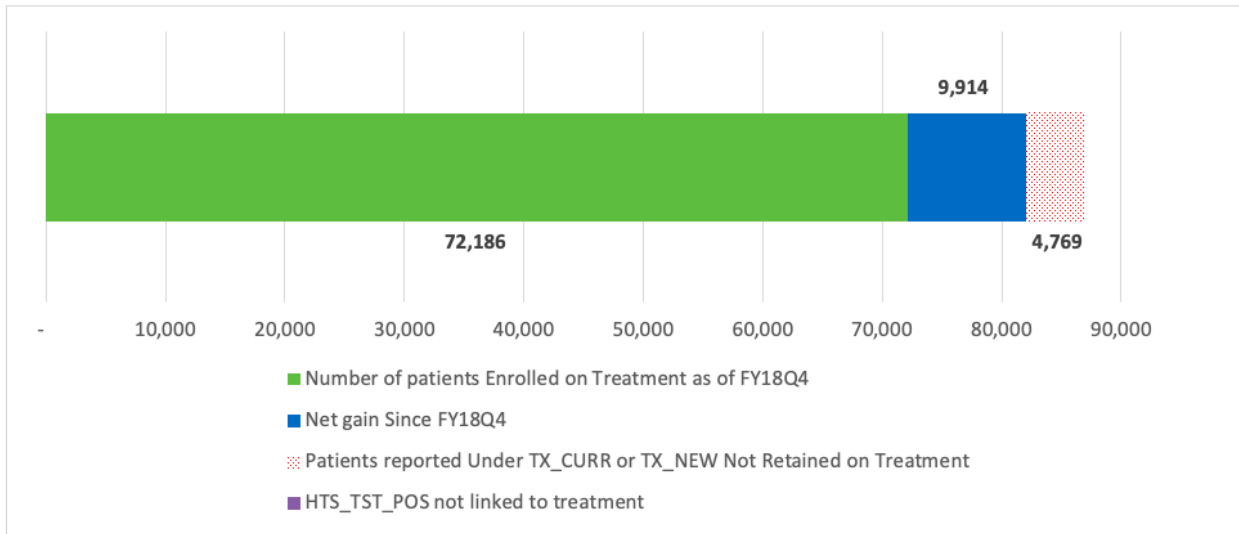**Figure 2.1.4 Trend of New Infections and All-Cause Mortality Among PLHIV**



Data Source: Ukraine SPECTRUM Estimates and Projections, 2019.

**Figure 2.1.5 Progress retaining individuals in life-long ART in PEPFAR regions in FY19**



Data Source: PEPFAR Data for Accountability, Transparency and Impact (DATIM) Database
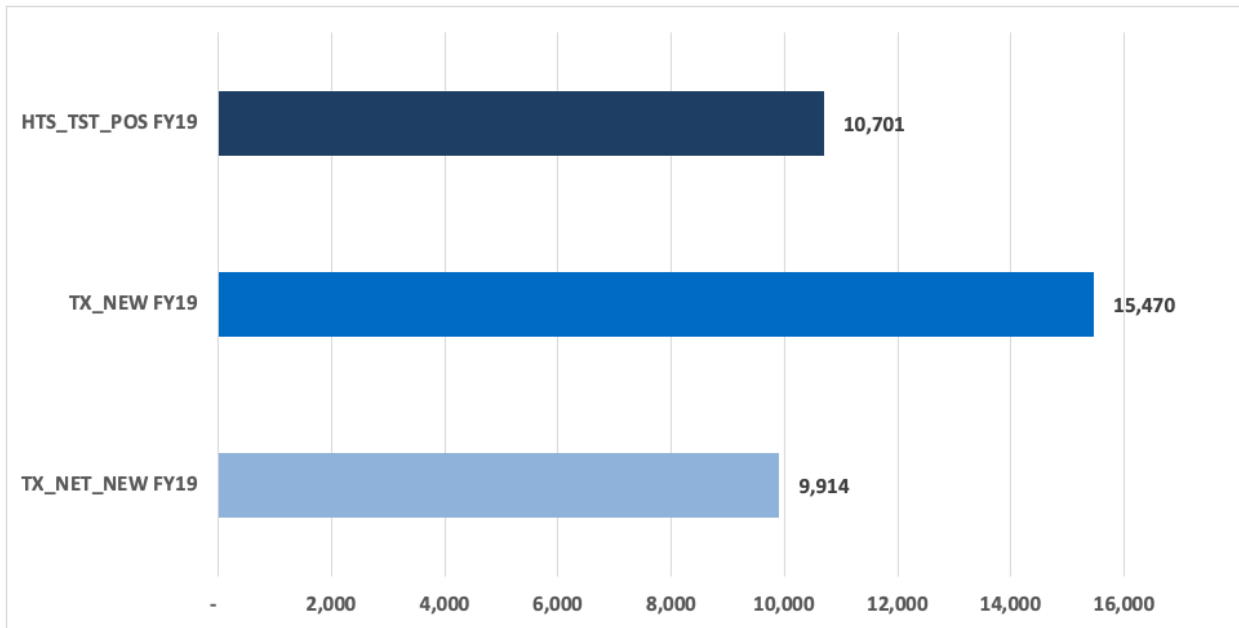


Data Source: PEPFAR Data for Accountability, Transparency and Impact (DATIM) Database

**Figure 2.1.6 Proportion of clients lost from ART 2018 Q4 to 2019 Q4**
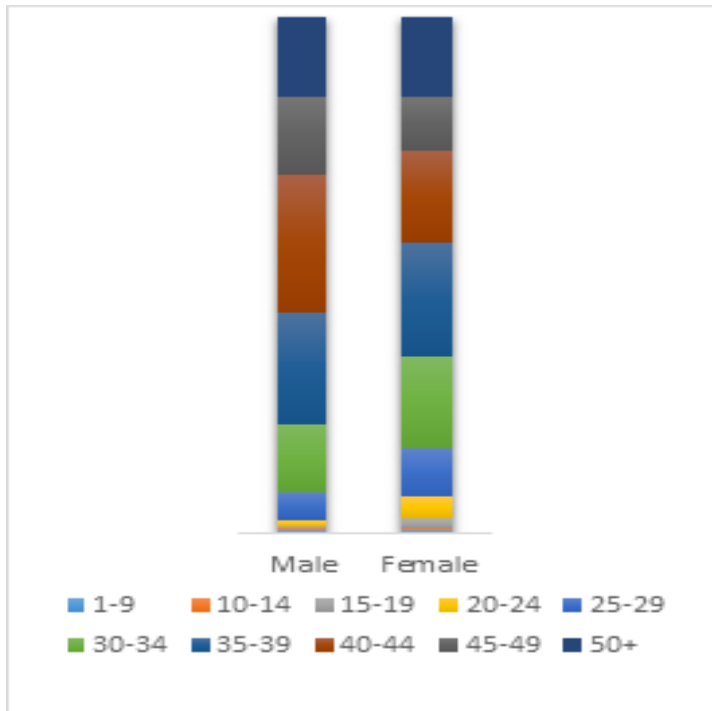


Data source**:** PEPFAR Data for Accountability, Transparency and Impact (DATIM) Database

**Figure 2.1.7 Epidemiologic Trends and Program Response for Ukraine**



Data source: DATIM Database, SPECTRUM 2019

**Figure 2.1.8 Net change in HIV treatment by sex and age bands 2019 Q1 to 2020 Q1**

**Ukraine Treatment Growth, FY19Q1 –FY20Q1, All PSNU.**
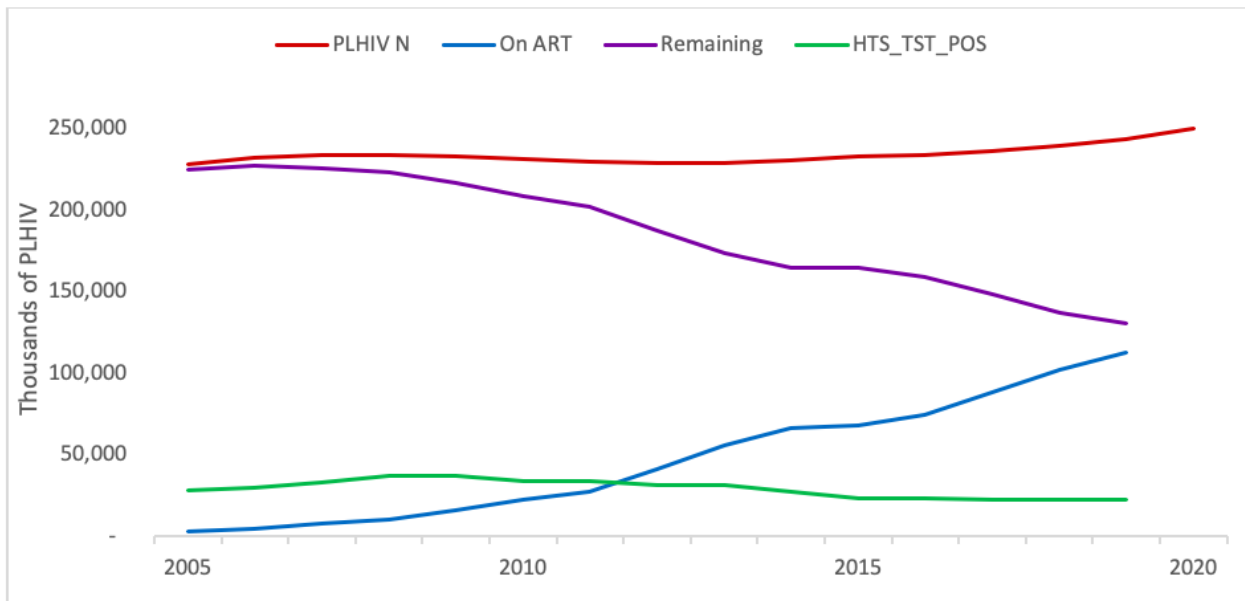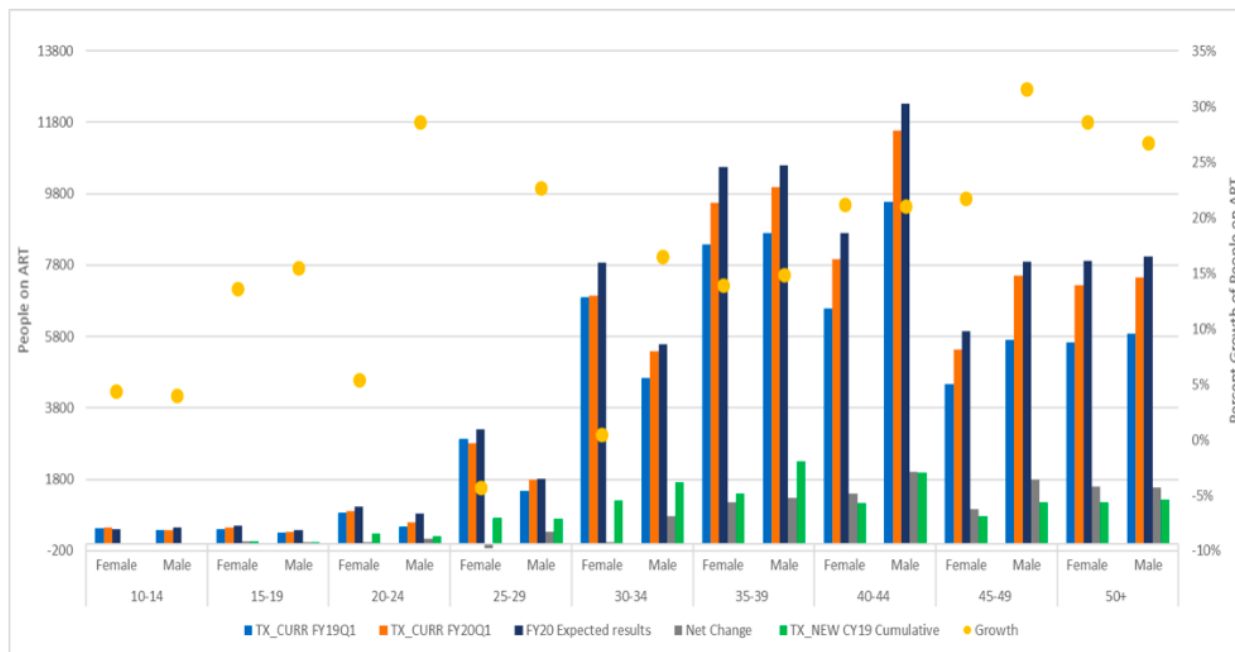


Data source: PEPFAR Data for Accountability, Transparency and Impact (DATIM) Database
Note: TX_CURR FY19 Q1 results do not include 468 people on ART due to the absence of age disaggregation.

## 2.2 New Activities and Areas of Focus for COP 2020, Including an Expanded Focus on Client Retention

As Figures 2.1.5-2.8 demonstrate, there is a need for client-centered programming to prevent loss to follow up and improve retention. PEPFAR Ukraine will introduce a series of activities in COP 2020 to support the long-term retention of clients in treatment. PEPFAR Ukraine will develop and implement a system to track missed appointments for drug-pickup and clinical monitoring for PLHIV in all 12 PEPFAR regions. The HIV MIS system will be modified to allow tracking of missed appointments, and PEPFAR Ukraine will support the development of a client mobile reminder app for self-management of upcoming appointments, as well as a tool for simplifying the return of VL testing results to the client. Additionally, PEPFAR implementing partners will identify individual(s) at each ART site to take up the responsibility of tracking and tracing missed appointments by generating a daily list of clients who missed an appointment three days prior, contacting all clients via phone and either ensuring each client is brought back to care or recommended for a home visit.

PEPFAR Ukraine continues to support the GoU in the optimization of ART, predominantly Dolutegravir (DTG)-based regimens including Tenofovir, Lamivudine, and Dolutegravir (TLD), by providing TA for supply chain forecasting and management to minimize drug shortages. In COP 2020, PEPFAR Ukraine will provide TA and training at the site level to ensure doctors are actively following the GoU/WHO policies on multi-month dispensing. In addition, care and treatment

partners will introduce extended clinic hours (early morning, evening, and weekend) to decrease client wait time and create options to receive fast tracked ARV refills from a medical nurse.

An analysis of program data has demonstrated that working-age men ages 30-44 and working age women ages 30-39 are at particular risk of loss to follow up. The fact that these age bands overlap with age categories most likely to be working abroad suggests that labor migration is likely one of the contributing factors to loss to follow up in Ukraine. In COP 20, PEFAR Ukraine will devote particular attention in COP 2020 to building client-centered treatment and retention services to prevent losses to follow up among working age adults.

PEPFAR Ukraine's COP 20 strategy will place a particular emphasis on launching a client-centered retention package with wrap-around services to address and mitigate barriers to the provision of life-long, client-centered care – including patient navigators to address linkage and treatment bottlenecks, providing funds for transport (if needed) and psychosocial support. Patient navigators will ensure all eligible clients have access to multi-month scripting and differentiated service delivery and will provide assistance with viral load monitoring and patient tracking.

For PWID and other clients at particularly high-risk of loss to follow up, PEPFAR Ukraine will introduce an enhanced patient retention package, including longer-term psychosocial counseling based on specific barriers to adherence, regular phone calls and home visits, assistance navigating the healthcare system, treatment support, regular notification phone calls and home visits to prevent client's separation, legal support for identification. document recovery, and proactive referral to MAT.

For those clients who are in penal settings, PEPFAR Ukraine will support retention of clients on treatment during incarceration; assist with the transition to civil healthcare for soon-to-be released prisoners; and provide continued adherence support for newly-released HIV-positive individuals after they have transitioned into the civil sector.

**2.3 Investment Profile**

The Global Fund and PEPFAR remain the major contributors to Ukraine's HIV response. According to the most recent National AIDS Spending Assessment, conducted by CPH in 2016, the total expenditure on the HIV response was approximately $223 million USD: GF contributed 49 percent, PEPFAR contributed 20 percent, and the GoU contributed 22 percent, as Table 2.3.1 shows. In 2017 and 2018, the GoU significantly increased the state AIDS budget from $12.5 million USD in 2016 to $32 million annually in response to intensive advocacy efforts of CSOs and development partners to embrace the global commitment to achieve epidemic control. The 2020 state AIDS budget will again be approximately $32 million.

The 2020 state budget allocates $13,545,242 for procurement of ARVs; GF also provides support for ARV procurement. The GoU state AIDS budget also covers most of the laboratory commodities related to facility-based HTS, including HIV tests for pregnant women and blood donors. Local GoU budgets cover baby formula for Prevention-of-Mother-to-Child-Transmission (PMTCT),

staffing, and 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 have begun contracting HIV linkage to care and support services from local NGOs.

The current 2018-2020 Global Fund HIV-TB grant to Ukraine allocates around $70 million for Ukraine's HIV program, including approximately $4.6 million earmarked annually for Donetsk and Luhansk non-government-controlled areas (NGCAs). The current grant also includes $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.

In FY 2020, the GoU took over responsibility for a significantly increased share of prevention services: the 2020 Ukraine state AIDS budget includes $6,054,6478 for KP prevention services, which is approximately 18.75 percent of the state AIDS budget.

| Table 2.3.1 Annual Investment Profile by Program Area Source: MOH/Ukraine NASA 2016 | | | | | |
|---|---|---|---|---|---|
| Program Area | Total Expenditure | % PEPFAR | % GF | % Host Country | % Other |
| Clinical care, treatment and support | $58,765,330 | 7 | 66 | 23 | n/a |
| Community-based care, treatment, and support | n/a | n/a | n/a | n/a | n/a |
| PMTCT | $1,173,217 | 0 | 12 | 58 | 30 |
| HTS | $3,262,837 | 39 | 3 | 42 | 16 |
| VMMC | n/a | n/a | n/a | n/a | n/a |
| Priority population prevention | 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 | $11,204,498 | 16 | 66 | 3 | n/a |
| 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 (incl. commodities) | $111,840,232 | 20 | 49 | 22 | 9 |

| Table 2.3.2 Annual Procurement Profile for Key Commodities Source: MOH/Ukraine NASA 2016 | | | | | | |
|---|---|---|---|---|---|---|
| Commodity Category | Total Expenditure | % PEPFAR | % GF | % Host Country | % 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 | $569,757 | 62 | 25 | 0 | 13 |
| MAT | $2,790,245 | 20 | 77 | 3 | 0 |
| Total | $50,790,819 | | | | |

| Table 2.3.3 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 | $5,600,000 | | | | Tuberculosis |
| Total | $5,600,000 | | | | |

## 2.4 National Sustainability Profile Update

PEPFAR Ukraine and UNAIDS completed the Sustainability Index and Dashboard (SID) jointly with key national stakeholders, including the GoU, UNAIDS, the Global Fund, WHO and international, national and regional CSOs, in August and September 2019.

**SID Process and Results:** In August and September 2019, small groups of subject matter experts, including representatives from the U.S. Embassy in Kyiv, the GoU, and multilateral organizations, began consultations on each of the four SID domains, creating a draft populated questionnaire ready for further discussion with a broader group of stakeholders.  On September 17, 2019, PEPFAR Ukraine and UNAIDS jointly hosted a workshop for key national stakeholders to discuss and complete the SID questionnaire.  Participants included the GoU, WHO, and national and regional civil society organizations (CSOs). Participants broke into four domain subgroups to discuss each element of the questionnaire, then re-convened to discuss overall assessments and finalize the document.  The final SID 2019 report for Ukraine was a result of the consensus reached at the SID stakeholders meeting.

Results of the SID exercise identified three main areas of strength and three key weaknesses, as follows:

**Sustainability Strengths:**

- **Civil Society Engagement (Score: 7.92):** Ukraine continues to incorporate robust civil society engagement in its HIV/AIDS response activities.  Both major established NGOs and more nascent organizations are engaged in national and local policy dialogue and planning.  Government ministries and institutions such as the CPH include civil society

organizations in technical working groups and collaborate with civil society organizations on programs and services.

- **Public Access to Information (Score: 8.11):** Ukraine continues to provide publicly accessible epidemiologic, programmatic, and financial information related to the national HIV/AIDS response. The GoU makes HIV/AIDS surveillance and expenditure data, as well as some service delivery data, available to stakeholders and the general public in a timely fashion.

- **Service Delivery (Score: 7.06):** Service delivery was an area of significant improvement. National and sub-national entities have expanded their capacity to manage staffing and budget needs and use epidemiologic and program data, and the host government has made progress in formalizing national guidelines for HIV/AIDS services, though these await final approval. Ukraine provides ART and lab services without external technical assistance.

**Sustainability Vulnerabilities:**

- **Human Resources for Health (Score: 4.94):** Although the GoU provides all or almost all of health-worker salaries and systematically maintains and collects health workforce data, healthcare worker salaries remain low and resources for monitoring and management are limited. Limited resources for the health workforce hamper the retention of talent in the Ukrainian system. The GoU is implementing public health reforms, with support from USAID, which are expected to improve efficiencies and performance.

- **Quality Management (Score: 1.24):** There is no national HIV/AIDS related Quality Management/Quality Improvement strategy. While there is a robust system of HIV program performance data collection, reporting, and analysis, the lack of a National Action Plan at the time of the SID exercise meant there was no framework for systematic collection and analysis of performance data. The Cabinet approved the National Strategy for HIV, TB and Viral Hepatitis in late 2019. PEPFAR supports regional multidisciplinary teams (MDTs), which support continuous site-level quality improvement on treatment, testing, and M&E, and it will expand and refine these CQI activities, in partnership with CPH, in COP 2020.

- **Data for Decision-Making Ecosystem (Score: 3.00):** This new category revealed significant sustainability vulnerabilities. Most notably, the absence of up-to-date census data, particularly in the context of likely demographic change (including internal displacements driven by the conflict in the Donbas region and labor migration), make it difficult to produce accurate estimates of denominators for calculating HIV prevalence. There is not yet a national unique identifier system to track service delivery, although there are multiple systems (SYREX, Case++), which use unique codes. The GoU is considering conducting a census in 2020. PEPFAR Ukraine will work to mitigate the impact of data deficiencies by scaling up surveillance and research activities in COP 2020.

## 2.5 Alignment of PEPFAR investments geographically to disease burden

As noted in the maps below, PEPFAR directly funds the oblasts (districts) and areas of the country that have the highest HIV burden.  For COP 2020, PEPFAR will continue to align investments with the regional and district-level disease burden and will complement the Global Fund's continued support to activities in non-government-controlled areas (NGCA).

**Figure 2.5.1.1 Ukraine number of PLHIV in PEPFAR supported regions.**



Note: The Donetsk region on the above map represents only GoU-controlled territory.

**Figure 2.5.1.2 Ukraine percent treatment coverage in PEPFAR regions**



Note: The Donetsk region on the above map represents only GoU-controlled territory.

**Figure 2.5.1.3 Ukraine Viral load monitoring coverage**



Note: The Donetsk region on the above map represents only GoU-controlled territory.

**2.6 Stakeholder Engagement**

To launch the COP 20 planning process, PEPFAR Ukraine organized a joint COP 2020 consultation meeting with national stakeholders, international donors, and implementing partners—co-facilitated with the GoU, SGAC headquarters, UNAIDS, and WHO—on January 27, 2020. The meeting brought together national and local stakeholders from different parts of the country, including GoU representatives, civil society representative, KP representatives, representatives of UN agencies and other multilateral organizations, and external donors. PEPFAR implementing partners gave presentations outlining their key achievements in COP 2018 and their implementation plans for COP 2019 and their strategic vision for COP 2020. Small-group discussions focused on improving case-finding, treatment, and retention outcomes for MSM and PWID, and on cross-cutting issues.

Participants in the stakeholders' workshop highlighted the need for more aggressive scale-up of medication-assisted treatment (MAT) for PWID and measures to improve client-centered access to MAT and support 100 percent linkage of HIV+ MAT clients to ART. Participants also highlighted the need for increased outreach to the MSM community and underscored demand for multi-testing, which PEPFAR Ukraine will support in COP 2019 and COP 2020.

PEPFAR Ukraine staff also engaged with local civil society representatives in advance of the COP 2020 planning meetings to develop a framework of recommendations for community-led monitoring. PEPFAR Ukraine will support community-led monitoring in COP 2020 through the Small Grants Program.

In addition, PEPFAR Ukraine and the Global Fund held a joint strategic planning workshop for key stakeholders in Kyiv September 30 to October 1, 2019, to address ways to broaden and develop PEPFAR and Global Fund coordination on Ukraine's HIV response. Participants discussed coordinated actions to address key policy, capacity, and strategic information challenges, as well as to overcome prevention, diagnosis, and care and treatment bottlenecks. PEPFAR Ukraine continues to coordinate closely with the Global Fund, working jointly to accelerate policy optimization, collaborate on PrEP scale-up and ART optimization, co-fund the Central Procurement Agency, and support continuing progress with HIV Medical Information Systems (HIV MIS) development and case-finding through Rapid Deployment Mobile Team activities.

# 3.0 Geographic and Population Prioritization

In COP 2020, PEPFAR Ukraine will be particularly focused on six regions with the highest number of PLHIV who do not know their status (namely, Kyiv City, Dnipropetrovsk oblast, Odesa oblast, Donetsk oblast, Kyiv oblast, and Kirovohrad oblast). Technical assistance (TA) and Continuous Quality Improvement (CQI) interventions, particularly for facility-based case-finding, will be concentrated in these areas. In addition, PEPFAR Ukraine will continue to work in six medium-burden oblasts (Cherkasy, Poltava, Chernihiv, Zaporizhzhia, Mykolayiv, and Kherson) to accelerate ART uptake and improve client-centered care.

PEPFAR Ukraine's focus on the Government-Controlled Areas (GCA) of Donetsk oblast complements Global Fund-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 (in 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 COP20 | # Current on ART (FY19) | # of SNU COP19 (FY20) | # of SNU COP20 (FY21) |
| Scale-up Aggressive | 146,964 (100%) | 86,473 | 12 | 12 |

# 4.0 Client Centered Program Activities for Epidemic Control

**4.1 Finding  undiagnosed PLHIV or PLHIV who do not know their status and linking them to treatment**

The Spectrum PLHIV lower-bound estimate reflects that about 42,844 PLHIV were undiagnosed in PEPFAR regions, and it is estimated that of those 28,156 are PWID and 3,684 are MSM. Achieving epidemic control will require intensified efforts to identify PLHIV who currently do not know their status—particularly in hard-to-reach KP subgroups—and link them to treatment.

While the 2013-15 Modes of Transmission study data suggested that prevalent cases appear to be linked to a history of injection use, the proportion attributable to sexual transmission in younger age groups (particularly among men) has increased and contributing risks for incident cases are less clear.  PEPFAR Ukraine will use recency testing to investigate incidence risks in the highest-burden areas in COP 2020.

To enhance efforts to identify new PLHIV, PEPFAR will focus activities in COP 2020 on refining, refocusing, and using data to continually improve PITC and index testing yields while expanding successful engagement of PWID through innovative network-based approaches.  PEPFAR Ukraine will also introduce and scale up new approaches in COP 2019 and COP 2020—including self-testing and multi-testing—based on feedback from local partners and key population groups. PEPFAR Ukraine will also focus resources on supporting accelerated Medication Assisted Therapy (MAT) expansion and client-centered MAT in COP 2020.

With health reform and policy changes opening the door to further decentralization of testing and diagnosis within the Ukrainian healthcare system, PEPFAR Ukraine partners will engage intensively at hospitals and clinics across the 12 PEPFAR regions to optimize testing efficiency.  In COP 2019 Q1, 22 percent of new positives were discovered in inpatient facilities and 23 percent in

outpatient facilities and prison medical facilities. The large proportion of cases discovered through facility-based testing underscores the need to improve facility-based testing practices so as to identify patients more efficiently and at early stages. Moreover, current estimates show that 77 percent of the undiagnosed PLHIV in Ukraine are located in the six high-burden regions mentioned as areas of particular focus in section 3.0: Kyiv city, Dnipropetrovsk oblast, Odesa oblast, Donetsk oblast, Kyiv oblast, and Kirovohrad oblast. PEPFAR Ukraine will intensify the focus of its case-finding technical assistance (TA) and continuous quality improvement (CQI) support on these six regions, with the aim of optimizing testing practices – including use of risk screening tools - and closing the known status gap in these highest-burden regions.

Peace Corps PEPFAR will intensify support to case-finding programs in COP 2020, working in partnership with HHS/CDC and USAID as well as community stakeholders to support projects in volunteers' communities focused on improving testing efficiency. This work will include trainings for medical service providers on anti-stigma and motivational consultation, as well as outreach to KPs in volunteers' communities. Peace Corps volunteers (PCVs) will also support PWID outreach in partnership with rapid deployment mobile testing units in high-burden areas.

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 CPH, partners, civil society, and stakeholders.

***Case-Finding among Key Populations and Other Vulnerable Groups***

### a. PWID

PEPFAR social network-based recruiting has proven successful in reaching increasing numbers of undiagnosed PWID, as demonstrated in FY 2019 and FY 2020 Q1, when social network testing partners found increasing numbers of new HIV-positive clients each quarter while achieving consistent yields of 5-6 percent. Case-finding partners have improved results by deploying artificial intelligence (AI) based on a continuously-refined algorithm to optimize case finding.

In FY 2019 Q4, PEPFAR Ukraine launched rapid deployment mobile (RDM) unit teams that plot their routes based on data analysis and local knowledge of PWID communities and offer social network testing and linkage services to PWID clients in eight regions. These teams achieved 6-7 percent yields through social network testing in the community and achieved linkage rates over 95 percent.

In COP 2020, PEPFAR will strategically expand the RDM program, adding five more mobile teams to focus on geographic areas where available epidemiological and program data show large numbers of undiagnosed PWID, areas without other existing harm reduction programs, and locations with insufficient infrastructure for HIV testing but high HIV burden.

### b. MSM

There are an estimated 3,684 undiagnosed MSM in PEPFAR regions, at least 52 percent of whom live in Odesa and Donetsk oblasts.  In response to demand from MSM and other KP groups, PEPFAR Ukraine is piloting oral self-test kit distribution in COP 2019 and will refine and expand this approach in COP 2020.  Self-test kits will be available to clients who prefer to test at home, in MSM-oriented community NGOs or other safe spaces, and to facilitate index testing for clients who wish to bring home tests for use by their sexual (or needle-sharing) partners.  Self-tests will be made available at community sites, as well as in strategically-located vending machines maintained by USAID partners and in PEPFAR Ukraine-distributed Safe Boxes (which also contain prevention materials and information about linkage to medical care and psychosocial support) available in-person or by mail.

MSM, along with other KP clients (including PWID), have also signaled to implementing partners their interest in multi-testing, noting that multi-test availability would help reach MSM clients who have a range of associated risk factors. PEPFAR Ukraine is piloting multi-testing in COP 2019 and will offer multi-tests to MSM and other clients in conjunction with HIV tests.  MSM are particularly interested in hepatitis B (HBV), hepatitis C (HCV), and sexually-transmitted infection (STI) testing, while PWID express interest in HCV tests.  (Note: For HCV testing, PEPFAR Ukraine has worked with CPH to ensure that HCV multi-tests will be offered in areas where the government has recently distributed free courses of HCV treatment).

In COP 2020, PEPFAR Ukraine will scale up intensified case-finding among MSM populations across the 12 PEPFAR regions, with a particular focus on younger hard-to-reach MSM. Interventions will include: (1) physical and virtual hot spot mapping (using geo-spatial mapping of MSM app use and mapping MSM venues including bars, saunas, ad parks); (2) utilization of qualitative data to align case-finding efforts to physical and virtual hot spots; and (3) targeting younger, hard-to-reach MSM communities with service packages tailored to their needs, and (4) establishment of MSM-friendly clinical "one-stop shops" at select healthcare facilities where STI screening, syphilis, and HCV rapid testing will be available alongside HIV testing (including PITC and index testing),  PrEP (Pre-exposure Prophylaxis) and nPEP (Non-occupational Post-Exposure Prophylaxis). All newly-identified HIV-positive MSM will be linked to treatment services.

### c. People in Prisons

In 2019 98 percent of people in prison settings in the 12 PEPFAR areas were tested for HIV, and 947 PLHIV were identified.  In COP 2019, PEPFAR's prison activity has institutionalized PITC, with routine HIV screening of detainees and prisoners upon entry, annually during incarceration, and upon release.  In COP 2020 PEPFAR Ukraine will conduct the assessment of QA/QI of HIV rapid testing among penal health care workers in 12 PEPFAR regions to continuously support the PITC institutionalization in penal settings and ensure it is fully and consistently aligned with the WHO 5Cs.  Also in COP 2019 index testing was scaled up to all prison settings and project probation

centers in all 12 PEPFAR regions; this activity will continue in COP 2020 with a special focus on protecting clients' rights and providing index testing services in a voluntary, non-coercive manner. All PLHIV will be linked to care and treatment in the civilian sector upon release and retained on ART. PEPFAR Ukraine will also ensure reengagement of lost to follow-up (LTFU) HIV patients to treatment in the penal and civil sector as well as retention in treatment for six months in both the penal and the civil sector.

By the beginning of COP 2019, HIV MIS was installed in 100 percent of penal settings in all 12 PEPFAR regions, and penal health care providers had started to enter data in the system. In COP 2020, PEPFAR Ukraine will ensure that HIV MIS is routinely used in penal settings in the 12 PEPFAR regions, ensuring high-quality data entry so that the quality of care in the prison sector can be better monitored in real time.

In order to support scale-up of case-finding in COP 2020, PEPFAR Ukraine's prison programming will extend beyond the penal sector through implementation of social network-based innovations with ex-prisoner PWID peer finders.

***Scale-up of Index Testing and Provider-Initiated Testing and Counseling***

   a.   **Index Testing**

PEPFAR Ukraine significantly scaled up index testing in FY 2019 and early FY 2020, and index testing is now offered to newly-diagnosed PLHIV at all PEPFAR-supported community sites where diagnostic services are available, in prison settings, and at a continually-increasing number of healthcare facilities. (Note: The majority of facilities that can dispense ART already provide index testing, and the number of primary healthcare facilities offering index testing services is increasing every quarter). Index testing is the most efficient testing modality in Ukraine, with a FY 2020 Q1 yield of 20.4 percent, and 90 percent linkage to ART. In COP 2020, PEPFAR Ukraine will further expand this modality to additional healthcare facilities, particularly at the primary level, and will offer index testing not only to newly-diagnosed PLHIV but also to clients already registered in care who have sexual and/or injecting partners and/or biological children at risk.

Index testing will be provided in accordance with the national SOP, adopted in 2018, which is based on PEPFAR and WHO guidance and is in alignment with the WHO 5Cs. This SOP places special focus on protecting clients' rights and providing index testing services in a voluntary, non-coercive manner.

Currently, Ukraine has safeguards in place to prevent adverse events that jeopardize index clients' and their partners' confidentiality and safety. All service providers are required to complete a specialized training course to be qualified for providing index testing services. The system in place includes a three-step informed consent mechanism whereby index testing is not done in the absence of explicit willingness of the HIV+ client to 1) initially accept a social worker's/case manager's services, 2) specifically accept index testing services, and 3) agree to provide partners'

contacts.  Every index client is free not only to accept or decline index testing but also to choose the preferred means of partner notification: client-initiated, provider-initiated or mixed. Screening for intimate partner violence is an inseparable part of the index testing algorithm.  If intimate partner violence (IPV) risk is identified, psychological and legal support is provided by both local implementing partners and third parties specializing in supporting domestic violence victims as appropriate.

Adverse effects monitoring is currently in place at various levels, including a national HIV/AIDS hotline, targeted monitoring of implementing sub-grantees by the primary implementing partners, and diversified feedback channels allowing clients to place complaints in case of any inappropriate practices by service providers.  Clients are informed of these feedback channels as soon as they accept the services of a social worker or case manager.

In COP 2020, PEPFAR Ukraine will continue to monitor these safeguards closely and will further strengthen all mechanisms currently in place to ensure voluntary, non-coercive index testing provision both at facility and community levels.  Implementing partners will introduce more rigorous monitoring systems, including focused *ad hoc* checks during site visits, client surveys, and "secret shopper" visits to identify potential adverse effects.  Implementing partners will also work to enhance index testing efficiency by improving service providers' motivational interviewing skills and offering additional services such as self-testing, multi-testing, and PrEP to make index testing services more attractive for the clients.

### b.  Provider-Initiated Testing and Counseling

Provider-Initiated Testing and Counseling (PITC) was not routinely practiced in most facilities except TB and AIDS centers before COP 2018; since then, PEPFAR Ukraine has supported PITC at hundreds of facilities across the 12 PEPFAR regions.  As of March 2020, PEPFAR Ukraine programs were supporting PITC in 578 healthcare facilities. PEPFAR Ukraine also supported the roll-out of a new risk screening tool in COP 2019 as a way of improving the identification of those who should be tested but would otherwise have been missed. Documented use of the risk screening tool has resulted in improved testing yields, and COP 2020 PITC activities will focus on ensuring correct and consistent use of this tool across hundreds of primary and secondary care facilities across the 12 PEPFAR oblasts.

### 4.2  Retaining clients on treatment and ensuring viral suppression

In FY 2019, Ukraine made significant progress on ART scale-up, with approximately 87 percent of PLHIV who are aware of their status on treatment – up from just 63 percent in FY 2018.  In COP 2018, PEPFAR Ukraine initiated ART for 15,470 new patients in the 12 PEPFAR-supported regions. Ukraine has dramatically reduced the time to treatment initiation, with 47 percent of clients starting ART on the day of diagnosis and a further 20 percent starting within the first week.  The number of new patients initiated on ART in PEPFAR-supported regions is markedly higher than

the number of newly-diagnosed patients, which indicates that clients who were registered but not previously linked to treatment are now being enrolled on ART.

To further accelerate progress towards 95 percent ART coverage, PEPFAR Ukraine will support CPH in further developing the policy environment to optimize ART, scale up multi-month scripting, simplify patient registration, and simplify HIV certification for health care providers. PEPFAR Ukraine will continue productive collaboration with WHO to conduct advocacy and CQI programming in all 12 PEPFAR regions, through regular roundtable workshops with regional health authorities, providers, and implementing partners addressing all aspects of the patient pathway. Other PEPFAR Ukraine implementing partners will take on responsibility for improving client-centered treatment in the six highest-volume oblasts, lead efforts to re-engage clients lost to follow up, and support continuous quality improvement programming.

All PEPFAR Ukraine partners showed increasing linkage rates in FY 2019. PEPFAR Ukraine will build on this progress by supporting further simplification of the testing algorithm to streamline the diagnostic process. Additional social workers and case managers will be provided to facilities to provide the social support needed to help clients rapidly enroll in ART and remain in treatment. Mobile testing services demonstrated particularly high linkage rates in COP 2019, and PEPFAR Ukraine will scale up support for these programs in COP 2020.

The GoU has taken responsibility to support ART treatment for all PLHIV. PEPFAR, in coordination with WHO and the Global Fund, will continue to support Ukraine's ongoing transition to DTG-based regimens. The number of clients on DTG-based regimens has increased sharply, from 26,472 clients in February 2019 to 47,594 clients in March 2020, according to the Ukraine Center for Public Health (CPH). The number of clients on TLD regimens has also nearly doubled across the same period, and PEPFAR Ukraine, in coordination with WHO and the Global Fund, will continue to support accelerated transition to single-pill TLD regimens.

PEPFAR Ukraine launched a formal CQI program in COP 2018: this program, led by the CQI team within regional CPH-supported multi-disciplinary teams, focuses on developing quality patient-centered care, with particular focus on high-volume and high-yield sites, integrating the results of SIMS visits with input provided by WHO-supported treatment mentors and ITECH clinical advisors. In COP 2020, PEPFAR Ukraine will further refine this CQI program, institutionalizing the structure of regular roundtables with national and regional stakeholders and tailoring the program based on quarterly performance data.

In FY 2019, viral load testing coverage was 90 percent across the 12 PEPFAR oblasts, with 95 percent viral suppression. For activities to optimize the laboratory network to further improve viral load testing coverage, particularly in several oblasts with less than 90 percent coverage, please see section 4.6.

For a detailed description of new retention activities, please see section 2.2.

**4.3 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 more than 95 percent 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. However, continued high mortality appears to be linked to late presentation, delayed initiation of ART, late TB diagnosis, and a high prevalence of MDR-TB. Most PEPFAR-supported regions now have joint TB/HIV roadmaps on improving TB/HIV case management, integration, and coordination of services, which are approved by regional health administrations. A monitoring system for ART treatment among HIV/TB cases has been added to the HIV MIS system; the results from the regions supported by PEPFAR in FY 2019 indicate an 87 percent initiation rate of ART within three weeks from TB treatment initiation. Overall ART coverage among HIV/TB co-infected in the six PEPFAR regions where Challenge TB was active in FY 2019 was 93 percent. With PEPFAR technical assistance, Ukraine adopted an ambitious target to increase this to over 90 percent across 11 regions by the end of 2020.

Tuberculosis Preventive Treatment (TPT) with 6H is recommended for all newly-diagnosed PLHIV by national guidelines and was initiated for 61 percent of newly diagnosed PLHIV in 2018. PEPFAR will work to improve monitoring of TPT administration, completion and effectiveness (given the high background rate of MDR-TB) and will advocate for introduction of new TPT regimens as recommended by WHO guidelines on treatment of latent TB (e.g., 3HP, a once-weekly regimen comprised of a combination of isoniazid (INH) and rifapentine medications).

### 4.4 Prevention priority programming

#### a. Outreach to Military Populations

Due to a continuing war with Russia-supported "separatists" in eastern Ukraine, active-duty military 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 the Department of Defense (DoD)/Defense HIV/AIDS Program (DHAPP), will continue to implement a comprehensive HIV prevention program among service members. PEPFAR support includes standardized HIV prevention training for all military recruits/conscripts and support for demand creation for HIV testing, especially among those identified as higher risk.

DOD-supported activities in partnership with the Ministry of Defense (MOD) Military Medical Department will target HIV education and prevention activities (including condom use, avoidance of syringe sharing, and disease control practices). DOD prevention activities will also include a series of trainings for the core military medical personnel (125 persons) that deal with infectious diseases, including HIV and TB.

PEPFAR Ukraine will focus in COP 2020 on significantly improving testing efficiency among military personnel, through: scaling up site visits and monitoring to ensure targeted use of PEPFAR-provided rapid test kits (RTKs) as part of a testing strategy focused on high-risk groups; training activities to ensure effective implementation of the risk screening tool rolled out in COP 2019; and enhanced technical assistance for monthly "health days" at large military bases and other significant testing opportunities. PEPFAR Ukraine will support relationship-building between the MOD and civil society to build knowledge of humanitarian and health issues and will support ongoing training of military medical staff on HTS and stigma and discrimination issues.

### b. Support to Orphans and Vulnerable Children (OVC) and Their Caregivers

PEPFAR Ukraine remains committed to building sustainable systems to support OVC and their caregivers in Ukraine. During COP 2018, PEPFAR Ukraine achieved 120 percent of its target for OVC_SERV, providing 720 OVC and caregivers with psychosocial support and family strengthening activities in order to improve ART adherence and resilience Through its extensive network of Peace Corps volunteers, PEPFAR Ukraine supports OVC through training activities for social workers, case managers, and peer leaders; building social support networks, including through in-person support groups and online and social media outreach; providing technical assistance to NGOs active in OVC support; strengthening networks of cooperation between social workers, pediatricians, and OVC; and providing support to OVC and their caregivers at national, regional and mini-camps.

PEPFAR Ukraine will also expand its support for the sustainability of OVC programming in COP 2020 through the development of regional multi-disciplinary care teams focused on OVC issues. PCVs, in partnership with local NGOs, will organize roundtables for key community stakeholders, including clinical personnel, NGO representatives, local government officials, regional health authorities, and service beneficiaries. Stakeholders will establish the multi-disciplinary care teams, which will address key issues such as bi-directional referral protocols, case conferencing, shared confidentiality, and joint case identification.

### c. Scale-up of Medication-Assisted Therapy Coverage for PWID

Adequate availability of medication-assisted therapy (MAT) for PWID is essential for effective prevention and for supporting retention of PWID clients in lifelong care. Ukraine has been a regional leader in supporting MAT for PWID. In 2018 the government adopted a National MAT scale-up plan that envisioned provision of MAT to 23,647 patients by 2023; this plan would provide MAT coverage to approximately eight percent of the estimated total number of PWID in the country. During first five months of FY 2020, the GoU also added 922 new patients to MAT registers across the country, In November 2019, the GoU issued a further, more ambitious, scale-up directive aimed at providing MAT to 44,600 patients by 2025, which would represent 15 percent coverage of the PWID population. PEPFAR Ukraine will advocate for prompt funding and implementation of this ambitious directive, with a focus on five priority regions in order to reach PWID communities most affected by HIV.

PEPFAR Ukraine will support removal of barriers to MAT access to allow for rapid enrollment (within 2 days) of eligible clients into MAT. Rapid linkage to ART for HIV-positive MAT clients will be prioritized, as well as programs to support retention of clients in MAT and client-centered MAT services. PEPFAR Ukraine will pilot two mobile MAT clinics in Dnipropetrovsk oblast – the region with the largest number of PWID. These mobile MAT clinics will provide MAT and integrated services for otherwise hard-to-reach populations. PEPFAR Ukraine will also support revision of guidelines for MAT patient pathways to align with international best practices on treatment of opioid dependency. Finally, PEPFAR Ukraine will plan a targeted MAT demand-creation campaign aimed at healthcare professionals, police officers, and pharmacists, to increase awareness of MAT and reduce stigma; in tandem with this demand-creation campaign, PEPFAR Ukraine will work with these professionals to develop a streamlined referral process to MAT sites for PWID.

### d. Expanding Access to Pre-Exposure Prophylaxis (PrEP)

In COP 2020, PEPFAR Ukraine will expand PrEP access to 6000 clients and make PrEP available not only in larger AIDS Centers but also in smaller ART sites and eventually at pharmacies. PEPFAR Ukraine's initial PrEP rollout in COP 2018 focused heavily on MSM, and MSM will remain a key focus of continued PrEP scale-up (though PrEP will also be made available to all other high-risk groups, including PWID and serodiscordant couples). PEPFAR Ukraine will continue to bolster efforts to combat stigma and will support these efforts with a communications campaign focused on PrEP uptake and U=U.

### 4.5 Commodities

The GoU will continue to procure most of the national need for ARVs, rapid test kits (RTKs), laboratory reagents, consumables, and TB program commodities, with an estimated budget of $44 million. To complement this national investment, it is expected that the Global Fund will continue supporting limited ARV procurements, RTKs, drugs for opportunistic infections, and laboratory reagents.

Given the level of investment and commitment from the government, PEPFAR provides limited funding for procurement of commodities. In COP 2020, PEPFAR will procure rapid test kits, rapid recency tests, OraQuick self-tests, and hepatitis B, C, and syphilis tests to assist with case-finding in PEPFAR regions. PEPFAR Ukraine will procure PrEP to support scale-up to 6,000 total clients and will procure commodities to support BBS surveys of MSM and FSW in COP 2020, as well as commodities to support the rollout of LAM testing for TB.

In COP 2018 and 2019, PEPFAR Ukraine supported activities to strengthen forecasting, procurement, supply coordination, and logistics data management processes to ensure improved management of commodities. PEPFAR also continued support of the Central Procurement Agency (CPA), which has completed procurement of opportunistic infection drugs with Global Fund resources and is now expanding to take responsibility for a wider range of health product procurement with funding support from the Global Fund. In addition, PEPFAR Ukraine supported

innovative procurement solutions, including launch of a logistics public private partnership in Odesa oblast, which conducted efficient and transparent ARV distribution.

In COP 2020, PEPFAR Ukraine will continue supporting CPH's procurement programming, including through technical assistance and secondment of staff, to support forecasting and stock-management functionality. PEPFAR will also continue support to CPA as it diversifies its procurement instruments and takes on responsibility for ARV procurement. PEPFAR will support policy optimization to improve access to ARVs (with an initial focus on PrEP) via pharmacies and in the private sector and will expand the scope of public private partnerships launched in COP 2019. PEPFAR will also continue multilateral coordination in support of ARV optimization.

## 4.6 Collaboration, Integration and Monitoring

The PEPFAR Ukraine team has leveraged a strong interagency working relationship to ensure close coordination among USG agencies and their implementing partners, as well as with external stakeholders, including the Global Fund and its principal recipients, as well as UNAIDS, and WHO. PEPFAR-Ukraine technical resources are shared across agencies with significant cross-agency input into design and development of workplans. In addition, technical capacity is shared with the Global Fund and MOH, with USG-supported technical experts (both locally engaged staff and partner-supported experts) participating in the Global Fund's grant proposal development working groups and MOH technical working groups in Ukraine.

PEPFAR Ukraine has taken a holistic approach to monitoring and managing implementing partners to ensure fidelity to models and accelerated impact across the cascade. All PEPFAR agencies triangulate program and fiscal data to track partner progress and to flag issues with partner performance early. Partners who are struggling to meet program targets are provided intensive TA from PEPFAR Ukraine team members and HQ subject matter experts. Additionally, PEPFAR Ukraine has held several meetings over the past year for all partners working in a given program area to allow for sharing of best practices, support continued fidelity to proven models, and allow for brainstorming on innovations that could further improve progress towards 95-95-95. In cases where performance continues to lag, PEPFAR Ukraine reallocates resources across the implementing partner portfolio to ensure funding is aligned with performance. For additional partner management support, USAID has repurposed a health advisor staff position into a technical advisor position responsible for advising and monitoring all aspects of implementing partner performance across the cascade, with a particular focus on case-finding.

PEPFAR Ukraine will continue to improve quality and efficiencies of client-centered service delivery across the cascade by building on the CQI program developed for care and treatment. Alongside the treatment mentors, who play a pivotal role in guiding the CQI activities of the regional multi-disciplinary teams, PEPFAR Ukraine will introduce a team of testing mentors to provide site-level and regional TA and CQI for HTS, and laboratory mentors, who will strengthen the HIV laboratory

workforce and HIV laboratory strategies, while supporting adaptation of laboratory policy to the changing healthcare landscape.

To support integration of laboratory activities across the cascade, PEPFAR Ukraine will conduct a gap analysis to identify bottlenecks that limit access and coverage of VL testing as a result of the implementation of health reform (expected April 2020). In addition, PEPFAR will use the existing laboratory structure to support the expanded implementation of the WHO testing algorithm including rapid tests for HIV diagnosis. The SPI-point of care tool will be widely implemented to ensure continuous quality improvement at all testing sites. PEPFFAR will support the development of a pre-service training program revision to enhance the skills of the laboratory and testing staff at the central and regional laboratories and the cadre of personnel qualified to perform rapid tests.

PEPFAR will support community-led monitoring of testing and treatment services through a newly-established Small Grants program managed by the PEPFAR Coordination Office.

## 4.7 Targets by population

| Table 4.7.1 ART Targets by Prioritization for Epidemic Control | | | | | | |
|---|---|---|---|---|---|---|
| Prioritization Area | Total PLHIV | Expected current on ART (APR FY20) | Additional patients required for 80% ART coverage | Target current on ART (APR FY21) TX_CURR | Newly initiated (APR FY21) TX_NEW | ART Coverage (APR 21) |
| Scale-Up Aggressive | 146,964 | 94,995 | 22,576 | 113,776 | 21,099 | 77% |

| Table 4.7.3 Target Populations for Prevention Interventions to Facilitate Epidemic Control | | | |
|---|---|---|---|
| Target Populations | Population Size Estimate (SNUs) and disease burden | Coverage Goal (in FY21) | FY21 Target |
| PWID, KP_PREV | 221,000 | 45% | 99,051 |
| MSM, KP_PREV | 106,300 | 15% | 15,519 |
| People in prisons and other settings, KP_PREV | 30,555 | 32% | 9,658 |
| TOTAL | 357,855 | 35% | 124,228 |

| | | | Target # of active beneficiaries receiving support from PEPFAR OVC programs whose HIV status is known in program files (FY21 Target) OVC* |
|---|---|---|---|
| **Table 4.7.4 Targets for OVC and Linkages to HIV Services** | | | |
| **SNU** | **Estimated # of Orphans and Vulnerable Children** | **Target # of active OVC (FY21Target) OVC_SERV** | |
| Cherkasy | n/a | 73 | 27 |
| Chernihiv | n/a | 71 | 24 |
| Dnipropetrovsk | n/a | 160 | 79 |
| Kherson | n/a | 30 | 18 |
| Kirovohrad | n/a | 37 | 12 |
| Kyiv city | n/a | 52 | 12 |
| Kyiv oblast | n/a | 19 | 50 |
| Myokolayiv | n/a | 55 | 24 |
| Odesa | n/a | 142 | 39 |
| Poltava | n/a | 55 | 1 |
| **TOTAL** | **n/a** | **694** | **286** |

# 5.0 Program Support Necessary to Achieve Sustained Epidemic Control

Ukraine's COP 2020 above-site investments amount to $7,233,000, representing 19 percent of the total planned allocation. Five key system barriers represent the focus of above-site activities: (1) Commodity Insecurity; (2) Detection, linkage, and retention of KPs; (3) New and efficient service delivery models; (4) Test and Start; and (5) Other system investments. These priority activities complement major ongoing
health systems (financing, eHealth, procurement) reforms in Ukraine and reflect strong stakeholder consensus.

**5.1 Health commodities insecurity**

Heath commodities insecurity has improved significantly since the GoU has stepped up its commitment to fund ARV procurement out of the state budget. In COP 2020 the GoU is not requesting PEPFAR support for ARVs due to government commitment and cost efficiencies achieved from better ART regimens. PEPFAR Ukraine will assist with the procurement of PrEP commodities to ensure ambitious PrEP_CURR targets of 6,000 for COP 2020 are met.

The GOU has requested technical assistance to build programmatic and managerial capacities for health procurement and supply chain. In COP 2020, PEPFAR Ukraine will continue technical assistance the MOH's Central Procurement Agency (CPA) and the regions, in order to: secure

transparent, efficient, and cost-effective procurement of ARVs, MAT, and testing commodities; ensure successful transition of HIV/TB commodity procurements from international organizations to the CPA; and foster CPA interactions with sub-national procurement entities. In addition, technical assistance will be provided to expand public-private partnership to improve the supply chain, and to develop an end-to-end Logistics Information System (E2E LMIS) that will serve as a harmonization mechanism to connect different areas for effective supply chain management.

PEPFAR Ukraine will also support optimization of health care costs, including the cost of HIV, OI, TB and Hepatitis C medicines, with more and better-quality generic drugs using modern health reforms policy mechanisms, such as " Health Technology Assessment and central and regional procurements by CPA and regional health care facilities. Finally, PEPFAR Ukraine will partner with nine local NGOS to assist with supply chain management in prison settings.

## 5.2 HIV case detection, testing, linkage, and retention

PEPFAR Ukraine continues to increase efficient and targeted testing coverage by working collaboratively with the GoU to expand HIV case detection, testing and linkage of PWID and MSM key population groups to essential HIV services in the 12 PEPFAR regions. COP 2020 will focus on continued support of tailored PITC approaches in health care facilities, continuing expansion of index testing at both community and facility levels - including in all penal settings in the 12 PEPFAR regions. In COP 20,  KP social network recruitment will also be expanded to support case finding, testing, treatment linkage and ART initiation for HIV positive clients, and the  provision of provision of PrEP for high-risk HIV negative clients. As PEPFAR Ukraine continues with index testing implementation in COP 20, special focus will be made on protecting clients' rights and providing index testing services in a voluntary, non-coercive manner.

The GoU has adopted innovative service delivery models including differentiated services and dispensing 3-6 month supplies of ART. PEPFAR Ukraine will continue to support the GoU in educating providers on these revised polices by conducting round tables with regional health authorities to eliminate barriers for ART optimization, MMD and TPT. PEPFAR will also support the development of a training curricula on ART optimization, HIV advanced disease management and CNS/OI management. The development of improved adherence activities as part of the comprehensive retention package will improve adherence and decrease loss to follow-up. Also, in COP 2020 PEPFAR Ukraine will implement a communication strategy in 12 PEPFAR regions to increase demand for HIV testing and treatment services among KP and PLHIV with a focus on U=U and PrEP.

PEPFAR Ukraine has been expanding services in penal settings as part of COP 2019.  In COP 2020, PEPFAR Ukraine will ensure that HIV MIS is routinely used in penal settings in 12 PEPFAR regions. Ensuring high quality data entry and reporting will facilitate better real-time monitoring of the quality of care.

PEPFAR Ukraine will also address demographic data gaps by developing regional geographically-specific KP profiles through the triangulation of programmatic and epidemiologic data including the BBS for MSW and FSW and surveillance information. PEPFAR will conduct CQI for laboratories performing HIV testing adopted as a routine practice and for the accreditation for leading laboratories (Kyiv city, Kryvyi Rig, Cherkasy)

### 5.3 Test and start

With PEPFAR support, the CPH has developed an ART optimization strategy including test and start and is working with the regions to build their requests for state-funded ART procurements around optimized ART regimens. Ukraine will need continued support in implementation of the WHO HIV Comprehensive Treatment Guidelines. HHS/CDC will work with partners to develop regional patient pathways, based on WHO recommendations for improvement of linkage to ART and same day ART initiation. To develop tailored plans, PEPFAR partners will conduct a regional level gap analysis and local remediation plans to improve patient-centered care.

### 5.4 Other system investments

PEPFAR will invest in other critical systems which pose major obstacles for Ukraine's success in meeting the ambitious COP 2020 targets.  PEPFAR will support HIV MIS integration with other digitized healthcare platforms. Development and implementation of new modules and functionalities in HIV MIS will be sustained to enable its interoperability with other disease specific electronic systems.

Healthcare providers will be taught to analyze HIV MIS depersonalized data for decision-making. To streamline reporting, PEPFAR Ukraine will provide support to HIV MIS to replace paper-based reporting with electronic reporting and to improve reporting quality.  DQAs will be expanded to ensure good quality of all important social and demographic variables in HIV MIS. PEPFAR will work to ensure HIV MIS interoperability with laboratory information system (LIS) and its sustainability. HIV MIS will be transferred to the GoU ownership and official policies on HIV MIS use will be developed and adopted.

PEPFAR Ukraine will support development of a pan to improve mortality surveillance as well as plans for the development of HIV incidence and case-based surveillance systems.

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

# 6.0 USG Operations and Staffing Plan to Achieve Stated Goals

In COP 2020, PEPFAR Ukraine reduced its Cost of Doing Business Budget (CODB) by 6 percent and has redirected resources to PEPFAR-funded implementing partners to intensify case-finding and linkage to ART activities.

No significant staff changes are planned during COP 2020. The arrival of a PEPFAR Coordinator in FY 2019 relieved the pressure on agency leads, who were previously jointly managing all interagency processes.

Two HHS/CDC positions were repurposed during FY 2020 to meet the programmatic needs of COP 2020: a KP Specialist (focused on testing, linkage, and retention), and an HIV Prevention Specialist (focused on PWID prevention). With broader health reform efforts covered by USAID's anti-corruption and governance programs, USAID has repurposed a Health Reform Specialist Personal Services Contractor (PSC) position into an HIV/AIDS Technical Adviser PSC position to focus on HIV case-finding priorities.  For similar reasons, USAID has also transferred a Senior Program Management Specialist to non-PEPFAR funding.

Following the temporary worldwide suspension of Peace Corps volunteer operations in March 2020 due to the COVID-19 pandemic in Ukraine, Peace Corps Ukraine is adapting programming in line with PEPFAR Technical Guidance to continue to support orphans and vulnerable children and contribute to PEPFAR Ukraine prevention, testing, and treatment activities for KPs and PLHIV.  As Peace Corps Ukraine has broadened support for PEPFAR interventions across the cascade, Peace Corps Ukraine hired one new KP Specialist in FY 2019 which helped Peace Corps expand from its focus on OVC to a broader focus on other vulnerable groups.  Since the Peace Corps program in Ukraine is continuing to expand both OVC and KP-related projects, there is a need for an additional Technical Support Coordinator in COP 2020. Thus, one new PC PEPFAR-funded position is expected to be added in COP 2020 to align with PEPFAR program priorities.

PEPFAR staff will participate in their regular SIMS visits per the approved SIMS plan for COP 2020. PEPFAR staff together with PEPFAR-funded implementing partners will monitor site level program requirements for linkage, retention, and client centered services. The Peace Corps program will intensify its focus on expanding outreach to PWID, HIV testing and ART-demand creation, Key Population Investment Fund (KPIF)-supported optimized case finding, testing, and treatment retention activities, and local trainings for medical personnel on index testing, anti-stigma, and motivational interviewing. In relation to work with MSM, the Peace Corps program will focus on continued support for MSM communities; increased outreach, testing, Prep and ART-demand creation through such activities as leadership academies, social media communication strategy development, trainings for friendly doctors, and roundtables with community stakeholders.

# APPENDIX A -- PRIORITIZATION

## Continuous Nature of SNU Prioritization to Reach Epidemic Control

### Table A.1

| SNU | COP | Prioritization | Results | <1 F | <1 M | 1-4 F | 1-4 M | 5-9 F | 5-9 M | 10-14 F | 10-14 M | 15-19 F | 15-19 M | 20-24 F | 20-24 M | 25-29 F | 25-29 M | 30-34 F | 30-34 M | 35-39 F | 35-39 M | 40-44 F | 40-44 M | 45-49 F | 45-49 M | 50+ F | 50+ M | Overall TX Coverage |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Cherkasy | COP17 | Scale-Up: Aggressive | APR18 | 0% | 0% | 100% | 69% | 100% | 67% | 100% | 100% | 100% | 93% | 90% | 20% | 65% | 20% | 72% | 30% | 67% | 47% | 54% | 45% | 60% | 45% | 47% | 20% | 46% |
| | COP18 | Scale-Up: Aggressive | APR19 | 0% | 0% | 25% | 33% | 100% | 57% | 100% | 100% | 100% | 100% | 100% | 23% | 64% | 21% | 70% | 29% | 73% | 52% | 67% | 55% | 73% | 53% | 59% | 26% | 52% |
| | COP19 | Scale-Up: Aggressive | FY20Q1 | 0% | 0% | 25% | 33% | 100% | 57% | 100% | 100% | 100% | 100% | 100% | 24% | 61% | 25% | 70% | 34% | 74% | 55% | 74% | 61% | 78% | 57% | 62% | 31% | 56% |
| Chernihiv | COP17 | Scale-Up: Aggressive | APR18 | 60% | 40% | 99% | 59% | 85% | 57% | 100% | 100% | 57% | 50% | 56% | 11% | 39% | 19% | 52% | 26% | 47% | 56% | 41% | 46% | 46% | 46% | 29% | 22% | 41% |
| | COP18 | Scale-Up: Aggressive | APR19 | 100% | 0% | 25% | 0% | 100% | 93% | 100% | 100% | 100% | 67% | 65% | 12% | 45% | 19% | 53% | 27% | 59% | 65% | 51% | 67% | 57% | 50% | 43% | 32% | 50% |
| | COP19 | Scale-Up: Aggressive | FY20Q1 | 100% | 0% | 25% | 11% | 100% | 86% | 100% | 100% | 93% | 67% | 61% | 14% | 45% | 20% | 55% | 29% | 62% | 66% | 54% | 74% | 64% | 56% | 48% | 33% | 53% |
| Dnipropetrovsk | COP17 | Scale-Up: Aggressive | APR18 | 43% | 25% | 89% | 55% | 82% | 51% | 100% | 100% | 100% | 100% | 47% | 16% | 37% | 14% | 40% | 22% | 48% | 33% | 58% | 44% | 64% | 44% | 71% | 38% | 42% |
| | COP18 | Scale-Up: Aggressive | APR19 | 43% | 38% | 53% | 56% | 86% | 70% | 100% | 100% | 100% | 100% | 51% | 22% | 37% | 15% | 43% | 26% | 54% | 37% | 64% | 52% | 81% | 55% | 90% | 48% | 49% |
| | COP19 | Scale-Up: Aggressive | FY20Q1 | 57% | 50% | 51% | 60% | 81% | 72% | 100% | 100% | 100% | 100% | 49% | 26% | 38% | 19% | 44% | 29% | 57% | 42% | 68% | 57% | 84% | 61% | 96% | 51% | 53% |
| Donetsk | COP17 | Scale-Up: Aggressive | APR18 | 100% | 77% | 100% | 97% | 100% | 87% | 100% | 100% | 100% | 100% | 49% | 30% | 52% | 29% | 47% | 39% | 60% | 59% | 59% | 95% | 66% | 96% | 48% | 45% | 59% |
| | COP18 | Scale-Up: Aggressive | APR19 | 67% | 68% | 100% | 52% | 100% | 80% | 100% | 100% | 100% | 100% | 55% | 34% | 38% | 30% | 54% | 43% | 62% | 66% | 69% | 93% | 76% | 100% | 67% | 63% | 65% |
| | COP19 | Scale-Up: Aggressive | FY20Q1 | 67% | 0% | 75% | 52% | 100% | 77% | 100% | 100% | 100% | 100% | 54% | 39% | 36% | 32% | 54% | 48% | 63% | 70% | 72% | 97% | 78% | 100% | 70% | 67% | 68% |
| Kherson | COP17 | Scale-Up: Aggressive | APR18 | 100% | 80% | 100% | 100% | 100% | 90% | 100% | 100% | 100% | 100% | 49% | 28% | 52% | 26% | 47% | 35% | 60% | 53% | 59% | 86% | 66% | 87% | 48% | 41% | 57% |
| | COP18 | Scale-Up: Aggressive | APR19 | 100% | 100% | 100% | 57% | 100% | 100% | 100% | 100% | 100% | 100% | 51% | 33% | 47% | 27% | 53% | 40% | 66% | 57% | 78% | 100% | 81% | 93% | 62% | 54% | 66% |
| | COP19 | Scale-Up: Aggressive | FY20Q1 | 100% | 100% | 100% | 57% | 100% | 100% | 100% | 100% | 100% | 100% | 63% | 53% | 47% | 41% | 53% | 50% | 66% | 68% | 79% | 100% | 87% | 100% | 65% | 61% | 72% |
| Kirovohrad | COP17 | Scale-Up: Aggressive | APR18 | 0% | 0% | 100% | 100% | 100% | 100% | 100% | 100% | 79% | 89% | 63% | 16% | 41% | 26% | 40% | 37% | 35% | 46% | 26% | 37% | 30% | 37% | 25% | 26% | 36% |
| | COP18 | Scale-Up: Aggressive | APR19 | 0% | 0% | 100% | 71% | 100% | 100% | 100% | 100% | 93% | 100% | 44% | 23% | 43% | 26% | 40% | 41% | 46% | 53% | 35% | 57% | 36% | 46% | 36% | 35% | 44% |
| | COP19 | Scale-Up: Aggressive | FY20Q1 | 0% | 0% | 100% | 86% | 100% | 100% | 100% | 100% | 100% | 100% | 53% | 26% | 43% | 37% | 41% | 48% | 48% | 63% | 41% | 66% | 40% | 50% | 36% | 39% | 48% |
| Kyiv city | COP17 | Scale-Up: Aggressive | APR18 | 15% | 10% | 67% | 41% | 63% | 40% | 100% | 100% | 54% | 68% | 35% | 88% | 36% | 40% | 58% | 42% | 64% | 68% | 42% | 53% | 47% | 53% | 30% | 25% | 49% |
| | COP18 | Scale-Up: Aggressive | APR19 | 0% | 25% | 36% | 37% | 60% | 36% | 100% | 100% | 81% | 83% | 49% | 94% | 34% | 46% | 53% | 44% | 74% | 68% | 58% | 77% | 55% | 52% | 38% | 31% | 55% |
| | COP19 | Scale-Up: Aggressive | FY20Q1 | 25% | 25% | 36% | 22% | 53% | 43% | 100% | 100% | 86% | 88% | 47% | 96% | 34% | 48% | 53% | 45% | 76% | 70% | 62% | 82% | 58% | 57% | 43% | 34% | 58% |
| Kyiv oblast | COP17 | Scale-Up: Aggressive | APR18 | 90% | 60% | 100% | 93% | 100% | 85% | 89% | 100% | 100% | 100% | 74% | 37% | 53% | 29% | 54% | 43% | 49% | 64% | 33% | 50% | 37% | 51% | 30% | 21% | 46% |
| | COP18 | Scale-Up: Aggressive | APR19 | 50% | 100% | 100% | 43% | 100% | 100% | 100% | 100% | 100% | 100% | 58% | 35% | 45% | 24% | 53% | 42% | 57% | 69% | 45% | 71% | 45% | 49% | 38% | 30% | 51% |
| | COP19 | Scale-Up: Aggressive | FY20Q1 | 50% | 50% | 100% | 50% | 100% | 100% | 100% | 100% | 100% | 100% | 62% | 35% | 44% | 27% | 54% | 45% | 59% | 74% | 49% | 76% | 47% | 54% | 41% | 31% | 54% |
| Mykolayiv | COP17 | Scale-Up: Aggressive | APR18 | 60% | 40% | 100% | 86% | 100% | 78% | 100% | 100% | 100% | 100% | 65% | 30% | 46% | 16% | 55% | 25% | 65% | 48% | 75% | 80% | 84% | 80% | 74% | 50% | 59% |
| | COP18 | Scale-Up: Aggressive | APR19 | 0% | 0% | 85% | 50% | 100% | 100% | 100% | 100% | 100% | 100% | 68% | 27% | 41% | 18% | 52% | 23% | 70% | 47% | 84% | 82% | 97% | 94% | 92% | 58% | 64% |
| | COP19 | Scale-Up: Aggressive | FY20Q1 | 100% | 50% | 77% | 57% | 100% | 100% | 100% | 100% | 100% | 100% | 66% | 38% | 40% | 20% | 54% | 28% | 73% | 50% | 86% | 89% | 100% | 100% | 97% | 61% | 67% |
| Odesa | COP17 | Scale-Up: Aggressive | APR18 | 100% | 100% | 100% | 89% | 100% | 83% | 100% | 100% | 100% | 79% | 87% | 35% | 60% | 29% | 54% | 27% | 59% | 35% | 64% | 52% | 71% | 52% | 80% | 45% | 52% |
| | COP18 | Scale-Up: Aggressive | APR19 | 20% | 60% | 97% | 76% | 100% | 87% | 100% | 100% | 100% | 100% | 86% | 50% | 54% | 32% | 55% | 31% | 70% | 40% | 76% | 56% | 96% | 67% | 97% | 51% | 59% |
| | COP19 | Scale-Up: Aggressive | FY20Q1 | 20% | 60% | 87% | 88% | 96% | 96% | 100% | 100% | 100% | 100% | 98% | 54% | 57% | 36% | 57% | 35% | 74% | 46% | 82% | 61% | 100% | 75% | 100% | 56% | 64% |
| Poltava | COP17 | Scale-Up: Aggressive | APR18 | 60% | 40% | 100% | 69% | 94% | 62% | 100% | 78% | 100% | 100% | 66% | 19% | 49% | 19% | 59% | 28% | 65% | 51% | 61% | 65% | 68% | 65% | 48% | 34% | 52% |
| | COP18 | Scale-Up: Aggressive | APR19 | 100% | 0% | 67% | 100% | 50% | 100% | 100% | 100% | 100% | 100% | 68% | 21% | 49% | 23% | 57% | 28% | 76% | 54% | 75% | 80% | 92% | 73% | 65% | 46% | 60% |
| | COP19 | Scale-Up: Aggressive | FY20Q1 | 100% | 0% | 67% | 50% | 100% | 100% | 100% | 100% | 100% | 100% | 75% | 21% | 52% | 26% | 61% | 32% | 80% | 57% | 82% | 86% | 100% | 80% | 70% | 48% | 65% |
| Zaporizhzhia | COP17 | Scale-Up: Aggressive | APR18 | 60% | 40% | 100% | 59% | 85% | 57% | 100% | 100% | 100% | 100% | 62% | 49% | 46% | 42% | 58% | 60% | 53% | 85% | 60% | 100% | 67% | 100% | 52% | 63% | 67% |
| | COP18 | Scale-Up: Aggressive | APR19 | 0% | 100% | 100% | 29% | 64% | 55% | 100% | 100% | 93% | 100% | 67% | 71% | 48% | 43% | 56% | 64% | 66% | 85% | 74% | 100% | 79% | 100% | 66% | 77% | 76% |
| | COP19 | Scale-Up: Aggressive | FY20Q1 | 0% | 0% | 100% | 29% | 82% | 55% | 100% | 100% | 100% | 100% | 59% | 83% | 47% | 58% | 55% | 72% | 68% | 95% | 77% | 100% | 81% | 100% | 69% | 84% | 81% |

# APPENDIX B – Budget Profile and Resource Projections

**1. COP20 Planned Spending in alignment with planning level letter guidance**

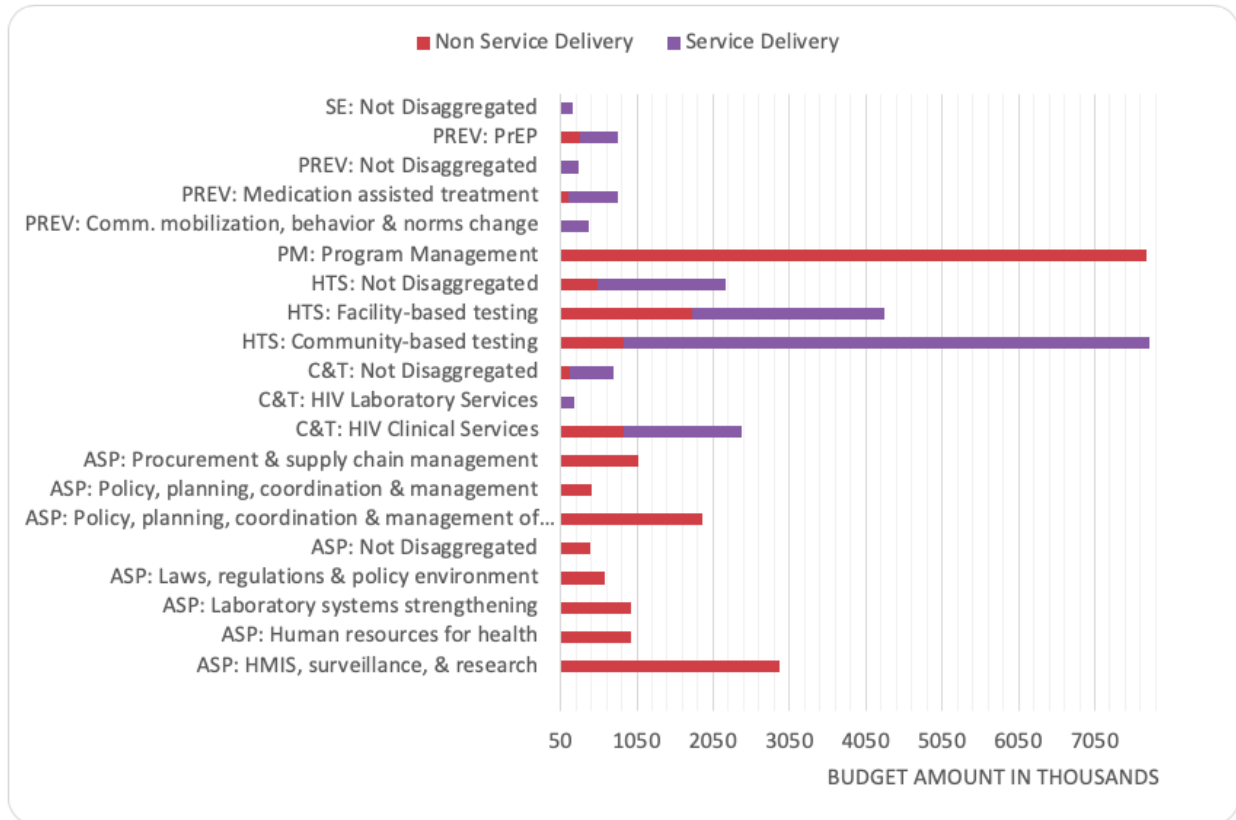**Table B.1.1 COP20 Budget by Program Area**



**Table B.1.2 COP20 Total Planning Level**

| Table B.1.2 COP20 Total Planning Level | | |
|---|---|---|
| **Applied Pipeline** | **New Funding** | **Total Spend** |
| $6,212,969 | $31,091,004 | $37,303,973 |

| Table B.1.3 Resource Allocation by PEPFAR Budget Code (new funds only) | | |
|---|---|---:|
| **PEPFAR Budget Code** | **Budget Code Description** | **Amount Allocated** |
| MTCT | Mother to Child Transmission | - |
| HVAB/Y | Abstinence/Be Faithful Prevention/Youth | - |
| HVOP | Other Sexual Prevention | $ 941,052 |
| IDUP | Injecting and Non-Injecting Drug Use | $ 1,054,535 |
| HMBL | Blood Safety | - |
| HMIN | Injection Safety | - |
| CIRC | Male Circumcision | - |
| HVCT | Counseling and Testing | $ 13,617,158 |
| HBHC | Adult Care and Support | $ 54,000 |
| PDCS | Pediatric Care and Support | - |
| HKID | Orphans and Vulnerable Children | $ 216,000 |
| HTXS | Adult Treatment | $ 3,565,443 |
| HTXD | ARV Drugs | - |
| PDTX | Pediatric Treatment | - |
| HVTB | TB/HIV Care | - |
| HLAB | Lab | $ 1,125,083 |
| HVSI | Strategic Information | $ 3,025,648 |
| OHSS | Health Systems Strengthening | $ 6,444,184 |
| HVMS | Management and Operations | $ 1,047,899 |
| **TOTAL** | | $ 31,091,002 |

**B.2 Resource Projections**

The great majority of programmatic resources are allocated to case-finding, with a focus on accelerating progress on the first 95 to facilitate rapid ART scale-up. The second largest amount is allocated to the Health System Strengthening above site activities, as one of the key priorities of PEPFAR program is to ensure that Ukraine Health System supports the sustainability of the HIV response in Ukraine. The third largest share is allocated to support patient-centered treatment and retention activities: the fact that the GoU has primary responsibility for treatment costs and ARV procurement means that PEPFAR investment in this area is directed primarily at quality improvement and client support.

# APPENDIX C – Tables and Systems Investments for Section 5.0

## Table C.1.1 Ukraine COP 20 Table 6-E

| Funding Agency | MechName | PrimePartner | COP20 Program Area | COP20 Beneficiary | COP20 Activity Description | COP20 Activity Category | Key Systems Barrier | Intervention Start | Intervention End | COP20 Benchmark |
|---|---|---|---|---|---|---|---|---|---|---|
| HHS/CDC | NPHC/UCDC Care and Treatment | TSENTR GROMADSKOGO ZDOROV'YA MINISTERSTVA OKHORONY | ASP: Human resources for health-NSD | Non-Targeted Pop: Not disaggregated | Support of regional CQI MDTs | HRH recruitment and retention | Other system investments | COP19 | COP21 | 360 monitoring visits by regional CQI MDTs conducted<br><br>180 regional meetings with physicians of ART sites conducted |
| HHS/CDC | NPHC/UCDC Care and Treatment | TSENTR GROMADSKOGO ZDOROV'YA MINISTERSTVA OKHORONY ZDOROV'YA UKRAINY, UCH | ASP: Laws, regulations & policy environment-NSD | Non-Targeted Pop: Not disaggregated | 1) Development of enabling policy environment: to ensure MMD, ART optimisation,TLD transition and TPT | Information and sensitization for public and government officials | New & efficient service delivery models | COP18 | COP21 | 1) Policy which recommends MMD (6-12 months) approved and implemented 2) On TLD regimens - 70% of patients, endorsement TLE 400, Minimal number of patients on PIs and AZT regimens less than 5% patients 3) Endorsement of 3HP /1HP regimens for TPT |
| HHS/CDC | NPHC/UCDC Care and Treatment | TSENTR GROMADSKOGO ZDOROV'YA MINISTERSTVA OKHORONY ZDOROV'YA UKRAINY, UCH | ASP: HMIS, surveillance, & research-NSD | Non-Targeted Pop: Not disaggregated | HIV MIS support and development | HMIS systems | Other system investments | COP18 | COP21 | 1) Policy to ensure HIV MIS official use developed 2) Switch from paper based reporting to electronic HIV MIS implemented 3) PHC order to implement HIV MIS updates developed 4) HIV MIS technical support team functioning |
| HHS/CDC | NPHC/UCDC Care and Treatment | TSENTR GROMADSKOGO ZDOROV'YA MINISTERSTVA OKHORONY ZDOROV'YA UKRAINY, UCH | ASP: Laws, regulations & policy environment-NSD | Non-Targeted Pop: Not disaggregated | DQA for MER indicators Case based reporting system development<br><br>Mortality reporting | Information and sensitization for public and government officials | Other system investments | COP18 | COP21 | DQA plan planned for all key social demographic variables developed Policy on case based surveillance adopted<br><br>Mortality reporting improvement in HIV MIS |
| HHS/CDC | Follow on WHO | World Health Organization | ASP: Human resources for health-NSD | Non-Targeted Pop: Not disaggregated | Advocacy of new WHO recommendations related to HIV testing, treatment and prevention and patients centered services | HRH recruitment and retention | Other system investments | COP18 | COP21 | Development of regional patient pathways templates, based on WHO recommendations for linkage to ART sites improvement<br><br>Development of regional patient pathways templates, based on WHO recommendations for time to ART initiation improvement Improvement of HIV testing and linkage at the regional level, to ensure all eligible tested, new HIV positive linked to treatment<br><br>Regional level gap analysis, remediation plans on improvement of patient-centered approach development Meetings with regional Health administrations on barriers for ART scale up elimination |
| HHS/CDC | Follow on WHO | World Health Organization | ASP: Laboratory systems strengthening-NSD | Non-Targeted Pop: Not disaggregated | Advocacy of laboratory strategies development and public health laboratory networks capacity building | Lab quality improvement and assurance | Detection, linkage, retention of KPs | COP18 | COP21 | 1) Lab network structure gap analysis and recommendations for optimisation 2) Mapping of lab services availability at the regional level 3) Advocacy and mentoring visits for HIV RT Algorithm validation 4) Advocacy and meetings with MOH and regional health administrations on development policies for Lab network CQI and HIV RTCQI and RT site certification |
| HHS/CDC | Follow on WHO | World Health Organization | ASP: Not Disaggregated-NSD | Non-Targeted Pop: Not disaggregated | Continue support of National PrEP strategy to decrease the number of new infections | Information and sensitization for public and government officials | Other system investments | COP18 | COP21 | Strategy for comprehensive PrEP scale up implemented<br><br>Strategy for PrEP on demand implemented |
| HHS/CDC | Follow on WHO | World Health Organization | ASP: Laws, regulations & policy environment-NSD | Non-Targeted Pop: Not disaggregated | Advocacy for MMD, ART optimisation, TPT, 3HP | Assessing impact of policies and regulations on HIV | Other system investments | COP18 | COP21 | MMD, ART optimisation/TLD transition, TPT scale up, 3HP |

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| HHS/CDC | Alliance MAT | Alyans Gromaskogo Zdorovia,MBF | ASP: Policy, planning, coordination & management of disease control programs-NSD | Key Pops: People who inject drugs | 1) Support advocacy for the revision of the National MAT scale up plan<br>2) Coordinate removal of the barriers preventing MAT initiation for eligible patients within 2 days<br>3) Support implementation of the monitoring system for key quality indicators for Quality improvement<br>4) Contribute into MAT strategic planning<br>5) Support better access to MAT for hard to reach population in Dnipropetrovsk oblast.<br>6) Coordinate quick linkage of HIV positive MAT patients to ART within 7 days | Information and sensitization for public and government officials | Detection, linkage, retention of KPs | COP19 | COP20 | 1) NA<br>2) NA<br>3) NA<br>4) NA<br>5) NA<br>6) NA |
| HHS/CDC | Alliance MAT | Alyans Gromaskogo Zdorovia,MBF | ASP: Laws, regulations & policy environment-NSD | Key Pops: People who inject drugs | Update MAT clinical guidelines or patients' pathways | Assessing impact of policies and regulations on HIV | Detection, linkage, retention of KPs | COP19 | COP20 | NA |
| HHS/CDC | Follow On Network ACCESS | CO 100 PERCENT LIFE | ASP: HMIS, surveillance, & research-NSD | Non-Targeted Pop: Not disaggregated | 1) Support development of new modules and/or functionalities in HIV MIS<br>2) Maintain and ensure security of the central HIV MIS data repositories<br>3) Support HIV MIS transition to address emerging needs of healthcare reform<br>4) Support HIV MIS interoperability with eHealth and other MISes<br>5) Support HIV MIS DQA system in PEPFAR priority regions<br>6) Provide trainings on HIV MIS data analysis and use for decision making | | Detection, linkage, retention of KPs | COP19 | COP20 | 1) 1<br>2) 1<br>3) Y<br>4) Y<br>5) 12<br>6) 4 |
| HHS/CDC | Follow On Network ACCESS | CO 100 PERCENT LIFE | ASP: Laboratory systems strengthening-NSD | Non-Targeted Pop: Not disaggregated | 1) Oversight and technical assistance for LIMS implementation at the National level<br>2) Support LIMS interoperability with HIV MIS and eHealth<br>3) TA visits to support LIMS implementation | Laboratory infrastructure | Other system investments | COP19 | COP20 | 1) Y<br>2) Y<br>3) 2 |
| HHS/CDC | NPHC/UCDC Epi/Surv/QI | TSENTR GROMADSKOGO | ASP: HMIS, surveillance, & research-NSD | Non-Targeted Pop: Not disaggregated | Provide support for IBBS | Surveillance | Detection, linkage, retention of KPs | COP20 | COP20 | NA |
| HHS/CDC | NPHC/UCDC Epi/Surv/QI | TSENTR GROMADSKOGO ZDOROV'YA | ASP: HMIS, surveillance, & research-NSD | Non-Targeted Pop: Not disaggregated | Provide support for mortality surveillance | Surveillance | Detection, linkage, retention of KPs | COP20 | COP20 | NA |
| HHS/CDC | NPHC/UCDC Epi/Surv/QI | TSENTR GROMADSKOGO ZDOROV'YA | ASP: HMIS, surveillance, & research-NSD | Non-Targeted Pop: Not disaggregated | Support implementation of HIV incidence surveillance | Surveillance | Detection, linkage, retention of KPs | COP20 | COP20 | NA |
| HHS/CDC | NPHC/UCDC Epi/Surv/QI | TSENTR GROMADSKOGO ZDOROV'YA MINISTERSTVA | ASP: Policy, planning, coordination & management of disease control programs-NSD | Non-Targeted Pop: Not disaggregated | Support implementation of the MOH Order #180 | Assessing impact of policies and regulations on HIV | Detection, linkage, retention of KPs | COP20 | COP20 | NA |
| HHS/CDC | NPHC/UCDC Epi/Surv/QI | TSENTR GROMADSKOGO ZDOROV'YA MINISTERSTVA OKHORONY ZDOROV'YA UKRAINY, UCH | ASP: Policy, planning, coordination & management of disease control programs-NSD | Non-Targeted Pop: Not disaggregated | 1) Support for implementation of the MOH laboratory optimization strategy<br>2) HIV RT algorithm validation data management<br>3) Support development of the policies on RT site certification<br>4) Support implementation of the policies on RT site certification | Assessing impact of policies and regulations on HIV | Detection, linkage, retention of KPs | COP18 | COP20 | 1) NA<br>2) NA<br>3) NA<br>4) NA |
| HHS/CDC | NPHC/UCDC Epi/Surv/QI | TSENTR GROMADSKOGO ZDOROV'YA MINISTERSTVA OKHORONY ZDOROV'YA | ASP: Laboratory systems strengthening-NSD | Non-Targeted Pop: Not disaggregated | 1) Organize stepwise mentoring process to improve the SPI-RT/RTQ of HIV rapid testing sites<br>2) Support DTS EQA production and PT program for HIV testing sites at 12 oblast | Lab quality improvement and assurance | Test & Start | COP20 | COP20 | 1) Y<br>2) Y |
| HHS/CDC | NPHC/UCDC Epi/Surv/QI | TSENTR GROMADSKOGO ZDOROV'YA MINISTERSTVA OKHORONY ZDOROV'YA UKRAINY, UCH | ASP: Human resources for health-NSD | Non-Targeted Pop: Not disaggregated | 1) Support development of educational curricula for laboratory specialists containing best practices on HIV testing, Lab QMS and lab biosafety<br>2) Support education and certification program for laboratory specialists to build their capacities in line with best practices on HIV testing, Lab QMS and lab biosafety | HRH recruitment and retention | Detection, linkage, retention of KPs | COP20 | COP20 | 1) Y<br>2) Y |
| HHS/CDC | Follow On Network ACCESS | CO 100 PERCENT LIFE | ASP: Policy, planning, coordination & management-NSD | Non-Targeted Pop: Not disaggregated | Leveraging existing HIV MIS and data flows btw other information systems<br><br>Development of the exchange platform btw other information systems to ensure data exchange information of individual-level patient data across points of testing, HIV treatment, clinical monitoring of treatment | Information and sensitization for public and government officials | Other system investments | COP20 | COP21 | Site level implementation of exchange platform in one PEPFAR region |

| Agency | Prime Partner | Sub Partner | ASP Category | Targeted Pop | Activity Description | Col7 | Col8 | COP | COP | Narrative |
|---|---|---|---|---|---|---|---|---|---|---|
| HHS/HRSA | ITECH | UNIVERSITY OF WASHINGTON | ASP: Human resources for health-NSD | Non-Targeted Pop: Not disaggregated | Index testing improvement nationally and at 39 high volume sites. Capacity building for national and regional health care providers | HRH recruitment and retention | Detection, linkage, retention of KPs | COP18 | COP20 | TWG in collaboration with PHC on index testing conducted, training package updated. Index testing SOPs updated. Trainings and training packages on: ART optimization, HIV advance disease management, CNS OI training packages updated. Update of National HIV Handbook based on updated WHO recommendations. SOP for PrEP initiation for HIV negative index partners developed |
| HHS/HRSA | ITECH | UNIVERSITY OF WASHINGTON | ASP: Laboratory systems strengthening-NSD | Non-Targeted Pop: Not disaggregated | CQI for laboratories and testing services strengthening at 39 high volume sites | Lab quality improvement and assurance | Detection, linkage, retention of KPs | COP20 | COP20 | SPI-RT/RTQ assessments at all involved testing sites. Accreditation support for leading laboratories (Kyiv city, Kryvyi Rig, Cherkasy) |
| USAID | Serving Life | PATH | ASP: Policy, planning, coordination & management of disease control programs-NSD | Non-Targeted Pop: Not disaggregated | Workshops for local administration and participating NGOs to identify local funds and the appropriate social contracting mechanism for NGOs to provide package of care for people in conflict with law | Assessing impact of policies and regulations on HIV | Commodity insecurity | COP18 | COP20 | Nine local administrations dedicate funds and develop social contracts with 9 NGOs to provide HIV, TB, HCV-related health care and social support services for people in conflict with the law |
| USAID | Serving Life | PATH | ASP: HMIS, surveillance, & research-NSD | Non-Targeted Pop: Not disaggregated | Technical assistance to the Ministry of Justice on data quality assurance and improvement of HIV MIS in prisons | HMIS systems | Detection, linkage, retention of KPs | COP20 | COP21 | 95% of penal facilities enter high-quality data in HIV MIS program, including data accuracy, comprehensiveness, reliability, timeliness, etc. |
| USAID | Serving Life | PATH | ASP: Policy, planning, coordination & management of disease control programs-NSD | Non-Targeted Pop: Not disaggregated | Capacity building of health care and non-health care staff, and NGO social workers working in penal, probation settings and communities to accelerate HIV case identification and scale-up ICT and MAT implementation in prisons and project probation centers as well as communities in 12 PEPFAR regions | Assessing impact of policies and regulations on HIV | Detection, linkage, retention of KPs | COP19 | COP20 | HIV testing and Index Case Testing (ICT) are accelerated among key populations (e.g., PWID, MSM, etc) in communities in 12 PEPFAR regions. Routinely implement ICT for HIV-positive detainees, prisoners and people on probation in 12 PEPFAR regions. MAT is accessable for those on probation as well as in ten prison settings, including Bucha Prison Colony #85. Prisoners will be linked to MAT resources in the civil sector upon release |
| USAID | Serving Life | PATH | ASP: Policy, planning, coordination & management of disease control programs-NSD | Non-Targeted Pop: Not disaggregated | Capacity building of health care staff and NGO social workers to implement supervision of ICT quality and motivational interviewing skills in penal, probation settings, and communities | Assessing impact of policies and regulations on HIV | Detection, linkage, retention of KPs | COP20 | COP21 | 90% of HIV-positive index clients agree to partner notification services and 80% of index contacts agree to HIV testing in penal, probation settings, and communities in 12 PEPFAR regions |
| USAID | Serving Life | PATH | ASP: Policy, planning, coordination & management of disease control programs-NSD | Non-Targeted Pop: Not disaggregated | Capacity building of health and non-health care staff working in penal, probation settings and communities to be able to better motivate detainees, prisoners, people on probation, key populations in communities and their index partners for early HIV detection, treatment, improved adherence, retention in care | Assessing impact of policies and regulations on HIV | New & efficient service delivery models | COP18 | COP20 | Maintain 95% treatment coverage rate of HIV-positive individuals and their index partners, including lost to follow-up (LTFU) HIV patients, retention in treatment for six (6) months through enhancing knowledge and skills of health care and non-health care staff working in penal settings and communities on treatment adherence counseling, benefits of retention in treatment and psycho-social support |
| USAID | Serving Life | PATH | ASP: Policy, planning, coordination & management of disease control programs-NSD | Non-Targeted Pop: Not disaggregated | IEC development on benefits of Index Case Testing (ICT), OST, early ART initiation, adherence and retention in treatment, PrEP benefits for prison care providers, NGO social workers, people in conflict with the law, key populations and index partners | Assessing impact of policies and regulations on HIV | Detection, linkage, retention of KPs | COP19 | COP20 | Enhanced knowledge on benefits of ART through applying positive messages on early ART initiation, adherence and retention in treatment, PrEP benefits for prison health care providers, NGO social workers, people in conflict with the law, key populations and index partners to maintain 95% treatment coverage rate of HIV-positive individuals and their index partners |
| USAID | Serving Life | PATH | ASP: Policy, planning, coordination & management of disease control programs-NSD | Non-Targeted Pop: Not disaggregated | Quality assurance/quality improvement of HIV rapid testing in penal settings in 12 PEPFAR regions | Assessing impact of policies and regulations on HIV | Other system investments | COP19 | COP20 | Assessment of QA/QI of HIV rapid testing conducted among penal health care workers in 12 PEPFAR regions to continuously support the PITC institutionalization in penal settings and ensure the WHO approach "5 Cs", particularly, correct test results is implemented in penal settings of the projet regions |
| USAID | Health Link | CO 100 PERCENT LIFE | ASP: Policy, planning, coordination & management of disease control programs-NSD | Non-Targeted Pop: Not disaggregated | Continue implementation of the communication strategy to increase demand for testing and treatment services among KPs and PLHIV. Update regional communication plans as necessary. Identify areas for strategy revision | Information and sensitization for public and government officials | Detection, linkage, retention of KPs | COP17 | COP21 | Communication strategy continues to be implemented in all PEPFAR oblasts. Learning from previous year of implementation incorporated into revised strategy and materials. Updated demand creation materials distributed through sub-grantees, KP groups, and health facilities in 12 PEPFAR oblasts. Maintain 60% of KP access prevention and health care services over the last 12 months |

| USAID | Health Link | CO 100 PERCENT LIFE | ASP: Policy, planning, coordination & management of disease control programs-NSD | Non-Targeted Pop: Not disaggregated | Development of innovative new models of outreach, testing, linkage, and adherence | Assessing impact of policies and regulations on HIV | New & efficient service delivery models | COP17 | COP21 | At least 3 pilot innovative models for outreach, testing and linkage are implemented, results are analyzed, and recommendations made for improvement or scale-up |
|---|---|---|---|---|---|---|---|---|---|---|
| USAID | Health Link | CO 100 PERCENT LIFE | ASP: Policy, planning, coordination & management of disease control programs-NSD | Non-Targeted Pop: Not disaggregated | Advocacy to reduce legal and structural barriers for service access for KP (prevention and treatment services) based on the results of the HIV Stigma Index study | Assessing impact of policies and regulations on HIV | Detection, linkage, retention of KPs | COP20 | COP21 | Recommendations on legal and structural barriers reduction developed and presented to state and regional authorities. At least 1 advocacy event in each region is conducted |
| USAID | Health Link | CO 100 PERCENT LIFE | ASP: Human resources for health-NSD | Non-Targeted Pop: Not disaggregated | Summer/winter schools on Managing HIV-positive patient by family doctor in cooperation with Public Health Center and National Health Service of Ukraine | Institutionalization of in-service training | Detection, linkage, retention of KPs | COP20 | COP20 | Summer/winter schools on managing HIV-positive patients by family doctors in cooperation with Public Health Center and National Health Service of Ukraine are conducted using the previous designed manual and online course material |
| USAID | Health Link | CO 100 PERCENT LIFE | ASP: Human resources for health-NSD | Non-Targeted Pop: Not disaggregated | Development of a certified manual and online course on "Managing HIV-positive patient by nurses" in cooperation with Public Health Center and National Health Service of Ukraine | Institutionalization of in-service training | Detection, linkage, retention of KPs | COP20 | COP20 | Certified manual and online course on "Managing HIV-positive patient by nurses" developed in cooperation with Public Health Center and National Health Service of Ukraine |
| USAID | Health Link | CO 100 PERCENT LIFE | ASP: Laws, regulations & policy environment-NSD | Non-Targeted Pop: Not disaggregated | Advocacy of adaptation of National regulations on HIV testing in accordance with the WHO Consolidated guidelines on HIV testing services for a changing epidemic | Assessing impact of policies and regulations on HIV | Test & Start | COP19 | COP20 | As WHO releases new HIV testing guidelines, Ukrainian legislation is rapidly amended to align with the new recommendations. Local level action plans to implement changes in national testing algorithm are developed and implemented |
| USAID | SAFEMed | Management Sciences For Health, Inc. | ASP: Procurement & supply chain management-NSD | Non-Targeted Pop: Not disaggregated | Technical assistance to MOH's Central Procurement Agency (CPA) and the regions to: secure transparent, efficient, and cost-effective procurement of ARVs, MAT, and testing commodities; ensure successful transition of HIV/TB commodity procurements from international organizations to the CPA; and foster CPA interactions with sub-national procurement entities. In addition, provide technical assistance to pilot public-private partnership to improve HIV supply chain, and to develop an end-to-end Logistics Information System (E2E LMIS) that will serve as a harmonization mechanism to connect different areas for effective supply chain management | Forecasting, supply chain plan, budget, and implementation | Commodity insecurity | COP18 | COP21 | Regular supply of ARVs is secured. TLD transition improved<br><br>CPA and regional procurements are transparent, efficient, and cost-effective<br><br>Private logistics companies are engaged in improving HIV/supply chain |
| USAID | SAFEMed | Management Sciences For Health, Inc. | ASP: Policy, planning, coordination & management of disease control programs-NSD | Non-Targeted Pop: Not disaggregated | Technical assistance to develop, introduce, institutionalize and legalize the concept of priority diseases and conditions and Health Technology Assessment (HTA). Use HTA to support optimization of HIV treatment, policy-level decision-making for RTK, Test and Start and PrEP with relevant evidence, and support legislative changes | Assessing impact of policies and regulations on HIV | Commodity insecurity | COP18 | COP21 | More patients used PrEP, HIV screened, tested and treated with support from primary healthcare providers |
| USAID | SAFEMed | Management Sciences For Health, Inc. | ASP: Laws, regulations & policy environment-NSD | Non-Targeted Pop: Not disaggregated | Support optimization of health care costs, including the cost of HIV, OI, TB and Hepatitis C medicines, with more and better quality generic drugs using modern health reforms policy mechanisms, such as "Affordable Medicines" reimbursement program, HTA, central and regional procurements by CPA and regional health care facilities | Assessing impact of policies and regulations on HIV | Commodity insecurity | COP18 | COP21 | Bioequivalence standards are set, and trust toward generic drugs for HIV and OI treatments increased<br><br>ARVs are available in public and private pharmacies at no cost to clients; MMD/S used |
| DOD | IHATI | MIZHNARODNY INSTYTUT PROBLEM VIL SNIDU TA TUBERKULOZU, GO | ASP: HMIS, surveillance, & research-NSD | Priority Pops: Military & other uniformed services | Building capacity of military to link HIV positive military to civilian care. Increasing capacity to collect data and keep sensitive data secure. Facilitate secure data flow between systems. | HMIS systems | Other system investments | COP20 | COP21 | 1) NA<br>2) NA |
| DOD | IHATI | MIZHNARODNY INSTYTUT PROBLEM VIL SNIDU TA TUBERKULOZU, GO | ASP: Policy, planning, coordination & management-NSD | Priority Pops: Military & other uniformed services | Update of MOD HIV testing policy to MOH and eventually WHO standards. Improving the MOD's testing algorithm to align with that of the MOH (Order #794). | Information and sensitization for public and government officials | Other system investments | COP20 | COP21 | 1) NA<br>2) NA |

## Table C 1.2 Ukraine COP 20 Table SRE-E, Surveys, Research, and Evaluation

| Activity Description | Activity Type | Primary evaluation or study questions | Project Start COP Year | Project End COP Year | Current Stage of project (as of COP20) | COP20 Baseline Status (major) | COP20 Baseline Status (detail) | Primary Target Population (note that this SRE specific) | How does this project advance COP priorities? |
|---|---|---|---|---|---|---|---|---|---|
| Provide support for IBBS | Behavior | What is the prevalence of HIV among MSM; What is the prevalence of Hepatitis C, B and syphilis infection among MSM; What is the prevalence of HIV-related behavioral practices, | COP20 | COP20 | Proposed in COP | Protocol_Scope | Under development | Key Pops: Men having sex with men | Provide essencial data to inform program implementation |
| Provide support for mortality surveillance | Case surveillance | What is a prevalence of undiagnosed HIV death cases | COP20 | COP20 | Proposed in COP | Protocol_Scope | Under development | PLHIV: Not disaggregated | Activity is in line with minimum COP20 requirements for monitoring and reporting of mortality outcomes |
| Support implementation of HIV incidence surveillance | Recency | What is an incidence of HIV in Kyiv, Odessa and Dnipro cities | COP20 | COP20 | Proposed in COP | Protocol_Scope | Under development | PLHIV: Not disaggregated | Activity is in line with minimum COP20 requirements to ensure there's reduction in the incidence of HIV transmission |
| Bio-behavioral survey and population size estimation for female sex-workers (FSW) to estimate HIV prevalence and progress towards 95-95-95 among FSW | Behavior | What is the prevalence of HIV among FSW; What is the prevalence of Hepatitis C, B and syphilis infection among FSW; What is the prevalence of HIV-related behavioral practices, and utilization of prevention and treatment services among FSW; What is the HIV incidence rates among FSW; What is cascade among FSW | COP20 | COP20 | Proposed in COP | Protocol_Scope | Not started | Key Pops: Sex workers | Activity is in line with minimum COP20 requirement for care and treatment area. Surveillance results will be in use fo adoption and implementation of differentiated service delivery models. |
| Population size estimation with alternative instruments | Population estimation | What is a PWIDs estimated population size | COP20 | COP20 | Proposed in COP | Protocol_Scope | Not started | Key Pops: People who inject drugs | Activity is in line with minimum COP20 requirement for care and treatment area. Surveillance results will be in use fo adoption and implementation of differentiated service delivery models. |

# APPENDIX D– Minimum Program Requirements

This section describes the minimum program requirements for continued PEPFAR support and the extent to which PEPFAR Ukraine is meeting these requirements:

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| **Care and Treatment** | **1. Adoption and implementation of Test and Start with demonstrable access across all age, sex, and risk groups, with direct and immediate (>95%) linkage of clients from testing to treatment across age, sex, and risk groups.**[1]<br><br>Meeting requirement. New testing algorithm adopted in FY19. Rapid ART recommended for all clients who do not have counterindications; continued, successful programmatic efforts to improve linkage rates. |
| | **2. Rapid optimization of ART by offering TLD to all PLHIV weighing ≥30 kg (including adolescents and women of childbearing potential),** transition to other DTG-based regimens for children weighing ≥20kg, and removal of all nevirapine-based regimens.[2]<br><br>Meeting requirement. Significant scale-up of DTG-based regimens and TLD ; PEPFAR supporting acceleration. |
| | **3. Adoption and implementation of differentiated service delivery models, including six-month multi-month dispensing (MMD) and delivery models to improve identification and ARV coverage of men and adolescents.**[3]<br><br>Meeting requirement. 3-month and 6-month dispensation available; PEPFAR supporting supply chain improvements to ensure consistent implementation. |
| | 4. All eligible PLHIV, including children, should complete TB preventive treatment (TPT) by end of COP20, and cotrimoxazole, where indicated, must be fully integrated into the HIV clinical care package at no cost to the patient.[4]<br><br>Meeting requirement. All newly-diagnosed PLHIV offered TPT; TPT integrated into government care package and provided at no charge. |
| | 5. Completion of Diagnostic Network Optimization activities for VL/EID, TB, and other coinfections, and ongoing monitoring to ensure reductions in morbidity and mortality across age, sex, and risk groups, including 100% access to EID and annual viral load testing and results delivered to caregiver within 4 weeks.<br><br>Meeting requirement. Very high viral load testing coverage for eligible clients; PEPFAR supporting further laboratory optimization. |
| **Case Finding** | 1. Scale up of index testing and self-testing, ensuring consent procedures and confidentiality are protected and assessment of intimate partner violence (IPV) is established. All children under age 19 with an HIV positive biological parent must be tested for HIV.[5]<br><br>Meeting requirement. Index testing consent and confidentiality procedures described in section 4.1. Index testing scaled up in COP 2018 and COP 2019; self-testing introduced in COP 2019 and scale-up ongoing. |

[1] Guideline on when to start antiretroviral therapy and on pre-exposure prophylaxis for HIV. Geneva: World Health Organization, September 2015

[2] Update of recommendations on first- and second-line antiretroviral regimens. Geneva: World Health Organization, July 2019

[3] Consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection. Geneva: World Health Organization, 2016

[4] Latent Tuberculosis infection: Updated and consolidated guidelines for programmatic management. Geneva: World Health Organization, 2018

[5] Guidelines on HIV self-testing and partner notification. Supplement to consolidated guidelines on HIV testing services. Geneva: World Health Organization, 2016 https://www.who.int/hiv/pub/self-testing/hiv-self-testing-guidelines/en/

[6] Guideline on when to start antiretroviral therapy and on pre-exposure prophylaxis for HIV. Geneva: World Health Organization; 2015 (http://www.who.int/hiv/pub/guidelines/earlyrelease-arv/en).

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| **Prevention and OVC** | 1. Direct and immediate assessment for and offer of prevention services, including pre-exposure prophylaxis (PrEP), to HIV-negative clients found through testing in populations at elevated risk of HIV acquisition (PBFW and AGYW in high HIV-burden areas, high-risk HIV-negative partners of index cases, key populations and adult men engaged in high-risk sex practices)[6]<br><br>Meeting requirement – continued progress needed in COP 2019. PrEP offered to at-risk clients at AIDS Centers; PEPFAR supporting continued expansion of PrEP availability, particularly to smaller ART sites. |
| | 2. Alignment of OVC packages of services and enrollment to provide comprehensive prevention and treatment services to OVC ages 0-17, with particular focus on 1) actively facilitating testing for all children at risk of HIV infection, 2) facilitating linkage to treatment and providing support and case management for vulnerable children and adolescents living with HIV, 3) reducing risk for adolescent girls in high HIV-burden areas and for 9-14 year-old girls and boys in regard to primary prevention of sexual violence and HIV.<br><br>Meeting requirement. PEPFAR supports OVC services in 11 regions, including adherence and other psychosocial support, referrals for additional services, and trainings for pediatricians, social workers, and case managers. |
| **Policy & Public Health Systems Support** | 1. Elimination of all formal and informal user fees in the public sector for access to all direct HIV services and medications, and related services, such as ANC, TB, cervical cancer, PrEP and routine clinical services, affecting access to HIV testing and treatment and prevention.[7]<br><br>Meeting requirement. Government provides HIV services free of charge. Health reform supports improvements in physician salaries. |
| | 2. OUs assure program and site standards are met by integrating effective quality assurance and Continuous Quality Improvement (CQI) practices into site and program management. CQI is supported by IP work plans, Agency agreements, and national policy.[8]<br><br>Meeting requirement. PEPFAR, in coordination with CPH and implementing partners, supports program and site CQI practices across all 12 PEPFAR regions. |
| | 3. Evidence of treatment and viral load literacy activities supported by Ministries of Health, National AIDS Councils and other host country leadership offices with the general population and health care providers regarding U = U and other updated HIV messaging to reduce stigma and encourage HIV treatment and prevention.<br><br>Meeting requirement. Lab network optimization supporting streamlined access to VL testing results. PEPFAR and CPH supporting U=U and other messaging to reduce stigma and encourage HIV treatment and prevention. |
| | 4. Clear evidence of agency progress toward local, indigenous partner direct funding.<br><br>Meeting requirement. More than two-thirds of funding goes to local partners – an increase from COP 2019. |
| | 5. Evidence of host government assuming greater responsibility of the HIV response including demonstrable evidence of year after year increased resources expended.<br><br>Meeting requirement. GOU has assumed primary responsibility for ARV procurement and prevention services. |
| | 6. Monitoring and reporting of morbidity and mortality outcomes including infectious and non-infectious morbidity. |

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| | Meeting requirement. Mortality outcomes are reported; PEPFAR will support further improvements to mortality surveillance. |
| | 7. Scale-up of case-based surveillance and unique identifiers for patients across all sites.<br><br>Meeting requirement. HIV MIS fully rolled out in civil and penal sectors across the 12 PEPFAR regions. |

# APPENDIX E – Acronym List

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| AIDS | Acquired Immuno-Deficiency Syndrome |
| ANC | Antenatal Clinic |
| ART | Antiretroviral Therapy |
| ARV | Antiretroviral |
| COP | Country Operational Plan |
| CPA | Central Procurement Agency |
| CPH | Center for Public Health |
| CQI | Continuous Quality Improvement |
| CSO | Civil Society Organization |
| DoD | Department of Defense |
| DQA | Data Quality Assessment |
| DTG | Dolutegravir |
| Global Fund | Global Fund to Fight AIDS, Tuberculosis and Malaria |
| GoU | Government of Ukraine |
| HIV | Human immunodeficiency virus |
| KP | Key Populations |
| KPIF | Key Population Investment Fund |
| LTFU | Lost to Follow Up |
| NASA | National AIDS Spending Assessment |
| nPEP | Non-occupational Post-Exposure Prophylaxis |
| MMD | Multi-month Dispensation |
| MSM | Men Who Have Sex with Men |

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|---|---|
| OVC | Orphans and Vulnerable Children |
| PEPFAR | President's Emergency Plan for AIDS Relief |
| PLHIV | People Living with HIV |
| PrEP | Pre-Exposure Prophylaxis |
| PWID | People Who Inject Drugs |
| RDM Unit | Rapid Deployment Mobile Unit |
| SID | Sustainability Index and Dashboard |
| SIMS | Site Improvement Monitoring System |
| TPT | Tuberculosis Preventive Treatment |
| TLD | Tenofovir, Lamivudine, and Dolutegravir |
| WHO | World Health Organization |