2016 Sustainability Index and Dashboard Summary: Ukraine

The HIV/AIDS Sustainability Index and Dashboard (SID) is a tool completed periodically by PEPFAR teams and partner stakeholders to sharpen the understanding of each country's sustainability landscape and to assist PEPFAR and others in making informed HIV/AIDS investment decisions. Based on responses to 90 questions, the SID assesses the current state of sustainability of national HIV/AIDS responses across 15 critical elements. Scores for these elements are displayed on a color-coded dashboard, together with contextual charts and information. As the SID is completed over time, it will allow stakeholders to track progress and gaps across these key components of sustainability.

Dark Green Score (8.50-10 points) (sustainable and requires no additional investment at this time)
Light Green Score (7.00-8.49 points) (approaching sustainability and requires little or no investment)
Yellow Score (3.50-6.99 points) (emerging sustainability and needs some investment)
Red Score (<3.50 points) (unsustainable and requires significant investment)

Overview: Ukraine has a total population of 45.1 million, but conflict with Russia since 2014 has significantly affected certain regions, including ones disproportionately affected by HIV. Ukraine's HIV epidemic remains concentrated geographically in a belt of regions in the South and East; seven regions, six of which are located in the South and East, account for ~60% of estimated cases, but only 37% of the population. The epidemic is also concentrated in key populations with a prevalence of 22.6% among PWID, 6.3% among female sex workers (FSW), and 5.2% among men who have sex with men (MSM) in preliminary results from 2015 national surveys. Results of the SID analysis identified three elements of strength – planning and coordination, civil society engagement, and public access to information -- all under the Governance, Leadership, and Accountability domain. The MoH has developed a five-year National AIDS Plan with full stakeholder participation and an active Country Coordinating Mechanism in support of it. It has established health financing, public health, pharmaceutical management, HIV testing and treatment, and HIV/TB sustainability technical working groups to address policy, management, and technical aspects of the national response. The national HIV response also faces key vulnerabilities. CSOs currently provide most prevention, care, and support services, while also supporting strategic information, health management information systems, research, procurement, and advocacy. However, because CSOs are dependent on external funding, their long-term existence is threatened by a likely reduction of GFATM assistance after 2017. Also, given the war and economic instability, the GoU now procures less than half of the required ARVs and test kits than it did a few years ago and it has not established a logistics management information system (LMIS) for HIV commodities. Finally, the SID identifies quality management as an area of vulnerability by noting that the government lacks a budget line item for quality management, a data collection and analysis system to track performance improvement, and provision of oversight that ensures continuous quality improvement in HIV care and services. National stakeholders are working together to mitigate the impact of these vulnerabilities through planned activities and through ongoing development of a National Sustainability and Transition Plan.

SID Process: On December 15, 2015, the Sustainability Index and Dashboard (SID) analysis of Ukraine's national HIV response was undertaken jointly with key national stakeholders through a series of consultations. Participants included the GoU, UNAIDS, GFATM, and national and regional CSOs. Participants broke into two domain subgroups to discuss and complete the SID questionnaire. The full group then reconvened at a PEPFAR/Ukraine sponsored national stakeholder

meeting on January 27, 2016 to review the completed tool and discuss the findings vis-à-vis another sustainability analysis of GFATM-supported activities. A national technical working group is currently reviewing the results of the SID and the GFATM's sustainability assessment and will incorporate findings into a National Sustainability and Transition Plan.

Sustainability Strengths:

- **Planning and Coordination (9.3, dark green):** As an area of significant multi-stakeholder effort and donor investment in past years, Ukraine has made significant strides in its capacity to develop, plan, budget and coordinate HIV/AIDS response activities with funding from different sources under costed and targeted national and regional AIDS programs. The National HIV and TB Coordination Council at the Cabinet of Ministers of Ukraine (performing the function of CCM for the GFATM grants) became a truly multi-stakeholder mechanism of programmatic oversight of both GoU- and donor-funded programs and a discussion platform to improve the national AIDS response and intersectoral linkage with TB. Similar processes are observed at the sub-national level in most regions in the form of Oblast Coordination Councils actively supported by CSOs.

- **Civil Society Engagement (7.2, light green):** Two major national CSOs, All-Ukrainian Network of PLHIV and Alliance for Public Health, play active roles in the national HIV/AIDS response. They are two of the three GFATM principal recipients (PRs), the other being the Ukrainian Center for Disease Control. The Network and Alliance support over 100 local NGOs in the regions as sub-grantees. More recent national NGOs, like Association of MAT Patients and a number of NGOs representing MSM, such as the Gay Alliance, Association of LGBT Liga, and Fulcrum, are increasingly active and engaged in national and local policy dialogue and programming.

- **Public Access to Information (9.0, dark green):** Ukraine has made major strides in its capacity to provide publically accessible epidemiologic, programmatic, and financial information related to the national HIV response. The MoH UCDC website has significantly improved over the last two years, with a National Portal of Strategic HIV/AIDs Information developed with PEPFAR support available to program managers, CSOs, and service providers.

Sustainability Vulnerabilities:

- **Commodity Security and Supply Chain (2.5, red):** The availability of life-saving antiretroviral medications and other HIV commodities is essential for epidemic control and a sustainable national response. Although there are no indications that patients who are currently on treatment have ceased treatment because of a lack of commodities, health providers recently have been reluctant to add new patients because of stock out concerns. PEPFAR is now developing an electronic HIV Management Information System and, under COP 16, an LMIS module will be developed for it. Although most government-procured drugs are generics, a few in commonly prescribed regimens are branded. This issue will be addressed through the development of a new treatment protocol now underway by the MoH.

- **Quality Management (3.2, red):** The government lacks a budget line item for quality management, a data collection and analysis system to track performance improvement, and provision of oversight that ensures continuous quality improvement in HIV care and services. PEPFAR will address these shortcomings by piloting HIV performance-based budgeting and programming in several districts, rolling out a national HIV Management Information System that collects data on HIV program indicators and allows analysis at different levels of the system, and establishing regional quality improvement teams that provide technical and data quality oversight to HIV health facilities in selected regions.

- **Private Sector Engagement (Score: 2.4):** Although legislation does not bar national and sub-national governments from procuring private-sector medical services, in reality they have no history or experience in doing so. PEPFAR is tackling this deficiency by providing TA to regional governments to subcontract out services to private businesses or NGOs. In addition, PEPFAR-supported NGOs now receive TA to develop business plans and several of them are now applying for low-interest social entrepreneurship loans from commercial banks.

Contact: For questions or further information about PEPFAR's efforts to support sustainability of the HIV response in Ukraine, please contact Paola Pavlenko at Ppavlenko@usaid.gov.

Sustainability Analysis for Epidemic Control: Ukraine

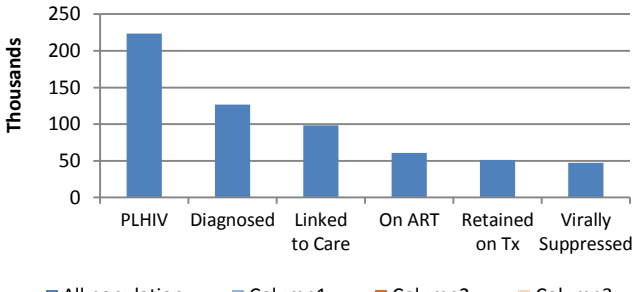
Epidemic Type: Concentrated
Income Level: Lower-middle income
PEPFAR Categorization: Targeted Assistance
PEPFAR COP 16 Planning Level: $28.2 mln USD

SUSTAINABILITY DOMAINS and ELEMENTS

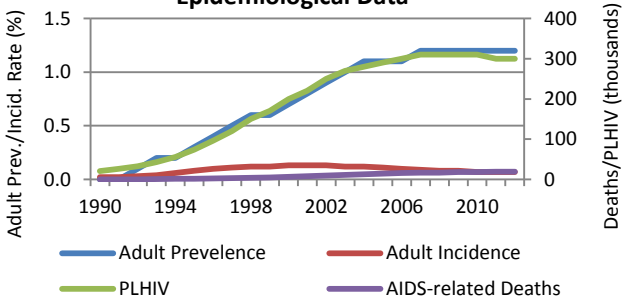
	2016	2017	2018	2019
Governance, Leadership, and Accountability				
1. Planning and Coordination	9.33			
2. Policies and Governance	4.58			
3. Civil Society Engagement	7.17			
4. Private Sector Engagement	2.38			
5. Public Access to Information	9.00			
National Health System and Service Delivery				
6. Service Delivery	5.00			
7. Human Resources for Health	5.92			
8. Commodity Security and Supply Chain	2.48			
9. Quality Management	2.19			
10. Laboratory	6.20			
Strategic Investments, Efficiency, and Sustainable Financing				
11. Domestic Resource Mobilization	6.67			
12. Technical and Allocative Efficiencies	6.23			
Strategic Information				
13. Epidemiological and Health Data	5.65			
14. Financial/Expenditure Data	6.25			
15. Performance Data	5.87			

CONTEXTUAL DATA

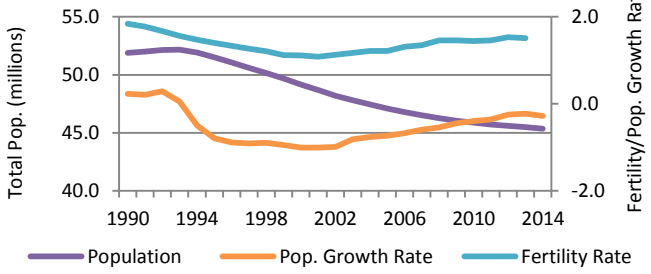
National Clinical Cascade



Epidemiological Data

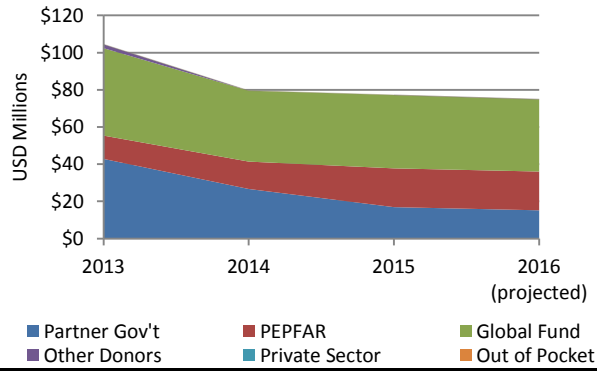


Population and Fertility

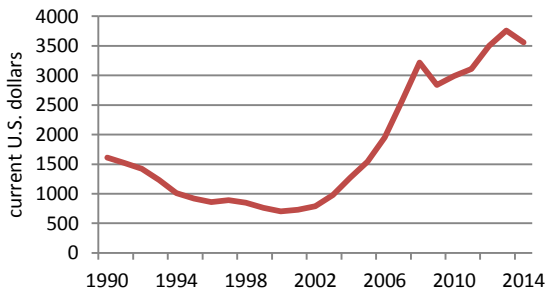


CONTEXTUAL DATA

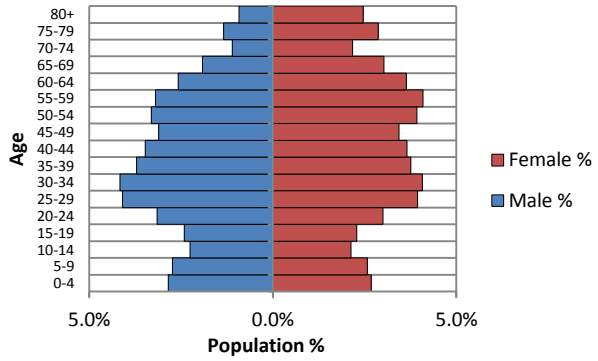
Financing the HIV Response



GNI Per Capita (Atlas Method)



Population Pyramid (2015)



Domain A. Governance, Leadership, and Accountability

What Success Looks Like: Host government upholds a transparent and accountable resolve to be responsible to its citizens and international stakeholders for achieving planned HIV/AIDS results, is a good steward of HIV/AIDS finances, widely disseminates program progress and results, provides accurate information and education on HIV/AIDS, and supports mechanisms for eliciting feedback. Relevant government entities take actions to create an enabling policy and legal environment, ensure good stewardship of HIV/AIDS resources, and provide technical and political leadership to coordinate an effective national HIV/AIDS response.

1. Planning and Coordination: Host country develops, implements, and oversees a costed multiyear national strategy and serves as the preeminent architect and convener of a coordinated HIV/AIDS response in the country across all levels of government and key stakeholders, civil society and the private sector.			**Data Source**	**Notes/Comments**
1.1 Content of National Strategy: Does the country have a multi-year, costed national strategy to respond to HIV?	○ A. There is no national strategy for HIV/AIDS ◉ B. There is a multiyear national strategy. Check all that apply: ☑ It is costed ☑ It is updated at least every five years ☑ Strategy includes all crucial response components for prevention and treatment (HIV testing, treatment and care [including children and adolescents], PMTCT, transition from 'catchup' to sustainable VMMC if country performs VMMCs, scale-up of viral load, EID, and other key metrics) ☑ Strategy includes explicit plans and activities to address the needs of key populations. ☑ Strategy includes all crucial response components to mitigate the impact of HIV on vulnerable children	1.1 Score: 2.50	rada.gov.ua http://zakon1.rada.gov.ua/laws/show/1708-18	
1.2 Participation in National Strategy Development: Who actively participates in development of the country's national HIV/AIDS strategy?	○ A. There is no national strategy for HIV/AIDS ◉ B. The national strategy is developed with participation from the following stakeholders (check all that apply): ☑ Its development was led by the host country government ☑ Civil society actively participated in the development of the strategy ☑ Private health sector providers, facilities, and training institutions, actively participated in the development of the strategy ☐ Businesses and the corporate sector actively participated in the development of the strategy including workplace development and corporate social responsibility (CSR) ☑ External agencies (i.e. donors, other multilateral orgs., etc.) supporting HIV services in-country participated in the development of the strategy	1.2 Score: 2.00	The minutes of the planning meetings, meetings with stakholders for the NAP development.	

1.3 Coordination of National HIV Implementation: To what extent does the host country government coordinate all HIV/AIDS implemented activities in the country, including those funded or implemented by CSOs, private sector, and donor implementing partners?	Check all that apply: ☑ There is an effective mechanism within the host country government for internally coordinating HIV/AIDS activities implemented by various government ministries, institutions, offices, etc. ☑ The host country government routinely tracks and maps HIV/AIDS activities of: ☑ civil society organizations ☐ private sector ☑ donors ☑ The host country government leads a mechanism or process (i.e. committee, working group, etc.) that routinely convenes key internal and external stakeholders and implementers of the national response for planning and coordination purposes. ☑ Joint operational plans are developed that include key activities of implementing organizations. ☑ Duplications and gaps among various government, CSO, private sector, and donor activities are systematically identified and addressed.	1.3 Score: 2.33	The National HIV and TB Coordination Council - CCM. The coordinated response in the docs - NAP, Complex Treatment Plan approved by MoH, Oblast AIDS Programmes. Sources: Regulations on Council (CCM) https://www.moz.gov.ua/ua/portal/ms_antiaidscouncil	Effectiveness of National Council is yest to be assesssed. The question does not provided definition of effectiveness. The answer is more attribuited to the "availability of the Coordination council" and not toi its effectiveness. Joint operational plans - only on the oblast level.
1.4 Sub-national Unit Accountability: Is there a mechanism by which sub-national units are accountable to national HIV/AIDS goals or targets? (note: equal points for B and C)	○ A. There is no formal link between the national plan and sub-national service delivery. ◉ B. Sub-national units have performance targets that contribute to aggregate national goals or targets. ○ C. The central government is responsible for service delivery at the sub-national level.	1.4 Score: 2.50	The Oblast AIDS Councils and Programmes as stipulated ion the Law on HIV and the NAP 2014-2018: http://zakon1.rada.gov.ua/laws/show/1708-18; http://zakon1.rada.gov.ua/laws/show/1708-18	
		Planning and Coordination Score: 9.33		

2. Policies and Governance: Host country develops, implements, and oversees a wide range of policies, laws, and regulations that will achieve coverage of high impact interventions, ensure social and legal protection and equity for those accessing HIV/AIDS services, eliminate stigma and discrimination, and sustain epidemic control within the national HIV/AIDS response.			**Data Source**	**Notes/Comments**
2.1 WHO Guidelines for ART Initiation: Does current national HIV/AIDS technical practice follow current or recent WHO guidelines for initiation of ART?	For each category below, check no more than one box that reflects current national policy for ART initiation: A. Adults (>19 years) ☐ Test and START (current WHO Guideline) ☑ CD4 <500 B. Pregnant and Breastfeeding Mothers ☐ Test and START/Option B+ (current WHO Guideline) ☑ Option B C. Adolescents (10-19 years) ☐ Test and START (current WHO Guideline) ☑ CD4<500 D. Children (<10 years) ☐ Test and START (current WHO Guideline) ☑ CD4<500 or clinical eligibility	2.1 Score: 0.71	Draft National Treatment Protocol on CD4 500 (under approval by the MoH) - not yet available on the sitre for reference. Draft can be attached as a doc.	
2.2 Enabling Policies and Legislation: Are there policies or legislation that govern HIV/AIDS service delivery or policies and legislation on health care which is inclusive of HIV service delivery?	Check all that apply: ☑ A national public health services act that includes the control of HIV ☐ A task-shifting policy that allows trained non-physician clinicians, midwives, and nurses to initiate and dispense ART ☐ A task-shifting policy that allows trained and supervised community health workers to dispense ART between regular clinical visits ☐ Policies that permit patients stable on ART to have reduced clinical visits (i.e. every 6-12 months) ☑ Policies that permit patients stable on ART to have reduced ARV pickups (i.e. every 3-6 months)	2.2 Score: 0.61	Law on HIV http://zakon2.rada.gov.ua/laws/show/1972-12 and the NAP http://zakon1.rada.gov.ua/laws/show/1708-18; Law on Infectious Diseases http://zakon5.rada.gov.ua/laws/show/1645-14/page; MoH orders - numerouse - http://ucdc.gov.ua/pages/diseases/hiv_aids/guiding-documents; Law on Social Serviceshttp://zakon0.rada.gov.ua/laws/show/966-15 and the list of services http://zakon5.rada.gov.ua/laws/show/z1614-12;	

	☐ Policies that permit streamlined ART initiation, such as same day initiation of ART for those who are ready ☑ Legislation to ensure the well-being and protection of children, including those orphaned and made vulnerable by HIV/AIDS			
2.3 Non-discrimination Protections: Does the country have non-discrimination laws or policies that specify protections (not specific to HIV) for specific populations? Are these fully implemented? (Full score possible without checking all boxes.)	Check all that apply: Adults living with HIV (women): ☑ Law/policy exists ☐ Law/policy is fully implemented Adults living with HIV (men): ☑ Law/policy exists ☐ Law/policy is fully implemented Children living with HIV: ☑ Law/policy exists ☐ Law/policy is fully implemented Gay men and other men who have sex with men (MSM): ☐ Law/policy exists ☐ Law/policy is fully implemented Migrants: ☐ Law/policy exists ☐ Law/policy is fully implemented People who inject drugs (PWID): ☐ Law/policy exists ☐ Law/policy is fully implemented People with disabilities: ☑ Law/policy exists ☐ Law/policy is fully implemented	2.3 Score: 0.48	Criminal and Criminal Correctional Code, Declaration on Human Rights, The Constitution, Convention on Children Rights, Health Law - http://zakon1.rada.gov.ua/laws/show/2801-12; Anti-Discrimination Law, Law on Social Protection of People with Disabilities, Law on protection against Domestic Violence. Law of Ukraine # 2861-VI of Dec 23, 2010 "On counteracting transmission of diseases caused by HIV and legal and socialprotection of people living with HIV",Chapter 3, Article 13, p. 3.; and(4) According to Art. 132 of the Criminal Code of Ukraine	

	Prisoners: ☑ Law/policy exists ☐ Law/policy is fully implemented Sex workers: ☐ Law/policy exists ☐ Law/policy is fully implemented Transgender people: ☐ Law/policy exists ☐ Law/policy is fully implemented Women and girls: ☑ Law/policy exists ☐ Law/policy is fully implemented			
2.4 Structural Obstacles: Does the country have laws and/or policies that present barriers to delivery of HIV prevention, testing and treatment services or the accessibility of these services? Are these laws/policies enforced? (Enforced means any instances of enforcement even if periodic)	Check all that apply: Criminalization of sexual orientation and gender identity: ☐ Law/policy exists ☐ Law/policy is enforced Criminalization of cross-dressing: ☐ Law/policy exists ☐ Law/policy is enforced Criminalization of drug use: ☐ Law/policy exists ☐ Law/policy is enforced Criminalization of sex work: ☑ Law/policy exists ☑ Law/policy is enforced	2.4 Score: 0.99	This question aligns with the revised UNAIDS NCPI (2015). If your country has completed the new NCPI, you may use it as a data source to answer this question. Administrative Code, Joint Order on OST in detention centers and prisons - http://zakon2.rada.gov.ua/laws/show/z1868-12, Criminal Code, Law on HIV - http://zakon2.rada.gov.ua/laws/show/1972-12; Several interministrial regulations on labour (employment) (MoH, Ministry of Justice, Ministry of Finance).	There is a difference between criminal and administarative responsibility. Sex wok is not criminalized but penalized by Administrative Code. Drug use is not criminalized, but possession of drugs is criminalized. OST is available in temporary detention centers. Limitations for employment in certain professions - Sectoral Order on Labour regulations.

Ban or limits on needle and syringe programs for people who inject drugs (PWID):

- ☐ Law/policy exists
- ☐ Law/policy is enforced

Ban or limits on opioid substitution therapy for people who inject drugs (PWID):

- ☐ Law/policy exists
- ☐ Law/policy is enforced

Ban or limits on needle and syringe programs in prison settings:

- ☑ Law/policy exists
- ☑ Law/policy is enforced

Ban or limits on opioid substitution therapy in prison settings:

- ☑ Law/policy exists
- ☑ Law/policy is enforced

Ban or limits on the distribution of condoms in prison settings:

- ☐ Law/policy exists
- ☐ Law/policy is enforced

Ban or limits on accessing HIV and SRH services for adolescents and young people:

- ☐ Law/policy exists
- ☐ Law/policy is enforced

Criminalization of HIV non-disclosure, exposure or transmission:

- ☑ Law/policy exists
- ☑ Law/policy is enforced

Travel and/or residence restrictions:

- ☐ Law/policy exists
- ☐ Law/policy is enforced

	Restrictions on employment for people living with HIV: ☐ Law/policy exists ☐ Law/policy is enforced			
2.5 Rights to Access Services: Recognizing the right to nondiscriminatory access to HIV services and support, does the government have efforts in place to educate and ensure the rights of PLHIV, key populations, and those who may access HIV services about these rights?	There are host country government efforts in place as follows (check all that apply): ☐ To educate PLHIV about their legal rights in terms of access to HIV services ☐ To educate key populations about their legal rights in terms of access to HIV services ☑ National law exists regarding health care privacy and confidentiality protections ☐ Government provides financial support to enable access to legal services if someone experiences discrimination, including redress where a violation is found	2.5 Score: 0.36	Law on Health, Law on HIV, Cabinet of Misnisters Regulation on free juridical help.	
2.6 Audit: Does the host country government conduct a national HIV/AIDS program audit or audit of Ministries that work on HIV/AIDS on a regular basis (excluding audits of donor funding that are through government financial systems)?	○ A. No audit is conducted of the National HIV/AIDS Program or other relevant ministry. ○ B. An audit is conducted of the National HIV/AIDS program or other relevant ministries every 4 years or more. ◉ C. An audit is conducted of the National HIV/AIDS program or other relevant ministries every 3 years or less.	2.6 Score: 1.43	Accounting Chamber of Ukraine. Report 2004-2008. Search done by "AIDS" word (CHID in Ukrainian) at the official/ public site of RADA's Accounting Chamber (www.ac-rada.gov.ua): Audit Report (for 2011-2012) on HIV and TB programs implementation (41 pages): http://www.acrada.gov.ua/doccatalog/document/16741950/Tuberkulez_2013.pdf News on the 2009-2013 audit of HIV/AIDS program by RADA's Accounting Chamber, done by 23 April 2014	The answer is opposite to 2014 due to a different interpretation of the question.
2.7 Audit Action: To what extent does the host country government respond to the findings of a HIV/AIDS audit or audit of Ministries that work on HIV/AIDS?	◉ A. Host country government does not respond to audit findings, or no audit of the national HIV/AIDS program is conducted. ○ B. The host country government does respond to audit findings by implementing changes as a result of the audit. ○ C. The host country government does respond to audit findings by implementing changes which can be tracked by legislature or other bodies that hold government accountable.	2.7 Score: 0.00		The opinion of the group.
	Policies and Governance Score:	**4.58**		

3. Civil Society Engagement: Local civil Society is an active partner in the HIV/AIDS response through service delivery provision when appropriate, advocacy efforts as needed, and as a key stakeholder to inform the national HIV/AIDS response. There are mechanisms for civil society to review and provide feedback regarding public programs, services and fiscal management and civil society is able to hold government institutions accountable for the use of HIV/AIDS funds and for the results of their actions.			**Data Source**	**Notes/Comments**
3.1 Civil Society and Accountability for HIV/AIDS: Are there any laws or policies that restrict civil society from playing an oversight role in the HIV/AIDS response?	○ A. There exists a law or laws that restrict civil society from playing an oversight role in the HIV/AIDS response. ○ B. There are no laws that restrict civil society playing a role in providing oversight of the HIV/AIDS response but in practice, it does not happen. ◉ C. There are no laws or policies that prevent civil society from providing an oversight of the HIV/AIDS response and civil society is very actively engaged in providing oversight.	3.1 Score: 1.67	Regulation on the CCM - https://www.moz.gov.ua/ua/portal/ms_antiaidscouncil	
3.2 Government Channels and Opportunities for Civil Society Engagement: Does host country government have formal channels or opportunities for diverse civil society groups to engage and provide feedback on its HIV/AIDS policies, programs, and services (not including Global Fund CCM civil society engagement requirements)?	Check A, B, or C; if C checked, select appropriate disaggregates: ○ A. There are no formal channels or opportunities. ○ B. There are formal channels or opportunities, but civil society is called upon in an ad hoc manner to provide inputs and feedback. ◉ C. There are functional formal channels and opportunities for civil society engagement and feedback. Check all that apply: ☑ During strategic and annual planning ☑ In joint annual program reviews ☑ For policy development ☑ As members of technical working groups ☑ Involvement on government HIV/AIDS program evaluation teams ☑ Involvement in surveys/studies ☑ Collecting and reporting on client feedback	3.2 Score: 1.67	Regulations on the CCM and participation of the different entities - https://www.moz.gov.ua/ua/portal/ms_antiaidscouncil; Law on civil society organizations - http://zakon0.rada.gov.ua/laws/show/4572-17; Law on GFATM grants - http://zakon5.rada.gov.ua/laws/show/4999-17; CCM membership, memberships of the workign groups (M&E Group), Stigma Index report http://stigmaindex.org/sites/default/files/reports/Ukraine%20Stigma%20Index_Report2014_ENG.pdf, Policy index of the GARP, web-sites of the NGOs, Appeals of citizens system, Electronic application of citizens, Закон об обращении граждан. Law of Ukraine "On Civic Associations" № 4572-VI of Mar 22, 2012, with changes № 1593-VII of July 4, 2014; Law of Ukraine 'On charity and charitable organizations' № 5073-VI of July 05, 2012 with changes № 1663-VII of Sept 02, 2014	Civil society organizations are members of the Natioanl HIV and TB Council (CCM), different Committees under the CCM (Programmatic committee, M&E Committee and etc), memebrs of the intersectorial working groups , members of the Oblast AIDS Councils. Ukraine's National TB and HIV Council (that also performs the function of the GF's CCM) has the national NGOs constituency (represented by the Coalition of HIV-service NGOs), PLHIV constituency (represented by the two PLHIV people as a ViceChair and a CCM member), International NGOs constituency (represented by a CCM member, now form AFEW-Ukraine) and faith-based NGOs constituency (represented as CCM memebr by the All-Ukrainian Council of Churches of Ukraine), Ukrainian Red Cross Organization, trade unions rep. The 27 Regional CCMs repeat the same structure, incl. NGOs and PLHIV as member of both CCMs and their standing Working Groups.

3.3 Impact of Civil Society Engagement: Does civil society engagement substantively impact policy and budget decisions related to HIV/AIDS?	○ A. Civil society does not actively engage, or civil society engagement does not impact policy and budget decisions related to HIV/AIDS. ◉ B. Civil society's engagement impacts HIV/AIDS policy and budget decisions (check all that apply): ☑ In advocacy ☑ In programmatic decision making ☑ In technical decision making ☑ In service delivery ☑ In HIV/AIDS basket or national health financing decisions	3.3 Score: 1.67		The latest examples of impact - Budget increase of the NAP for treatment - Letter of the Parlaimentary Committee on Health to the Cab Min on HIV budget increase (can be atatched as a doc) - the results will be seen in the budget 2016.. Impact on ART prices reduction and anti-corruption activities in the health sector. 2 CSO are PRs and have greater influence. Examples of impact on oblast programmes and budgets (Sumy, Poltava, Cherkassy, Kirovograd) HIV servicing NGOs and members of the Oblast AIDS Councils). Int
3.4 Domestic Funding of Civil Society: To what extent are HIV/AIDS related Civil Society Organizations funded domestically (either from government, private sector, or self generated funds)? (if exact or approximate overall percentage known, or the percentages from the various domestic sources, please note in Comments column)	○ A. No funding (0%) for HIV/AIDS related civil society organizations comes from domestic sources. ◉ B. Minimal funding (approx. 1-9%) for HIV/AIDS related civil society organizations comes from domestic sources. ○ C. Some funding (approx. 10-49%) for HIV/AIDS related civil society organizations comes from domestic sources (not including Global Fund grants through government Principal Recipients). ○ D. Most funding (approx. 50-89%) for HIV/AIDS related civil society organizations comes from domestic sources (not including Global Fund grants through government Principal Recipients). ○ E. All or almost all funding (approx. 90%+) for HIV/AIDS related civil society organizations comes from domestic sources (not including Global Fund grants).	3.4 Score: 0.83	NASA (aidsinfo.unaids.org), Financial Reports of the local NGOs to the Municipalities (eg. Poltava "Light of Hope"; Cherkassy -NGO "From Heart to Heart")	
3.5 Civil Society Enabling Environment: Is the legislative and regulatory framework conducive to Civil Society Organizations (CSOs) or not-for-profit organizations to engage in HIV service provision or health advocacy?	○ A. The legislative and regulatory framework is not conducive for engagement in HIV service provision or health advocacy ◉ B. The legislative and regulatory framework is conducive for engagement in HIV service delivery and health advocacy as follows (check all that apply): ☐ Significant tax deductions for business or individual contributions to not-for-profit CSOs ☑ Significant tax exemptions for not-for-profit CSOs ☑ Open competition among CSOs to provide government-funded services ☑ Freedom for CSOs to advocate for policy, legal and programmatic change ☐ There is a national public private partnership (PPP) technical working group or desk officer within the government (ministry of health, finance, or president's office) in which CSOs or non-profit organizations participate/engage.	3.5 Score: 1.33	Law on GFATM - http://zakon5.rada.gov.ua/laws/show/4999-17, Tax Code and the Cabinet of Ministers Regulation on examption from taxes from GF grantees - http://zakon1.rada.gov.ua/laws/show/284-2013-%D0%BF; Law on civil society organizations - http://zakon0.rada.gov.ua/laws/show/4572-17	

Civil Society Engagement Score:	**7.17**	

4. Private Sector Engagement: Global as well as local private sector (both private health care providers and private business) is an active partner in the HIV/AIDS response through service delivery provision when appropriate, advocacy efforts as needed, innovation, and as a key stakeholder to inform the national HIV/AIDS response. There are supportive policies and mechanisms for the private sector to engage and to review and provide feedback regarding public programs, services and fiscal management of the national HIV/AIDS response. The public uses the private sector for HIV service delivery at a similar level as other health care needs.			**Data Source**	**Notes/Comments**
4.1 Government Channels and Opportunities for Private Sector Engagement: Does host country government have formal channels and opportunities for diverse private sector entities to engage and provide feedback on its HIV/AIDS policies, programs, and services?	○ A. There are no formal channels or opportunities ◉ B. There are formal channels or opportunities, but private sector is called upon in an ad hoc manner to provide inputs and feedback ○ C. There are functional formal channels and opportunities for private sector engagement and feedback. Check all that apply: ☐ Corporate contributions, private philanthropy and giving ☐ Joint (i.e. public-private) supervision and quality oversight of private facilities ☐ Collection of service delivery and client satisfaction data from private providers ☐ Tracking of private training institution HRH graduates and placements ☐ Contributing to develop innovative solutions, both technology and systems innovation ☐ For technical advisory on best practices and delivery solutions	4.1 Score: 0.83	Law on Public-Private partnership - http://zakon2.rada.gov.ua/laws/show/2404-17, CCM Regulations andm membership (see above as well) https://www.moz.gov.ua/ua/portal/ms_antiaidscouncil	

4.2 Private Sector Partnership: Do private sector partnerships with government result in stronger policy and budget decisions for HIV/AIDS programs?	○ A. Private sector does not actively engage, or private sector engagement does not influence policy and budget decisions in HIV/AIDS. ◉ B. Private sector engagement influences HIV/AIDS policy and budget decisions in the following areas (check all that apply): ☐ In patient advocacy and human rights ☐ In programmatic decision making ☐ In technical decision making ☐ In service delivery for both public and private providers ☑ In HIV/AIDS basket or national health financing decisions ☐ In advancing innovative sustainable financing models ☐ In HRH development, placement, and retention strategies ☐ In building capacity of private training institutions ☑ In supply chain management of essential supplies and drugs	4.2 Score: 0.37	NAP budget reports https://www.moz.gov.ua/ua/portal/pgrep_AIDS_2014_03.html, Financial Gap Analysis for GFATM MFM (the doc can be attached - see as well SID 2014),	Eg: the share of donations in the ART busket (presenation of pharma at the USA Chamber of Commerce), AHF, GIZ testing and condoms campaigns (budgets for testing), eg. Krivorozsh stal - reference to be provided by Sakaluk - Kryvy Rog), Alliance Gilead donation.

4.3 Legal Framework for Private Health Sector: Does the legislative and regulatory framework make provisions for the needs of the private health sector (including hospitals, networks, and insurers)?	The legislative and regulatory framework makes the following provisions (check all that apply): ☐ Systems are in place for service provision and/or research reporting by private sector facilities to the government. ☐ Mechanisms exist to ensure that private providers receive, understand and adhere to national guidelines/protocols for ART. ☐ Tax deductions for private health providers. ☐ Tax deductions for private training institutions training health workers. ☑ Open competition for private health providers to compete for government services. ☑ General or HIV/AIDS-specific service agreement frameworks exist between local government authorities/municipalities and private providers at the sub-national unit (e.g. district) levels. ☑ Freedom of private providers to advocate for policy, legal, and regulatory frameworks. ☐ Standardized processes for developing public-private partnerships (PPP) and memorandums of understanding (MOUs) between public and private providers.	4.3 Score: 0.63	Budget Code	Legal opportunity, but not practiced (Budget Code does not forbid to buy services from private providers) - Open competition is limited to medical waste management or lab services.
4.4 Legal Framework for Private Businesses: Does the legislative and regulatory framework make provisions for the needs of private businesses (local or multinational corporations)?	The legislative and regulatory framework makes the following provisions (check all that apply): ☐ Tax deductions for health-related private businesses (i.e. pharmacists, supply chain, etc.). ☑ Systematic and timely process for private company registration and/or testing of new health products; drugs, diagnostics kits, medical devices. ☐ Standardized processes for developing public-private partnerships (PPP) and memorandums of understanding (MOUs) between local government and private business. ☐ Corporate Social Responsibility (CSR) tax policies (compulsory or optional) contributing private corporate resources to the HIV/AIDS response. ☐ Workplace policies support HIV-related services and/or benefits for employees. ☑ Existing forums between business community and government to engage in dialogue to support HIV/AIDS and public health programs.	4.4 Score: 0.56	CCM and membership regulations https://www.moz.gov.ua/ua/portal/ms_antiaidscouncil	Participation in the Forum on the national level - CCM

4.5 Private Health Sector Supply: Does the host country government enable private health service provision for lower and middle-income HIV patients?	◉ A. There are no enablers for private health service provision for lower and middle-income HIV patients. ○ B. The host country government enables private health service provision for lower and middle-income patients in the following ways (check all that apply): ☐ Private for-profit providers are eligible to procure HIV and/or ART commodities via public sector procurement channels and/or vertical programs. ☐ The private sector scope of practice for physicians, nurses and midwives serving low and middle-income patients currently includes HIV and/or ART service provision.	4.5 Score:	0.00	
4.6 Private Health Sector Demand: Is the percentage of people accessing HIV treatment services through the private sector similar to (or approaching) the percentage of those seeking other curative services through the private sector?	◉ A. The percentage of people accessing HIV treatment services through the private sector is significantly lower than the percentage seeking other curative services through the private sector. ○ B. The percentage of people accessing HIV treatment services through the private sector is similar to (or approaching) the percentage seeking other curative services through the private sector due to the following factors (check all that apply): ☐ HIV-related services/products are covered by national health insurance. ☐ HIV-related services/products are covered by private or other health insurance. ☐ Adequate risk pooling exists for HIV services. ☐ Models currently exist for cost-recovery for ART. ☐ HIV drugs are not subject to higher pharmaceutical mark-ups than other drugs in the market.	4.6 Score:	0.00	
		Private Sector Engagement Score:	2.38	

5. Public Access to Information: Host government widely disseminates timely and reliable information on the implementation of HIV/AIDS policies and programs, including goals, progress and challenges towards achieving HIV/AIDS targets, as well as fiscal information (public revenues, budgets, expenditures, large contract awards , etc.) related to HIV/AIDS. Program and audit reports are published publically. Efforts are made to ensure public has access to data through print distribution, websites, radio or other methods of disseminating information.			**Source of Data**	**Notes/Comments**
5.1 Surveillance and Survey Transparency: Does the host country government ensure that HIV/AIDS surveillance and survey data, or at least a summary report of data, and analyses are made available to stakeholders and general public in a timely way?	○ A. The host country government does not make HIV/AIDS surveillance and survey summary reports available to stakeholders and the general public, or they are made available 3 or more years after the date of collection. ○ B. The host country government makes HIV/AIDS surveillance and survey summary reports available to stakeholders and the general public within 1-3 years. ◉ C. The host country government makes HIV/AIDS surveillance and survey summary reports available to stakeholders and the general public within the same year.	5.1 Score: 2.00	UCDC Bulletines, IBBS Reports, other data docs at the site of the UCDC and M&E Resource Center: http://ucdc.gov.ua/pages/diseases/hiv_aids/information; http://ucdc.gov.ua/resource-center	
5.2 Expenditure Transparency: Does the host country government make annual HIV/AIDS expenditure data, or at a minimum at least a summary of it, available to stakeholders and the public in a timely way?	○ A. The host country government does not make HIV/AIDS expenditure summary reports available to stakeholders and the general public or they are made available 3 or more years after the date of expenditures. ○ B. The host country government makes HIV/AIDS expenditure summary reports available to stakeholders and the general public or website within 1-3 years after date of expenditures. ◉ C. The host country government makes HIV/AIDS expenditure summary reports available to stakeholders and the general public within 1 year after expenditures.	5.2 Score: 2.00	Financial Report on the NAP - https://www.moz.gov.ua/ua/portal/pgrep_AIDS_2014_03.html; NASA as a separate report and an agregated indicator in GARPR aidsinfo.unaids.org	
5.3 Performance and Service Delivery Transparency: Does the host country government make annual HIV/AIDS program performance and service delivery data (or at a minimum of summary of it) available to stakeholders and the public in a timely way?	○ A. The host country government does not make HIV/AIDS program performance and service delivery summary reports available to stakeholders and the general public or they are made available 3 or more years after the date of programming. ○ B. The host country government makes HIV/AIDS program performance and service delivery summary reports available to stakeholders and the general public within 1-3 years after date of programming. ◉ C. The host country government makes HIV/AIDS program performance and service delivery summary reports available to stakeholders and the general public within 1 year after date of programming .	5.3 Score: 2.00	GARPR Report - http://ucdc.gov.ua/pages/diseases/hiv_aids/information, GARPR indicators in aidsinfo.unaids.org.	

5.4 Procurement Transparency: Does the host country government make government HIV/AIDS procurements public in a timely way?	○ A. Host country government does not make any HIV/AIDS procurements. ○ B. Host country government makes HIV/AIDS procurements, but neither procurement tender nor award details are publicly available. ○ C. Host country government makes HIV/AIDS procurements, and tender, but not award, details are publicly available. ◉ D. Host Country government makes HIV/AIDS procurements, and both tender and award details available.	5.4 Score: 2.00	The tenders informaiton is available on the MoH site. https://www.moz.gov.ua/ua/portal/ms_purchases/	Options do not give a choice or interpretation of Timely mannner (it is important for the situation in Ukraine). 5 days - standard to get information upon request.
5.5 Institutionalized Education System: Is there a government agency that is explicitly responsible for educating the public about HIV?	○ A. There is no government institution that is responsible for this function and no other groups provide education. ◉ B. There is no government institution that is responsible for this function but at least one of the following provides education: ☑ Civil society ☑ Media ☐ Private sector ○ C. There is a government institution that is responsible for, and is providing, scientifically accurate information on HIV/AIDS.	5.5 Score: 1.00	UCDC - http://ucdc.gov.ua/events/category/training	
	Public Access to Information Score:	**9.00**		

THIS CONCLUDES THE SET OF QUESTIONS ON DOMAIN A

Domain B. National Health System and Service Delivery

What Success Looks Like: Host country institutions (inclusive of government, NGOs, civil society, and the private sector), the domestic workforce, and local health systems constitute the primary vehicles through which HIV/AIDS programs and services are managed and delivered. Optimally, national, sub-national and local governments have achieved high and appropriate coverage of a range of quality, life-saving prevention, treatment, and care services and interventions. There is a high demand for HIV/AIDS services, which are accessible and affordable to poor and vulnerable populations at risk of infection (i.e. key populations, discordant couples, exposed infants), are infected and/or are affected by the HIV/AIDS epidemic.

6. Service Delivery: The host country government at national, sub-national and facility levels facilitates planning and management of, access to and linkages between facility- and community-based HIV services.			**Data Source**	**Notes/Comments**
6.1 Responsiveness of facility-based services to demand for HIV services: Do public facilities respond to and generate demand for HIV services to meet local needs? (Check all that apply.)	☐ Public facilities are able to tailor services to accommodate demand (e.g., modify or add hours/days of operations; add/second additional staff during periods of high patient influx; customize scope of HIV services offered; adapt organization/model of service deliver to patient flow) ☑ Public facilities are able to situate services in proximity to high-HIV burden locations or populations (e.g., mobile clinics) ☑ There is evidence that public facilities in high burden areas and/or serving high-burden populations generate demand for HIV services	6.1 Score: 0.74	As agreed upon by national experts and PLHIV representatives during the SID forum in U.S. Embassy/Kyiv on December 15, 2015	
6.2 Responsiveness of community-based HIV/AIDS services: Has the host country standardized the design and implementation of community-based HIV services?	The host country has standardized the following design and implementation components of community-based HIV services through (check all that apply): ☑ Formalized mechanisms of participation by communities, high-burden populations and/or civil society engagement in delivery or oversight of services ☐ National guidelines detailing how to operationalize HIV services in communities ☑ Providing official recognition to skilled human resources (e.g. community health workers) working and delivering HIV services in communities ☑ Providing financial support for community-based services ☐ Providing supply chain support for community-based services ☐ Supporting linkages between facility- and community-based services through formalized bidirectional referral services (e.g., use of national reporting systems to refer and monitor referrals for completeness)	6.2 Score: 0.56	National and Regional/ Subnational HIV and TB Coordination Councils' ToR with separate constituencies for local NGOs and PLHIV and TB patients (CabMin Resultion № 712 of September 18, 2013); As noted by the NGO representatives at the Dec 15-2015 National Stakeholders meeting on HIV resposne sustainabiloity, the local governments in Poltava, Cherkasy and Sumy regions provided small grants to local NGOs for HIV-related social services in 2015 and planned to continue in 2016	
6.3 Domestic Financing of Service Delivery: To what extent do host country institutions (public, private, or voluntary sector) finance the delivery of HIV/AIDS services in high burden areas (i.e. excluding any external financial assistance from donors)? (if exact or approximate percentage known, please note in Comments column)	○ A. Host country institutions provide no (0%) financing for delivery of HIV/AIDS services in high burden areas ○ B. Host country institutions provide minimal (approx. 1-9%) financing for delivery of HIV/AIDS services in high burden areas ◉ C. Host country institutions provide some (approx. 10-49%) financing for delivery of HIV/AIDS services in high burden areas ○ D. Host country institutions provide most (approx. 50-89%) financing for delivery of HIV/AIDS services in high burden areas ○ E. Host country institutions provide all or almost all (approx. 90%+) financing for delivery of HIV/AIDS services in high burden areas	6.3 Score: 0.83	NASA report for 2011-2012, MoH report on AIDS program implemenattion in 2014: http://www.moz.gov.ua/ua/portal/pgrep_AIDS_2014_03.html; http://www.moz.gov.ua/docfiles/pgrep_AIDS_2014_03.pdf;	MoH operational data: report on AIDS program implemenattion in 2014: http://www.moz.gov.ua/ua/portal/pgrep_AIDS_2014_03.html

6.4 Domestic Provision of Service Delivery: To what extent do host country institutions (public, private, or voluntary sector) deliver HIV/AIDS services in high burden areas without external technical assistance from donors?	○ A. HIV/AIDS services in high burden areas are primarily delivered by external agencies, organizations, or institutions. ◉ B. Host country institutions deliver HIV/AIDS services in high burden areas but with substantial external technical assistance. ○ C. Host country institutions deliver HIV/AIDS services in high burden areas with some external technical assistance. ○ D. Host country institutions deliver HIV/AIDS services in high burden areas with minimal or no external technical assistance.	6.4 Score: 0.37	As agreed upon by national experts and PLHIV representatives during the SID forum in U.S. Embassy/Kyiv on December 15, 2015	
6.5 Domestic Financing of Service Delivery for Key Populations: To what extent do host country institutions (public, private, or voluntary sector) finance the delivery of HIV/AIDS services to key populations in high burden areas (i.e. without external financial assistance from donors)? (if exact or approximate percentage known, please note in Comments column)	○ A. Host country institutions provide no or minimal (0%) financing for delivery of HIV/AIDS services to key populations in high burden areas. ○ B. Host country institutions provide minimal (approx. 1-9%) financing for delivery of HIV/AIDS services to key populations in high burden areas. ◉ C. Host country institutions provide some (approx. 10-49%) financing for delivery of HIV/AIDS services to key populations in high burden areas. ○ D. Host country institutions provide most (approx. 50-89%) financing for delivery of HIV/AIDS services to key populations in high burden areas. ○ E. Host country institutions provide all or almost all (approx. 90%+) financing for delivery of HIV/AIDS services to key populations in high burden areas.	6.5 Score: 0.83	As agreed upon by national experts and PLHIV representatives during the SID forum in U.S. Embassy/Kyiv on December 15, 2015	
6.6 Domestic Provision of Service Delivery for Key Populations: To what extent do host country institutions (public, private, or voluntary sector) deliver HIV/AIDS services to key populations in high burden areas without external technical assistance from donors?	○ A. HIV/AIDS services to key populations are primarily delivered by external agencies, organizations, or institutions. ◉ B. Host country institutions deliver HIV/AIDS services to key populations but with substantial external technical assistance. ○ C. Host country institutions deliver HIV/AIDS services to key populations with some external technical assistance. ○ D. Host country institutions deliver HIV/AIDS services to key populations with minimal or no external technical assistance.	6.6 Score: 0.37	As agreed upon by national experts and PLHIV representatives during the SID forum in U.S. Embassy/Kyiv on December 15, 2015	
6.7 National Service Delivery Capacity: Do national health authorities have the capacity to effectively plan and manage HIV services in high HIV burden areas?	The national MOH (check all that apply): ☑ Translates national policies/strategies into sub-national level HIV/AIDS strategic plan and response activities. ☑ Uses epidemiologic and program data to measure effectiveness of sub-national level programs in delivering needed HIV/AIDS services in right locations. ☐ Assesses current and future staffing needs based on HIV/AIDS program goals and budget realities for high burden locations. ☐ Develops sub-national level budgets that allocate resources to high burden service delivery locations. ☑ Effectively engages with civil society in program planning and evaluation of services . ☐ Designs a staff performance management plan to assure that staff working at high burden sites maintain good clinical and technical skills, such as through training and/or mentorship.	6.7 Score: 0.56	As agreed upon by national experts and PLHIV representatives during the SID forum in U.S. Embassy/Kyiv on December 15, 2015	

6.8 Sub-national Service Delivery Capacity: Do sub-national health authorities (i.e., district, provincial) have the capacity to effectively plan and manage HIV services sufficiently to achieve sustainable epidemic control?	Sub-national health authorities (check all that apply): ☑ Translate national policies/strategies into sub-national level HIV/AIDS strategic plan and response activities. ☐ Use epidemiologic and program data to measure effectiveness of sub-national level programs in delivering needed HIV/AIDS services in right locations. ☑ Assess current and future staffing needs based on HIV/AIDS program goals and budget realities for high burden locations. ☑ Develop sub-national level budgets that allocate resources to high burden service delivery locations. ☑ Effectively engage with civil society in program planning and evaluation of services. ☐ Design a staff performance management plan to assure that staff working at high burden sites maintain good clinical and technical skills, such as through training and/or mentorship.	6.8 Score: 0.74	As agreed upon by national experts and PLHIV representatives during the SID forum in U.S. Embassy/Kyiv on December 15, 2015	
		Service Delivery Score **5.00**		
7. Human Resources for Health: HRH staffing decisions for those working on HIV/AIDS are based on use of HR data and are aligned with national plans. Host country has sufficient numbers and categories of competent health care workers and volunteers to provide quality HIV/AIDS prevention, care and treatment services in health facilities and in the community. Host country trains, deploys and compensates health workers providing HIV/AIDS services through local public and/or private resources and systems. Host country has a strategy or plan for transitioning staff funded by donors.			**Data Source**	**Notes/Comments**
7.1 HRH Supply: To what extent is the health worker supply adequate to enable the volume and quality of HIV/AIDS services needed for sustained epidemic control at the facility and/or comm site level?	Check all that apply: ☑ The country's pre-service education institutions are producing an adequate supply and skills mix of health care providers ☐ The country's health workers are adequately deployed to, or distributed within, facilities and communities with high HIV burden ☐ The country has developed retention schemes that address health worker vacancy or attrition in high HIV burden areas ☑ The country's pre-service education institutions are producing an adequate supply and appropriate skills mix of social service workers to deliver social services to vulnerable children	7.1 Score: 0.67	As agreed upon by national experts and PLHIV representatives during the SID forum in U.S. Embassy/Kyiv on December 15, 2015	
7.2 HRH transition: What is the status of transitioning PEPFAR and other donor supported HIV/AIDS health worker salaries to local financing/compensation?	◉ A. There is no inventory or plan for transition of donor-supported health workers ○ B. There is an inventory of donor-supported health workers, but no official plan to transition these staff to local support ○ C. There is an inventory and plan for transition of donor-supported workers, but it has not yet been implemented ○ D. There is an inventory and plan for donor-supported workers to be transitioned, and staff are being transitioned according to this plan ○ E. No plan is necessary because all HIV/AIDS health worker salaries are already locally financed/compensated	7.2 Score: 0.00	As agreed upon by national experts and PLHIV representatives during the SID forum in U.S. Embassy/Kyiv on December 15, 2015	

7.3 Domestic funding for HRH: What proportion of health worker (doctors, nurses, midwives, and CHW) salaries are supported with domestic public or private resources (i.e. excluding donor resources)?	○ A. Host country institutions provide no (0%) health worker salaries ○ B. Host country institutions provide minimal (approx. 1-9%) health worker salaries ○ C. Host country institutions provide some (approx. 10-49%) health worker salaries ◉ D. Host country institutions provide most (approx. 50-89%) health worker salaries ○ E. Host country institutions provide all or almost all (approx. 90%+) health worker salaries	7.3 Score: 2.50	As agreed upon by national experts and PLHIV representatives during the SID forum in U.S. Embassy/Kyiv on December 15, 2015	
7.4 Pre-service: Do current pre-service education curricula for health workers providing HIV/AIDS services include HIV content that has been updated in last three years?	○ A. Pre-service education institutions do not have HIV content, or HIV content used by pre-service education institutions is out of date (not updated within 3 years) ◉ B. Pre-service institutions have updated HIV/AIDS content within the last three years (check all that apply): ☑ Updated content reflects national standards of practice for cadres offering HIV/AIDS-related services ☐ Institutions maintain process for continuously updating content, including HIV/AIDS content ☑ Updated curricula contain training related to stigma & discrimination of PLWHA ☐ Institutions track student employment after graduation to inform planning	7.4 Score: 1.00	As agreed upon by national experts and PLHIV representatives during the SID forum in U.S. Embassy/Kyiv on December 15, 2015	
7.5 In-service Training: To what extent does the host country government (through public, private, and/or voluntary sectors) plan and implement HIV/AIDS in-service training necessary to equip health workers for sustained epidemic control? (if exact or approximate percentage known, please note in Comments column)	Check all that apply among A, B, C, D: ☑ A. The host country government provides the following support for in-service training in the country (check ONE): ☐ Host country government implements no (0%) HIV/AIDS related in-service training ☐ Host country government implements minimal (approx. 1-9%) HIV/AIDS related in-service training ☐ Host country government implements some (approx. 10-49%) HIV/AIDS in-service training ☑ Host country government implements most (approx. 50-89%) HIV/AIDS in-service training ☐ Host country government implements all or almost all (approx. 90%+) HIV/AIDS in-service training ☐ B. The host country government has a national plan for institutionalizing (establishing capacity within local institutions to deliver) donor-supported in-service training in HIV/AIDS ☑ C. The host country government requires continuing professional development, a form of in-service training, for re-licensure for key clinicians ☐ D. The host country government maintains a database to track training for HIV/AIDS, and allocates training based on need (e.g. focusing on high burden areas)	7.5 Score: 0.58	As agreed upon by national experts and PLHIV representatives during the SID forum in U.S. Embassy/Kyiv on December 15, 2015	

7.6 HR Data Collection and Use: Does the country systematically collect health workforce data, such as through a Human Resource Information Systems (HRIS), for HIV/AIDS services and/or health workforce planning and management?	○ A. There is no HRIS in country and data on the health workforce is not collected systematically for planning and management ○ B. There is no HRIS in country, but some data is collected for planning and management ☐ Registration and re-licensure data for key professionals is collected and used for planning and management ☐ MOH health worker employee data (number, cadre, and location of employment) is collected and used ☐ Routine assessments are conducted regarding health worker staffing at health facility and/or community sites ◉ C. There is an HRIS (an interoperable system that captures at least regulatory and deployment data on health workers) in country: ☑ The HRIS is primarily financed and managed by host country institutions ☐ There is a national strategy or approach to interoperability for HRIS ☑ The government produces HR data from the system at least annually ☑ Host country institutions use HR data from the system for planning and management (e.g. health worker deployment)	7.6 Score: 1.17	As agreed upon by national experts and PLHIV representatives during the SID forum in U.S. Embassy/Kyiv on December 15, 2015	
	Human Resources for Health Score	**5.92**		
8. Commodity Security and Supply Chain: The National HIV/AIDS response ensures a secure, reliable and adequate supply and distribution of quality products, including drugs, lab and medical supplies, health items, and equipment required for effective and efficient HIV/AIDS prevention, diagnosis and treatment. Host country efficiently manages product selection, forecasting and supply planning, procurement, warehousing and inventory management, transportation, dispensing and waste management reducing costs while maintaining quality.			**Data Source**	**Notes/Comments**
8.1 ARV Domestic Financing: What is the estimated percentage of ARV procurement funded by domestic sources? (Domestic sources includes public sector and private sector but excludes donor and out-of-pocket funds) (if exact or approximate percentage known, please note in Comments column)	○ A. This information is not known. ○ B. No (0%) funding from domestic sources ○ C. Minimal (approx. 1-9%) funding from domestic sources ◉ D. Some (approx. 10-49%) funded from domestic sources ○ E. Most (approx. 50 – 89%) funded from domestic sources ○ F. All or almost all (approx. 90%+) funded from domestic sources	8.1 Score: 0.42	As agreed upon by national experts and PLHIV representatives during the SID forum in U.S. Embassy/Kyiv on December 15, 2015	
8.2 Test Kit Domestic Financing: What is the estimated percentage of HIV Rapid Test Kit procurement funded by domestic sources? (Domestic sources includes public sector and private sector but excludes donor and out-of-pocket funds) (if exact or approximate percentage known, please note in Comments column)	○ A. This information is not known ○ B. No (0%) funding from domestic sources ○ C. Minimal (approx. 1-9%) funding from domestic sources ◉ D. Some (approx. 10-49%) funded from domestic sources ○ E. Most (approx. 50-89%) funded from domestic sources ○ F. All or almost all (approx. 90%+) funded from domestic sources	8.2 Score: 0.42	As agreed upon by national experts and PLHIV representatives during the SID forum in U.S. Embassy/Kyiv on December 15, 2015	

8.3 Condom Domestic Financing: What is the estimated percentage of condom procurement funded by domestic (not donor) sources? *Note:* The denominator should be the supply of free or subsidized condoms provided to public or private sector health facilities or community based programs. (if exact or approximate percentage known, please note in Comments column)	○ A. This information is not known ◉ B. No (0%) funding from domestic sources ○ C. Minimal (approx. 1-9%) funding from domestic sources ○ D. Some (approx. 10-49%) funded from domestic sources ○ E. Most (approx. 50-89%) funded from domestic sources ○ F. All or almost all (approx. 90%+) funded from domestic sources	8.3 Score: 0.00	As agreed upon by national experts and PLHIV representatives during the SID forum in U.S. Embassy/Kyiv on December 15, 2015	
8.4 Supply Chain Plan: Does the country have an agreed-upon national supply chain plan that guides investments in the supply chain?	◉ A. There is no plan or thoroughly annually reviewed supply chain standard operating procedure (SOP). ○ B. There is a plan/SOP that includes the following components (check all that apply): ☐ Human resources ☐ Training ☐ Warehousing ☐ Distribution ☐ Reverse Logistics ☐ Waste management ☐ Information system ☐ Procurement ☐ Forecasting ☐ Supply planning and supervision ☐ Site supervision	8.4 Score: 0.00	As agreed upon by national experts and PLHIV representatives during the SID forum in U.S. Embassy/Kyiv on December 15, 2015	
8.5 Supply Chain Plan Financing: What is the estimated percentage of financing for the supply chain plan that is provided by domestic sources (i.e. excluding donor funds)? (if exact or approximate percentage known, please note in Comments column)	○ A. This information is not available. ○ B. No (0%) funding from domestic sources. ○ C. Minimal (approx. 1-9%) funding from domestic sources. ◉ D. Some (approx. 10-49%) funding from domestic sources. ○ E. Most (approx. 50-89%) funding from domestic sources. ○ F. All or almost all (approx. 90%+) funding from domestic sources.	8.5 Score: 0.42	As agreed upon by national experts and PLHIV representatives during the SID forum in U.S. Embassy/Kyiv on December 15, 2015	

8.6 Stock: Does the host country government manage processes and systems that ensure appropriate ARV stock levels?	Check all that apply: ☑ The group making re-supply decisions for ARVs, have timely visibility into the ARV stock on hand at facilities ☐ Facilities are stocked with ARVs according to plan (above the minimum and below the maximum stock level) 90% of the time ☑ MOH or other host government personnel make re-supply decisions with minimal external assistance: ☐ Decision makers are not seconded or implementing partner staff ☑ Supply chain data are maintained within the Ministry of Health and not solely stored by donor-funded projects ☑ Team that conducts analysis of facility data is at least 50% host government	8.6 Score: 1.23	As agreed upon by national experts and PLHIV representatives during the SID forum in U.S. Embassy/Kyiv on December 15, 2015	
8.7 Assessment: Was an overall score of above 80% achieved on the SCMS National Supply Chain Assessment or top quartile for an equivalent assessment conducted within the last three years? (if exact or approximate percentage known, please note in Comments column)	◉ A. A comprehensive assessment has not been done ○ B. A comprehensive assessment has been done but the score was lower than 80% (for NSCA) or in the bottom three quartiles for the global average of other equivalent assessments ○ C. A comprehensive assessment has been done and the score was higher than 80% (for NSCA) or in the top quartile for the assessment	8.7 Score: 0.00	As agreed upon by national experts and PLHIV representatives during the SID forum in U.S. Embassy/Kyiv on December 15, 2015	
	Commodity Security and Supply Chain Score:	**2.48**		
9. Quality Management: Host country has institutionalized quality management systems, plans, workforce capacities and other key inputs to ensure that modern quality improvement methodologies are applied to managing and providing HIV/AIDS services			**Data Source**	**Notes/Comments**
9.1 Existence of a Quality Management (QM) System: Does the host country government support appropriate QM structures to support continuous quality improvement (QI) at national, sub-national and site levels?	○ A. The host country government does not have structures or resources to support site-level continuous quality improvement ◉ B. The host country government: ☑ Has structures with dedicated focal points or leaders (e.g., committee, focal person, working groups, teams) at the national level, sub-national level and in a majority of sites where HIV/AIDS care and services are offered that are supporting site-level continuous quality improvement ☐ Has a budget line item for the QM program ☐ Supports a knowledge management platform (e.g., web site) and/or peer learning opportunities available to site QI participants to gain insights from other sites and interventions	9.1 Score: 0.67	As agreed upon by national experts and PLHIV representatives during the SID forum in U.S. Embassy/Kyiv on December 15, 2015	

9.2 Quality Management/Quality Improvement (QM/QI) Plan: Is there a current (updated within the last 2 years) QM/QI plan? (The plan may be HIV program-specific or include HIV program-specific elements in a national health sector QM/QI plan.)	◉ A. There is no HIV/AIDS-related QM/QI strategy ○ B. There is a QM/QI strategy that includes HIV/AIDS, but it is not current (updated within the last 2 years) ○ C. There is a current QM/QI strategy that includes HIV/AIDS program specific elements ○ D. There is a current HIV/AIDS program specific QM/QI strategy	9.2 Score: 0.00	As agreed upon by national experts and PLHIV representatives during the SID forum in U.S. Embassy/Kyiv on December 15, 2015	
9.3 Performance Data Collection and Use for Improvement: Are HIV program performance measurement data systematically collected and analyzed to identify areas of patient care and services that can be improved through national decision making, policy, or priority setting?	○ A. HIV program performance measurement data are not used to identify areas of patient care and services that can be improved through national decision making, policy, or priority setting. ◉ B. HIV program performance measurement data are used to identify areas of patient care and services that can be improved through national decision making, policy, or priority setting (check all that apply): ☐ The national quality structure has a clinical data collection system from which local performance measurement data on prioritized measures are being collected, aggregated nationally, and analyzed for local and national improvement ☑ There is a system for sharing data at the national, SNU, and local level, with evidence that data is used to identify quality gaps and initiate QI activities ☐ There is documentation of results of QI activities and demonstration of national HIV program improvement	9.3 Score: 0.67	As agreed upon by national experts and PLHIV representatives during the SID forum in U.S. Embassy/Kyiv on December 15, 2015; website portal hosted by MoH/ UCDC: http://ucdc.gov.ua/resource-center; http:/hiv.ucdc.gov.ua/	
9.4 Health worker capacity for QM/QI: Does the host country government ensure that the health workforce has capacities to apply modern quality improvement methods to HIV/AIDS care and services?	◉ A. There is no training or recognition offered to build health workforce competency in QI. ○ B. There is health workforce competency-building in QI, including: ☐ Pre-service institutions incorporate modern quality improvement methods in curricula ☐ National in-service training (IST) curricula integrate quality improvement training for members of the health workforce (including managers) who provide or support HIV/AIDS services	9.4 Score: 0.00	As agreed upon by national experts and PLHIV representatives during the SID forum in U.S. Embassy/Kyiv on December 15, 2015	

9.5 Existence of QI Implementation: Does the host country government QM system use proven systematic approaches for QI?	The national-level QM structure: ☐ Provides oversight to ensure continuous quality improvement in HIV/AIDS care and services ☐ Regularly convenes meetings that includes health services consumers ☑ Routinely reviews national, sub-national and clinical outcome data to identify and prioritize areas for improvement Sub-national QM structures: ☑ Provide coordination and support to ensure continuous quality improvement in HIV/AIDS care and services ☐ Regularly convene meetings that includes health services consumers ☐ Routinely review national, sub-national and clinical outcome data to identify and prioritize areas for improvement Site-level QM structures: ☑ Undertake continuous quality improvement in HIV/AIDS care and services to identify and prioritize areas for improvement	9.5 Score: 0.86	As noted by the MoH/ UCDC representatives at the SID/ National Stakeholders forum in U.S. Embassy/Kyiv on December 15, 2015	
		Quality Management Score: **2.19**		
10. Laboratory: The host country ensures adequate funds, policies, and regulations to ensure laboratory capacity (workforce, equipment, reagents, quality) matches the services required for PLHIV.			**Data Source**	**Notes/Comments**
10.1 Strategic Plan: Does the host country have a national laboratory strategic plan?	◉ A. There is no national laboratory strategic plan ○ B. National laboratory strategic plan is under development ○ C. National laboratory strategic plan has been developed, but not approved ○ D. National laboratory strategic plan has been developed and approved ○ E. National laboratory plan has been developed, approved, and costed	8.1 Score: 0.00	As agreed upon by national experts and PLHIV representatives during the SID forum in U.S. Embassy/Kyiv on December 15, 2015	
10.2 Regulations to Monitor Quality of Laboratories and Point of Care Testing (POCT) Sites: To what extent does the host country have regulations in place to monitor the quality of its laboratories and POCT sites? (if exact or approximate percentage known, please note in Comments column)	○ A. Regulations do not exist to monitor minimum quality of laboratories in the country. ○ B. Regulations exist, but are not implemented (0% of laboratories and POCT sites regulated). ○ C. Regulations exist, but are minimally implemented (approx.. 1-9% of laboratories and POCT sites regulated). ○ D. Regulations exist, but are partially implemented (approx. 10-49% of laboratories and POCT sites regulated). ○ E. Regulations exist and are mostly implemented (approx. 50-89% of laboratories and POCT sites regulated). ◉ F. Regulations exist and are fully or almost fully implemented (approx. 90%+ of laboratories and POCT sites regulated).	8.2 Score: 1.67	As agreed upon by national experts and PLHIV representatives during the SID forum in U.S. Embassy/Kyiv on December 15, 2015	

10.3 Capacity of Laboratory Workforce: Does the host country have an adequate number of qualified laboratory personnel (human resources [HR]) in the public sector, to sustain key functions to meet the needs of PLHIV for diagnosis, monitoring treatment and viral load suppression?	○ A. There are not adequate qualified laboratory personnel to achieve sustained epidemic control ◉ B. There are adequate qualified laboratory personnel to perform the following key functions: ☑ HIV diagnosis in laboratories and point-of-care settings ☑ TB diagnosis in laboratories and point-of-care settings ☑ CD4 testing in laboratories and point-of-care settings ☑ Viral load testing in laboratories and point-of-care settings ☑ Early Infant Diagnosis in laboratories ☑ Malaria infections in laboratories and point-of-care settings ☑ Microbiology in laboratories and point-of-care settings ☑ Blood banking in laboratories and point-of-care settings ☐ Opportunistic infections including Cryptococcal antigen in laboratories and point-of-care settings	8.3 Score: 1.48	As agreed upon by national experts and PLHIV representatives during the SID forum in U.S. Embassy/Kyiv on December 15, 2015	
10.4 Viral Load Infrastructure: Does the host country have sufficient infrastructure to test for viral load to reach sustained epidemic control?	○ A. There is not sufficient infrastructure to test for viral load. ◉ B. There is sufficient infrastructure to test for viral load, including: ☑ Sufficient viral load instruments and reagents ☐ Appropriate maintenance agreements for instruments ☐ Adequate specimen transport system and timely return of results	8.4 Score: 0.56	As agreed upon by national experts and PLHIV representatives during the SID forum in U.S. Embassy/Kyiv on December 15, 2015	
10.5 Domestic Funds for Laboratories: To what extent are laboratory services financed by domestic public or private resources (i.e. excluding external donor funding)? (if exact or approximate percentage known, please note in Comments column)	○ A. No (0%) laboratory services are financed by domestic resources. ○ B. Minimal (approx. 1-9%) laboratory services are financed by domestic resources. ○ C. Some (approx. 10-49%) laboratory services are financed by domestic resources. ◉ D. Most (approx. 50-89%) laboratory services are financed by domestic resources. ○ E. All or almost all (approx. 90%+) laboratory services are financed by domestic resources.	8.5 Score: 2.50	As agreed upon by national experts and PLHIV representatives during the SID forum in U.S. Embassy/Kyiv on December 15, 2015	
		Laboratory Score:	**6.20**	

THIS CONCLUDES THE SET OF QUESTIONS ON DOMAIN B

Domain C. Strategic Investments, Efficiency, and Sustainable Financing

What Success Looks Like: Host country government is aware of the financial resources required to effectively and efficiently meet its national HIV/AIDS prevention, care and treatment targets. HCG actively seeks, solicits and or generates the necessary financial resources, ensures sufficient resource commitments, and uses data to strategically allocate funding and maximize investments.

11. Domestic Resource Mobilization: The partner country budgets for its HIV/AIDS response and makes adequate resource commitments and expenditures to achieve national HIV/AIDS goals for epidemic control in line with its financial ability.			**Data Source**	**Notes/Comments**
11.1 Domestic Budget: To what extent does the national budget explicitly account for the national HIV/AIDS response?	○ A. There is no explicit funding for HIV/AIDS in the national budget. ◉ B. There is explicit HIV/AIDS funding within the national budget. ☑ The HIV/AIDS budget is program-based across ministries ☑ The budget includes or references indicators of progress toward national HIV/AIDS strategy goals ☑ The budget includes specific HIV/AIDS service delivery targets ☑ National budget reflects all sources of funding for HIV, including from external donors	11.1 Score: 2.22	NAP 2014-2018 site of RADA. http://zakon1.rada.gov.ua/laws/show/1708-18. The funds of the NAP depend on the annual budget allocations. Budget Law.	
11.2 Annual Targets: Did the most recent budget as executed achieve stated annual HIV/AIDS goals? (if exact or approximate percentage known, please note in Comments column)	○ A. There are no HIV/AIDS goals/targets articulated in the national budget ○ B. There are annual HIV/AIDS goals/targets articulated in the most recent national budget, but none (0%) were attained. ○ C. There are annual HIV/AIDS goals/targets articulated in the most recent national budget, but very few (approx. 1-9%) were attained. ○ D. There are annual HIV/AIDS goals/targets articulated in the most recent national budget, and some (approx. 10-49%) were reached. ◉ E. There are annual HIV/AIDS goals/targets articulated in the most recent national budget, and most (approx. 50-89%) were reached. ○ F. There are annual HIV/AIDS goals/targets articulated in the most recent national budget, and all or almost all (approx. 90%+) were reached.	11.2 Score: 1.67	Report on NAP implementation 2014: By indicators https://www.moz.gov.ua/ua/portal/pgrep_AIDS_2014_01.html By funds: https://www.moz.gov.ua/ua/portal/pgrep_AIDS_2014_03.html BY activities: https://www.moz.gov.ua/ua/portal/pgrep_AIDS_2014_02.html GARPR	GARPR report (March 2015): by indicators http://aidsinfo.unaids.org/

11.3 Budget Execution: For the previous three years, what was the average execution rate for budgeted domestic HIV/AIDS resources (i.e. excluding any donor funds) at both the national and subnational level? (If subnational data does not exist or is not available, answer the question for the national level. Note level covered in the comments column)	○ A. Information is not available ○ B. There is no national HIV/AIDS budget, or the execution rate was 0%. ○ C. 1-9% ◉ D. 10-49% ○ E. 50-89% ○ F. 90% or greater	11.3 Score: 1.11	Report on NAP 2014 implementation (finance) https://www.moz.gov.ua/ua/portal/pgrep_AIDS_2014_03.html	Sub-national level - expenditures as per the Oblast AIDS Programmes. Not agregated data.
11.4 PLACEHOLDER for future indicator measuring country's financial ability to pay for its HIV response (will not be included in SID for COP 16)				
11.5 Domestic Spending: What percent of the annual national HIV response is financed with domestic public and domestic private sector HIV funding (excluding out-of-pocket and donor resources)? (if exact or approximate percentage known, please note in Comments column)	○ A. None (0%) is financed with domestic funding. ○ B. Very little (approx. 1-9%) is financed with domestic funding. ◉ C. Some (approx. 10-49%) is financed with domestic funding. ○ D. Most (approx. 50-89%) is financed with domestic funding. ○ E. All or almost all (approx. 90%+) is financed with domestic funding.	11.6 Score: 1.67	Funding gap analysis GFATM NFM - for planned resources. MoH Report on NAP, 2014. https://www.moz.gov.ua/ua/portal/pgrep_AIDS_2014_03.html	NASA2013-2014 will ba available by March 2015.
	Domestic Resource Mobilization Score:	**6.67**		

12. Technical and Allocative Efficiencies: The host country analyzes and uses relevant HIV/AIDS epidemiological, health, health workforce, and economic data to inform HIV/AIDS investment decisions. For maximizing impact, data are used to choose which high impact program services and interventions are to be implemented, where resources should be allocated, and what populations demonstrate the highest need and should be targeted (i.e. the right thing at the right place and at the right time). Unit costs are tracked and steps are taken to improve HIV/AIDS outcomes within the available resource envelope (or achieves comparable outcomes with fewer resources).			**Data Source**	**Notes/Comments**
12.1 Resource Allocation Process: Does the partner country government utilize a recognized data-driven model to inform the allocation of domestic (i.e. non-donor) public HIV resources? (note: full score achieved by selecting one checkbox)	○ A. The host country government does not use one of the mechanisms listed below to inform the allocation of their resources. ◉ B. The host country government does use the following mechanisms to inform the allocation of their resources (check all that apply): ☑ Optima ☑ Spectrum (including EPP and Goals) ☑ AIDS Epidemic Model (AEM) ☐ Modes of Transmission (MOT) Model ☐ Other recognized process or model (specify in notes column)	12.1 Score: 1.43	Investment Case (Allocative Effic iency study based on Optima) WB,UNAIDS 2014) - policy brief is available. Spectrum data analysis http://ucdc.gov.ua/uploads/documents/c21991/2b87e22809b7504610e7583b934cf583.pdf). Publication by UCDC; GARPR and AIDSinfo site for Specturm data in indicators.	
12.2 High Impact Interventions: What percentage of site-level point of service HIV domestic public sector resources (excluding any donor funds) are being allocated to the following set of interventions: provision of ART, VMMC, PMTCT, HTC, condoms, and targeted prevention for key and priority populations? (if exact or approximate percentage known, please note in Comments column)	○ A. Information not available ○ B. No (0%) site-level, point-of-service domestic HIV resources are allocated to the listed set of interventions. ○ C. Minimal (approx. 1-9%) of site-level, point-of-service domestic HIV resources are allocated to the listed set of interventions. ◉ D. Some (approx. 10-49%) of site-level, point-of-service domestic HIV resources are allocated to the listed set of interventions. ○ E. Most (approx. 50-89%) of site-level, point-of-service domestic HIV resources are allocated to the listed set of interventions. ○ F. All or almost all (approx. 90%+) of site-level, point-of-service domestic HIV resources are allocated to the listed set of interventions.	12.2 Score: 0.71	NAP 2014 budget. NAP 2014-2018 - see the sources of funds planned. http://zakon1.rada.gov.ua/laws/show/1708-18	The gov does not finance prevention for key population, 100% Gov funding for PMTCT, HTC, 74% of ARV. The answer choice is intuitive.

12.3 Geographic Allocation: Of central government HIV-specific resources (excluding any donor funds) allocated to geographic subunits in the most recent year available, what percentage is being allocated in the highest burden geographic areas (i.e. districts that cumulatively account for 80% of PLHIV)? (if exact or approximate percentage known, please note in Comments column)	○ A. Information not available. ○ B. No resources (0%) are targeting the highest burden geographic areas. ○ C. Minimal resources (approx. 1-9%) are targeting the highest burden geographic areas. ◉ D. Some resources (approx. 10-49%) are targeting the highest burden geographic areas. ○ E. Most resources (approx. 50-89%) are targeting the highest burden geographic areas. ○ F. All or almost all resources (approx. 90%+) are targeting the highest burden geographic areas.	12.3 Score: 0.71	UCDC site ART distribution in Oblasts http://ucdc.gov.ua/pages/diseases/hiv_aids/treatment-and-prevention/art; Information bulletins http://ucdc.lestrotest.com/pages/diseases/hiv_aids/monitoring/information-bulletins; Order 33 - human resources redistribution is not prioratized by epid situation or disease burdain (number on ART) - - о штатных нормативах медучреждений (неравномерное распределение ресурсов, в частности кадровых): https://www.moz.gov.ua/ua/portal/dn_20000223_33n.html	The resources allocated as per the burdain of ART, testing (drugs , tests). Human resources for medical services are not correlated with disease burdain. Routing reporting forms of the regions to UCDC, Bulletin of the UCDC.
12.4 Data-Driven Reprogramming: Do host country government policies/systems allow for reprograming domestic investments based on new or updated program data during the government funding cycle?	○ A. There is no system for funding cycle reprogramming ○ B. There is a policy/system that allows for funding cycle reprogramming, but it is seldom used. ◉ C. There is a system that allows for funding cycle reprogramming and reprogramming is done as per the policy but not based on data ○ D. There is a policy/system that allows for funding cycle reprogramming and reprogramming is done as per the policy and is based on data	Q3 Score: 0.95	Regulations on the reviews of the NAP and plans.	2015 Request of the Parliamentary Committeeon Health to the Parliament for increased budget for ART, TB and testing.
12.5 Unit Costs: Does the host country government use recent expenditure data or cost analysis (i.e. data from within the last three years) to estimate unit costs of HIV/AIDS services for budgeting or planning purposes? (note: full score can be achieved without checking all disaggregate boxes).	○ A. The host country government does not use recent expenditure data or cost analysis to estimate unit costs ◉ B. The host country government uses recent expenditure data or cost analysis to estimate unit costs for (check all that apply): ☑ HIV Testing ☑ Care and Support ☑ ART ☑ PMTCT ☐ VMMC ☑ OVC Service Package ☑ Key population Interventions	12.5 Score: 1.43	The NAP 2014-2018 budget formulation/costing documents. GFATM NFM Application budget and analytical documents on the process of costing of services - available as a chapter on Best practices submitted to the GARPR 2015. http://ucdc.gov.ua/pages/diseases/hiv_aids/information	The answer is opposite to the one of the last year. The reason is in the interpretation of the question. With an economist in the group the "unit cost" was interpreted as an economic term - the national budgeting is not done based on the unit costs, but based on teh costs of materials, drugs, and etc (elements of the unit cost) needed to cover the certain number of people (clients). Though teh country does not know the unit cost for ART all elements of the cost of providign ART are known and used in budgeting.

12.6 Improving Efficiency: Has the partner country achieved any of the following efficiency improvements through actions taken within the last three years?	Check all that apply: ☑ Improved operations or interventions based on the findings of cost-effectiveness or efficiency studies ☐ Reduced overhead costs by streamlining management ☐ Lowered unit costs by reducing fragmentation, i.e. pooled procurement, resource pooling, etc. ☐ Improved procurement competition ☐ Integrated HIV/AIDS into national or subnational insurance schemes (private or public -- need not be within last three years) ☑ Integrated HIV into primary care services with linkages to specialist care (need not be within last three years) ☑ Integrated TB and HIV services, including ART initiation in TB treatment settings and TB screening and treatment in HIV care settings (need not be within last three years) ☐ Integrated HIV and MCH services, including ART initiated and maintained in eligible pregnant and postpartum women and in infants at maternal and child health care settings (need not be within last three years) ☑ Developed and implemented other new and more efficient models of HIV service delivery (specify in comments)	12.6 Score: 0.63	Allocative Efficiemcy Study (Optima), UCDC - Spectrum data, GARPR and AIDSinfo site for Specturm data in indicators. UCDC Spectrum publication. Alliance CITI, Case management, RESPOND Project -IDUs with 6 months ART break -Steps to Health.	GARPR 2015 http://ucdc.gov.ua/pages/diseases/hiv_aids/information
12.7 ARV Benchmark prices: How do the costs of ARVs (most common first line regimen) purchased in the previous year by the partner government using domestic resources compare to international benchmark prices for that year? (Use the "factory cost" of purchased commodities, excluding transport costs, distribution costs, etc.)	○ A. Partner government did not pay for any ARVs using domestic resources in the previous year. ◉ B. Average price paid for ARVs by the partner government in the previous year was more than 50% greater than the international benchmark price for that regimen. ○ C. Average price paid for ARVs by the partner government in the previous year was 10-50% greater than the international benchmark price for that regimen. ○ D. Average price paid for ARVs by the partner government in the previous year was 1-10% greater than the international benchmark price for that regimen. ○ E. Average price paid for ARVs by the partner government in the previous year was below or equal to the international benchmark price for that regimen.	12.7 Score: 0.36	http://apps.who.int/hiv/amds/price/hdd/	WHO Global Price Reference Mechanism: in 2014 - median annual cost of ART in Ukraine was $128.3 and in Eastern Europe and Central Asia Region it was $76.5
Technical and Allocative Efficiencies Score:		**6.23**		

THIS CONCLUDES THE SET OF QUESTIONS ON DOMAIN C

Domain D: Strategic Information

What Success Looks Like: Using local and national systems, the host country government collects, analyzes and makes available timely, comprehensive, and quality HIV/AIDS data (including epidemiological, economic/financial, and performance data) that can be used to inform policy, program and funding decisions.

13.Epidemiological and Health data: Host Country Government routinely collects, analyzes and makes available data on the HIV/AIDS epidemic and its effects on health outcomes. HIV/AIDS epidemiological and health data include size estimates of key populations, PLHIV, HIV incidence, HIV prevalence, viral load and AIDS-related mortality rates.			**Data Source**	**Notes/Comments**
13.1 Who Leads General Population Surveys & Surveillance: To what extent does the host country government lead and manage planning and implementation of the HIV/AIDS portfolio of general population epidemiological surveys and/or surveillance activities (population-based household surveys, case reporting/clinical surveillance, drug resistance surveillance, etc.)?	○ A. No HIV/AIDS general population surveys or surveillance activities have been conducted within the past 5 years ◉ B. Surveys & surveillance activities are primarily planned and implemented by external agencies, organizations or institutions ○ C. Surveys & surveillance activities are planned and implemented by the host country government/other domestic institution, with substantial technical assistance from external agencies ○ D. Surveys & surveillance activities are planned and implemented by the host country government/other domestic institution, with some technical assistance from external agencies ○ E. Surveys & surveillance activities are planned and implemented by the host country government/other domestic institution, with minimal or no technical assistance from external agencies	13.1 Score: 0.24	MICS, As agreed upon by national experts and PLHIV representatives during the SID forum in U.S. Embassy/Kyiv on December 15, 2015	
13.2 Who Leads Key Population Surveys & Surveillance: To what extent does the host country government lead & manage planning and implementation of the HIV/AIDS portfolio of key population epidemiological surveys and/or behavioral surveillance activities (IBBS, size estimation studies, etc.)?	○ A. No HIV/AIDS key population surveys or surveillance activities have been conducted within the past 5 years ○ B. Surveys & surveillance activities are primarily planned and implemented by external agencies, organizations or institutions ◉ C. Surveys & surveillance activities are planned and implemented by the host country government/other domestic institution, with substantial technical assistance from external agencies ○ D. Surveys & surveillance activities are planned and implemented by the host country government/other domestic institution, with some technical assistance from external agencies ○ E. Surveys & surveillance activities are planned and implemented by the host country government/other domestic institution, without minimal or no technical assistance from external agencies	13.2 Score: 0.48	IBBSs from 2007 to 2012 were funded by the Global Fund, since 2013 - by PEPFAR. Noted and agreed upon by national experts and PLHIV representatives during the SID forum in U.S. Embassy/Kyiv on December 15, 2015	
13.3 Who Finances General Population Surveys & Surveillance: To what extent does the host country government fund the HIV/AIDS portfolio of general population epidemiological surveys and/or surveillance activities (e.g., protocol development, printing of paper-based tools, salaries and transportation for data collection, etc.)? (if exact or approximate percentage known, please note in Comments column)	○ A. No HIV/AIDS general population surveys or surveillance activities have been conducted within the past 5 years ○ B. No financing (0%) is provided by the host country government ○ C. Minimal financing (approx. 1-9%) is provided by the host country government ◉ D. Some financing (approx. 10-49%) is provided by the host country government ○ E. Most financing (approx. 50-89%) is provided by the host country government ○ F. All or almost all financing (90% +) is provided by the host country government	13.3 Score: 0.83	Governemnt pays for ANC and PMTCT. Noted and agreed upon by national experts and PLHIV representatives during the SID forum in U.S. Embassy/Kyiv on December 15, 2015	

13.4 Who Finances Key Populations Surveys & Surveillance: To what extent does the host country government fund the HIV/AIDS portfolio of key population epidemiological surveys and/or behavioral surveillance activities (e.g., protocol development, printing of paper-based tools, salaries and transportation for data collection, etc.)? (if exact or approximate percentage known, please note in Comments column)	○ A. No HIV/AIDS key population surveys or surveillance activities have been conducted within the past 5 years ○ B. No financing (0%) is provided by the host country government ◉ C. Minimal financing (approx. 1-9%) is provided by the host country government ○ D. Some financing (approx. 10-49%) is provided by the host country government ○ E. Most financing (approx. 50-89%) is provided by the host country government ○ F. All or almost all financing (approx. 90% +) is provided by the host country government	13.4 Score: 0.42	As agreed upon by national experts and PLHIV representatives during the SID forum in U.S. Embassy/Kyiv on December 15, 2015	
13.5 Comprehensiveness of Prevalence and Incidence Data: To what extent does the host country government collect HIV prevalence and incidence data according to relevant disaggregations, populations and geographic units? (Note: Full score possible without selecting all disaggregates.)	Check ALL boxes that apply below: ☑ A. The host country government collects at least every 5 years HIV prevalence data disaggregated by: ☑ Age ☑ Sex ☑ Key populations (FSW, PWID, MSM/transgender) ☑ Priority populations (e.g., military, prisoners, young women & girls, etc.) ☑ Sub-national units ☐ B. The host country government collects at least every 5 years HIV incidence disaggregated by: ☐ Age ☐ Sex ☐ Key populations (FSW, PWID, MSM/transgender) ☐ Priority populations (e.g., military, prisoners, young women & girls, etc.) ☐ Sub-national units	13.5 Score: 0.48	As agreed upon by national experts and PLHIV representatives during the SID forum in U.S. Embassy/Kyiv on December 15, 2015	Transgender, FSW (-), MSM and military is limited, Projected incidence through Spectrum, AEM, IBBS, and Lag tests

13.6 Comprehensiveness of Viral Load Data: To what extent does the host country government collect/report viral load data according to relevant disaggregations and across all PLHIV? (if exact or approximate percentage known, please note in Comments column)	○ A. The host country government does not collect/report viral load data or does not conduct viral load monitoring ◉ B. The host country government collects/reports viral load data (answer both subsections below): According to the following disaggregates (check ALL that apply): ☑ Age ☐ Sex ☐ Key populations (FSW, PWID, MSM/transgender) ☐ Priority populations (e.g., military, prisoners, young women & girls, etc.) For what proportion of PLHIV (select ONE of the following): ☐ Less than 25% ☑ 25-50% ☐ 50-75% ☐ More than 75%	13.6 Score: 0.36	As agreed upon by national experts and PLHIV representatives during the SID forum in U.S. Embassy/Kyiv on December 15, 2015.	Annual. Sex disaggregation is collected, but not reported
13.7 Comprehensiveness of Key and Priority Populations Data: To what extent does the host country government conduct IBBS and/or size estimation studies for key and priority populations? (Note: Full score possible without selecting all disaggregates.)	○ A. The host country government does not conduct IBBS or size estimation studies for key populations (FSW, PWID, MSM) or priority populations (Military, etc.). ◉ B. The host country government conducts (answer both subsections below): IBBS for (check ALL that apply): ☑ Female sex workers (FSW) ☑ Men who have sex with men (MSM)/transgender ☑ People who inject drugs (PWID) ☑ Priority populations (e.g., military, prisoners, young women & girls, etc.) Size estimation studies for (check ALL that apply): ☑ Female sex workers (FSW) ☑ Men who have sex with men (MSM)/transgender ☑ People who inject drugs (PWID) ☐ Priority populations (e.g., military, prisoners, young women & girls, etc.)	13.7 Score: 0.95	As agreed upon by national experts and PLHIV representatives during the SID forum in U.S. Embassy/Kyiv on December 15, 2015.	
13.8 Timeliness of Epi and Surveillance Data: To what extent is a timeline for the collection of epidemiologic and surveillance data outlined in a national HIV/AIDS surveillance and survey strategy (or a national surveillance and survey strategy with specifics for HIV)?	○ A. There is no national HIV surveillance and surveys strategy, or a national surveillance and surveys strategy exists but does not include specifics for HIV surveillance and surveys ○ B. A national HIV surveillance and surveys strategy exists (or a national surveillance and surveys strategy exists and includes specifics for HIV), but the strategy does not outline a timeline for data collection for all relevant population groups ◉ C. A national HIV surveillance and surveys strategy exists (or a national surveillance and surveys strategy exists and includes specifics for HIV), and outlines a timeline for data collection for all relevant population groups	13.8 Score: 0.95	As agreed upon by national experts and PLHIV representatives during the SID forum in U.S. Embassy/Kyiv on December 15, 2015.	There is an M&E plan for the national 5-year AIDS program which is approved by the MoH and CabMin

13.9 Quality of Surveillance and Survey Data: To what extent does the host country government define and implement policies, procedures and governance structures that assure quality of HIV/AIDS surveillance and survey data?	○ A. No governance structures, procedures or policies designed to assure surveys & surveillance data quality exist/could be documented. ◉ B. The following structures, procedures or policies exist to assure quality of surveys & surveillance data (check all that apply): ☑ A national surveillance unit or other entity is responsible for assuring the quality of surveys & surveillance data ☑ A national, approved surveys & surveillance strategy is in place, which outlines standards, policies and procedures for data quality assurance ☑ Standard national procedures & protocols exist for reviewing surveys & surveillance data for quality and sharing feedback with appropriate staff responsible for data collection ☑ An in-country internal review board (IRB) exists and reviews reviews all protocols.	13.9 Score: 0.95	As agreed upon by national experts and PLHIV representatives during the SID forum in U.S. Embassy/Kyiv on December 15, 2015.	
	Epidemiological and Health Data Score:	**5.65**		
14. Financial/Expenditure data: Government collects, tracks and analyzes and makes available financial data related to HIV/AIDS, including the financing and spending on HIV/AIDS expenditures from all financing sources, costing, and economic evaluation, efficiency and market demand analyses for cost-effectiveness.			**Data Source**	**Notes/Comments**
14.1 Who Leads Collection of Expenditure Data: To what extent does the host country government lead & manage a national expenditure tracking system to collect HIV/AIDS expenditure data?	○ A. No tracking of public HIV/AIDS expenditures has occurred within the past 5 years ○ B. Collection of public HIV/AIDS expenditure data occurs using a standard tool (i.e. NASA, NHA), but planning and implementation is primarily led by external agencies, organizations, or institutions ○ C. Collection of public HIV/AIDS expenditure data occurs using a standard tool (i.e. NASA, NHA) and planning and implementation is led by the host country government, with substantial external technical assistance ◉ D. Collection of public HIV/AIDS expenditure data occurs using a standard tool (i.e. NASA, NHA) and planning and implementation is led by the host country government, with some external technical assistance ○ E. Collection of public HIV/AIDS expenditure data occurs using a standard tool (i.e. NASA, NHA), and planning and implementation is led by the host country government, with minimal or no external technical assistance	14.1 Score: 1.25	As agreed upon by national experts and PLHIV representatives during the SID forum in U.S. Embassy/Kyiv on December 15, 2015.	
14.2 Who Finances Collection of Expenditure Data: To what extent does the host country government finance the collection of HIV/AIDS expenditure data (e.g., printing of paper-based tools, salaries and transportation for data collection, etc.)? (if exact or approximate percentage known, please note in Comments column)	○ A. No HIV/AIDS expenditure tracking has occurred within the past 5 years ○ B. No financing (0%) is provided by the host country government ○ C. Minimal financing (approx. 1-9%) is provided by the host country government ○ D. Some financing (approx. 10-49%) is provided by the host country government ◉ E. Most financing (approx. 50-89%) is provided by the host country government ○ F. All or almost all financing (90% +) is provided by the host country government	14.2 Score: 2.50	As agreed upon by national experts and PLHIV representatives during the SID forum in U.S. Embassy/Kyiv on December 15, 2015.	

14.3 Comprehensiveness of Expenditure Data: To what extent does the host country government collect HIV/AIDS public sector expenditures according to funding source, expenditure type, program and geographic area?	○ A. No HIV/AIDS expenditure tracking has occurred within the past 5 years ◉ B. HIV/AIDS expenditure data are collected (check all that apply): ☑ By source of financing, such as domestic public, domestic private, out-of-pocket, Global Fund, PEPFAR, others ☑ By expenditures per program area, such as prevention, care, treatment, health systems strengthening ☑ By type of expenditure, such as training, overhead, vehicles, supplies, commodities/reagents, personnel ☑ Sub-nationally	14.3 Score: 1.67	NASA reportsfor 2011-2012, MoH report on AIDS program implemenattion in 2014: http://www.moz.gov.ua/ua/portal/pgrep_AIDS_2014_03.html; http://www.moz.gov.ua/docfiles/pgrep_AIDS_2014_03.pdf;	NASA for 2013 and 2014 ais in the final stage process and reports should be ready by the end of May 2016. Out-of-pocket expenditiures are not collected, as it is technically challenging within the budget limitations
14.4 Timeliness of Expenditure Data: To what extent are expenditure data collected in a timely way to inform program planning and budgeting decisions?	○ A. No HIV/AIDS expenditure data are collected ○ B. HIV/AIDS expenditure data are collected irregularly, and more than 3 years ago ◉ C. HIV/AIDS expenditure data were collected at least once in the past 3 years ○ D. HIV/AIDS expenditure data are collected annually but represent more than one year of expenditures ○ E. HIV/AIDS expenditure data are collected annually and represent only one year of expenditures	14.4 Score: 0.83	NASA reportsfor 2011-2012, MoH report on AIDS program implemenattion in 2014: http://www.moz.gov.ua/ua/portal/pgrep_AIDS_2014_03.html; http://www.moz.gov.ua/docfiles/pgrep_AIDS_2014_03.pdf;	NASA for 2013 and 2014 ais in the final stage process and reports should be ready by the end of May 2016.
14.5 Economic Studies: Does the host country government conduct health economic studies or analyses for HIV/AIDS?	◉ A. The host country government does not conduct health economic studies or analyses for HIV/AIDS ○ B. The host country government conducts (check all that apply): ☐ Costing ☐ Economic evaluation (e.g., cost-effectiveness analysis and cost-benefit analysis) ☐ Efficiency analysis (e.g., efficiency of service delivery by public and private sector, resource allocation) ☐ Market demand analysis	14.5 Score: 0.00	As agreed upon by national experts and PLHIV representatives during the SID forum in U.S. Embassy/Kyiv on December 15, 2015.	Some studies, like Investment Case I and Investment Case II are conducted by international agencies (I - World Bank, UNAIDS, and II - PEPFAR)
	Financial/Expenditure Data Score:	**6.25**		
15. Performance data: Government routinely collects, analyzes and makes available HIV/AIDS service delivery data. Service delivery data are analyzed to track program performance, i.e. coverage of key interventions, results against targets, and the continuum of care and treatment cascade, including linkage to care, adherence and retention.			**Data Source**	**Notes/Comments**
15.1 Who Leads Collection of Service Delivery Data: To what extent is the routine collection of HIV/AIDS service delivery data institutionalized in an information system and managed and operated by the host country government?	○ A. No system exists for routine collection of HIV/AIDS service delivery data ◉ B. Multiple unharmonized or parallel information systems exist that are managed and operated separately by various government entities, local institutions and/or external agencies/institutions ○ C. One information system, or a harmonized set of complementary information systems, exists and is primarily managed and operated by an external agency/institution ○ D. One information system, or a harmonized set of complementary information systems, exists and is managed and operated by the host country government with technical assistance from external agency/institution ○ E. One information system, or a harmonized set of complementary information systems, exists and is managed and operated by the host country government	15.1 Score: 0.33	As agreed upon by national experts and PLHIV representatives during the SID forum in U.S. Embassy/Kyiv on December 15, 2015.	

15.2 Who Finances Collection of Service Delivery Data: To what extent does the host country government finance the routine collection of HIV/AIDS service delivery data (e.g., salaries of data clerks/M&E staff, printing & distribution of paper-based tools, electronic reporting system maintenance, data quality supervision, etc.)? (if exact or approximate percentage known, please note in Comments column)	○ A. No routine collection of HIV/AIDS service delivery data exists ○ B. No financing (0%) is provided by the host country government ○ C. Minimal financing (approx. 1-9%) is provided by the host country government ◉ D. Some financing (approx. 10-49%) is provided by the host country government ○ E. Most financing (approx. 50-89%) is provided by the host country government ○ F. All or almost all financing (90% +) is provided by the host country government	15.2 Score: 1.67	As agreed upon by national experts and PLHIV representatives during the SID forum in U.S. Embassy/Kyiv on December 15, 2015.	
15.3 Comprehensiveness of Service Delivery Data: To what extent does the host country government collect HIV/AIDS service delivery data by population, program and geographic area? (Note: Full score possible without selecting all disaggregates.)	Check ALL boxes that apply below: ☑ A. The host country government routinely collects & reports service delivery data for: ☑ HIV Testing ☑ PMTCT ☐ Adult Care and Support ☑ Adult Treatment ☐ Pediatric Care and Support ☐ Orphans and Vulnerable Children ☐ Voluntary Medical Male Circumcision ☑ HIV Prevention ☑ AIDS-related mortality ☑ B. Service delivery data are being collected: ☑ By key population (FSW, PWID, MSM/transgender) ☑ By priority population (e.g., military, prisoners, young women & girls, etc.) ☑ By age & sex ☑ From all facility sites (public, private, faith-based, etc.) ☐ From all community sites (public, private, faith-based, etc.)	15.3 Score: 1.00	As agreed upon by national experts and PLHIV representatives during the SID forum in U.S. Embassy/Kyiv on December 15, 2015.	Collected are data for OST data, FSW, MSM, miltary is not collected (-)
15.4 Timeliness of Service Delivery Data: To what extent are HIV/AIDS service delivery data collected in a timely way to inform analysis of program performance?	○ A. The host country government does not routinely collect/report HIV/AIDS service delivery data ○ B. The host country government collects & reports service delivery data annually ○ C. The host country government collects & reports service delivery data semi-annually ◉ D. The host country government collects & reports service delivery data at least quarterly	15.4 Score: 1.33	MoH Order #180 on HIV reporting forms_of March 5, 2013	

15.5 Analysis of Service Delivery Data: To what extent does the host country government routinely analyze service delivery data to measure program performance (i.e., continuum of care cascade, coverage, retention, AIDS-related mortality rates)?	○ A. The host country government does not routinely analyze service delivery data to measure program performance ◉ B. Service delivery data are being analyzed to measure program performance in the following ways (check all that apply): ☐ Continuum of care cascade for each identified priority population (e.g., military, prisoners, young women & girls, etc.), including HIV testing, linkage to care, treatment, adherence and retention ☐ Continuum of care cascade for each relevant key population (FSW, PWID, MSM/transgender), including HIV testing, linkage to care, treatment, adherence and retention ☑ Results against targets ☑ Coverage of key treatment & prevention services (ART, PMTCT, VMMC, etc.) ☑ Site-specific yield for HIV testing (HTC and PMTCT) ☑ AIDS-related mortality rates ☑ Variations in performance by sub-national unit ☑ Creation of maps to facilitate geographic analysis	15.5 Score: 1.00	website portal hosted by MoH/ UCDC: http://ucdc.gov.ua/resource-center; http:/hiv.ucdc.gov.ua/	
15.6 Quality of Service Delivery Data: To what extent does the host country government define and implement policies, procedures and governance structures that assure quality of HIV/AIDS service delivery data?	○ A. No governance structures, procedures or policies designed to assure service delivery data quality exist/could be documented. ◉ B. The following structures, procedures or policies exist to assure quality of service delivery data (check all that apply): ☐ A national, approved data quality strategy is in place, which outlines standards, policies and procedures for HIV/AIDS data quality assurance ☐ A national protocol exists for routine (at least annual) Data Quality Audits/Assessments of key HIV program indicators, which are led and implemented by the host country government ☑ Standard national procedures & protocols exist for routine data quality checks at the point of data entry ☐ Data quality reports are published and shared with relevant ministries/government entities & partner organizations ☑ The host country government leads routine (at least annual) data review meetings at national & subnational levels to review data quality issues and outline improvement plans	15.6 Score: 0.53	MoH Order #180 on HIV reporting forms_of March 5, 2013	
		Performance Data Score: **5.87**		

THIS CONCLUDES THE SET OF QUESTIONS ON DOMAIN D