UKRAINE

NATIONAL REPORT ON MONITORING PROGRESS TOWARDS THE UNGASS DECLARATION OF COMMITMENT ON HIV/AIDS

Reporting Period:
January 2006 – December 2007

UKRAINE

NATIONAL REPORT ON MONITORING PROGRESS TOWARDS THE UNGASS DECLARATION OF COMMITMENT ON HIV/AIDS

Reporting Period:

January 2006 – December 2007

UKRAINE: NATIONAL REPORT ON MONITORING PROGRESS TOWARDS THE UNGASS DECLARATION OF COMMITMENT ON HIV/AIDS. K., 2008. 144p.
Reporting period: January 2006 – December 2007

ISBN 978-966-2157-04-8

The publication of this report was made possible with support from UNAIDS and the International HIV/AIDS Alliance in Ukraine.

ISBN 978-966-2157-04-8

© Ministry of Heath of Ukraine, 2008

President of Ukraine

FOREWARD

TO THE NATIONAL REPORT ON MONITORING PROGRESS TOWARDS THE DECLARATION OF COMMITMENT ON HIV/AIDS

Ukraine was among the 189 countries of the world that, in June 2001 at the United Nations General Assembly Special Session on HIV/AIDS, adopted the Declaration of Commitment on HIV/AIDS.

Today the national report for 2006-2007 has been prepared on the implementation of this Declaration. It bears witness to the process of fulfilling its goals and committments.

At the national level in Ukraine, there has been a significant mobilization of activities aimed at responding to the epidemic, the scale of related programmes is expanding and the amount of state funding is increasing. Thanks to partnerships with international donors, foremost the Global Fund to fight AIDS, Tuberculosis and Malaria, the number of people covered by prevention and treatment is increasing.

We work in close contact with the United Nations, Ukrainian and international non-governmental structures, and with organizations of citizens living with HIV.

However, despite initial encouraging developments, the pace of the epidemic in Ukraine remains disappointing. The number of people living with HIV infection and AIDS is increasing. Based on expert estimates, 1.63% of the adult population is living with the immunodeficiency virus. These disturbing indicators require the maximum mobilization of the state and all of society.

In December 2007, the Coordinating Council for HIV/AIDS, Tuberculosis and Drug Abuse was established under the personal supervision of the President of Ukraine, which will regularly monitor the national response to the epidemic. To achieve a reversal of the epidemic, in the coming five years it is necessary to consistently increase the scope of the response to HIV/AIDS in Ukraine, ensuring that each of our steps is strategically balanced, coordinated and effective.

We will do everything to ensure access to essential services for prevention, treatment, care and support for all those who are facing HIV/AIDS, and we will strengthen domestic and international partnership to achieve this goal.

Ukraine reaffirms its readiness to continue to implement the provisions of the Declaration of Commitment on HIV/AIDS.

Victor Yushchenko

PREFACE

On behalf of the Ministry of Health of Ukraine, I am pleased to present Ukraine's National Report on Monitoring Progress Towards the UNGASS Declaration of Commitment on HIV/AIDS (reporting period: January 2006 – December 2007).

This report is the most systematic overview of the national response to HIV/AIDS in Ukraine ever prepared. As you will see from the description of the national indicators, in this reporting period, Ukraine made significant progress in strengthening the national AIDS response. We have already reached universal access to HIV testing among pregnant women, over 92% of HIV-positive pregnant women received antiretrovirals to reduce the risk of mother-to-child transmission, and we continue to rapidly increase the coverage and quality of antiretroviral treatment. In 2008, we will ensure that antiretroviral treatment for 6,000 patients and PMTCT activities that have been supported by the Global Fund will be sustained by the Government of Ukraine. Consistent with Ukrainian law, we will also expand coverage of treatment for all patients with HIV, as we scale-up towards universal access.

In this reporting period, the Government of Ukraine continued to provide unprecedented funding for the national response to HIV/AIDS. The Ministry of Health is proud to report that government funding for HIV/AIDS increased to over UAH281M (US$55M) in 2006. The Government is now the largest source of funding for HIV/AIDS in Ukraine, with the size and proportion of Government contributions growing on an annual basis. Yet current resources remain inadequate to have a decisive impact on the epidemic. In partnership with our non-governmental and international partners, particularly the Global Fund, USAID, the United Nations, the European Commission and its European member states, the Ministry of Heath aims to mobilize additional domestic and international resources in order to reverse the spread of HIV infection, reduce AIDS mortality, and provide quality care and support for all those who need it.

This report is the product of extensive collaboration between the Government of Ukraine and our key partners. These partners include non-governmental organizations – most significantly the International HIV/AIDS Alliance in Ukraine and the All-Ukrainian Network of People Living with HIV. Extensive support was also provided by UNAIDS, including its UN cosponsor agencies and the UNAIDS Secretariat, who contribute invaluable assistance for the national system for monitoring and evaluation in Ukraine.

In preparation of this report, Ukraine used a set of national indicators that are fully consistent with the updated UNAIDS Guidelines for Monitoring the UNGASS Declaration of Commitment. The results for each indicator were prepared, reviewed and endorsed by the responsible governmental agency or organization in Ukraine. The extensive process of drafting the report was coordinated by the Ministry of Health's Ukrainian AIDS Center, with guidance from the National Working Group for Monitoring and Evaluation under the National Council for the Prevention of Tuberculosis and HIV/AIDS of the Cabinet of Ministers of Ukraine. The final report was endorsed by the National Council on February 21, 2008. The Ministry of Health of Ukraine is indebted to the extensive team of governmental, non-governmental and international experts that contributed to this report.

For all stakeholders that are involved and interested in HIV/AIDS in Ukraine, I highly recommend this report as the most comprehensive report ever prepared on Ukraine's national response to the epidemic. As the key executive body of the Government of Ukraine responsible for the coordination of the national response to HIV/AIDS, the Ministry of Health is committed to use this report to guide our future progress towards the UNGASS Declaration of Commitment on HIV/AIDS, the achievement of Universal Access to treatment, prevention, care and support, and the Millennium Development Goal to halt and begin to reverse the spread of HIV/AIDS by 2015.

Vasyl Mykhaylovych Knyazevych
Minister of Health of Ukraine

ACKNOWLEDGMENTS

This report was engorsed by the National Council on TB and AIDS on 21 February 2008, and was subsequently endorsed by the Minister of Health of Ukraine.

The report was prepared by a working group that consisted of the following members:

- Bochkova, L.V., Head, Department of Monitoring, Ukrainian AIDS Centre, Ministry of Health of Ukraine
- Muravsky, O.M., Programme Officer, International HIV/AIDS Alliance in Ukraine
- Saldanha, V.P., Monitoring and Evaluation Adviser, UNAIDS Ukraine
- Salyuk T.A., M&E Programme Manager, International HIV/AIDS Alliance in Ukraine
- Scherbinska, A.M., Director, Ukrainian AIDS Centre, Ministry of Health of Ukraine

The working group is deeply grateful to the following groups for their invaluable contributions to this report:

- Specialists from the five research institutions that performed data collection and analysis
- Personnel of the Committee on the Prevention of HIV/AIDS and Other Socially Dangerous Diseases of the Ministry of Health of Ukraine
- Representatives of the following governmental institutions responsible for the preparation and approval of national indicators: Ministry of Health; Ministry of Finance; Ministry of Education and Science; Ministry of Family, Youth & Sport; Ministry of Labour and Social Policy; Ministry of Defense; State Committee for Television and Radio Broadcasting; State Department of Ukraine for Execution of Penalties

The working group would also like to recognize the contributions of the following colleagues, whose high level of professionalism and commitment to the monitoring and evaluation of HIV/AIDS in Ukraine helped to make this report possible:

- Aleksandrina, T. A., VCT Adviser, HIV/AIDS Service Capacity Project in Ukraine
- Avramenko, O.O., Centre for Health, Ministry of Defence of Ukraine
- Balakieva, O.M., Director of Board, Ukrainian Institute for Social Research Named O. Yaromenko
- Bondar, T.B. Deputy Director, Ukrainian Institute for Social Research Named O. Yaromenko
- Demchenko, I.L., Director, «Socioconsulting»
- Dieva, T.S., «SOCIS» Centre for Social and Political Research
- Eresko, O.V., Director, Department of Secondary Education, Ministry of Education and Science
- Eschenko, O.G., Deputy Chair, Committee on the Prevention of HIV/AIDS and Other Socially Dangerous Diseases, Ministry of Health of Ukraine
- Kobyshcha, Y.V., Epidemiologist, HIV/AIDS Team, WHO Regional Office for Europe / Ukraine
- Koshtinets, B.B., Head, State Department of the Execution of Punishment
- Krivoruk., L.T., Senior Specialist, Committee on the Prevention of HIV/AIDS and Other Socially Dangerous Diseases, Ministry of Health of Ukraine
- Kruglov, Y.V., Epidemiologist, Ukrainian AIDS Centre, Ministry of Health of Ukraine
- Kurpita, V.I., HIV/AIDS Team, WHO Regional Office for Europe / Ukraine
- Nikolko, M.V., Independent Consultant

- Nitsoy, A., NASA Consultant, UNAIDS Ukraine
- Parhomenko, Z.V., HIV/AIDS Officer, UNFPA Ukraine
- Pashkovitch, V.L., Head of HIV Laboratory, Ministry of Defence
- Patrikeva, O.O., Head, Department of Monitoring and Evaluation for Preventive Education, Ministry of Education and Science of Ukraine
- Petrenko, T.V., Kyiv International Institute of Sociology
- Petrenko, V.I., Chair, Committee on the Prevention of HIV/AIDS and Other Socially Dangerous Diseases, Ministry of Health of Ukraine
- Salabaj, N.B., Head, Department of Monitoring and Evaluation, All-Ukrainian Network of People Living with HIV
- Semigina, T.V., Head, Centre of Social-Psychological Analysis, State Institute for Development of Families and Youth
- Scherbina, V.L., Centre of Social-Psychological Analysis, State Institute for Development of Families and Youth
- Storozhuk, L.A., Deputy Director, Ukrainian AIDS Centre, Ministry of Health of Ukraine
- Teslenko, V.V., Deputy Minister, Ministry of Education and Science of Ukraine
- Tolstouhova, S.V., Deputy Minister, Ministry of Family, Youth, and Sport of Ukraine
- Varban, M.Y., Manager of Resource Development and Technical Support., International HIV/AIDS Alliance in Ukraine
- Varetska, O.V., Head, Department of Monitoring and Evaluation, International HIV/AIDS Alliance in Ukraine
- Zaika, R.A., NASA Consultant, International HIV/AIDS Alliance in Ukraine
- Zemtsov, O.M., Head, Sanitary-Epidemiological Department, Ministry of Defence

The publication of this report was made possible with support from UNAIDS and the International HIV/AIDS Alliance in Ukraine.

© Ministry of Health of Ukraine, «Ukraine: National Report on Monitoring Progress Towards the UNGASS Declaration of Commitment on HIV/AIDS. Reporting Period: January 2006 – December 2007.» (Kyiv, Ukraine; 2008).

Acronyms and Abbreviations

AIDS	Acquired immunodeficiency syndrome
Alliance	International HIV/AIDS Alliance in Ukraine
ART	Antiretroviral therapy
BCC	Behaviour change communication
Committee	Committee on the Prevention of HIV/AIDS and Other Socially Dangerous Diseases, Ministry of Health of Ukraine
Declaration of Commitment	Declaration adopted by the Heads of State and Representatives of Governments in June 2001 at the United Nations General Assembly Special Session on HIV/AIDS
FSW	Female sex worker
Global Fund (GFATM)	Global Fund to Fight AIDS, Tuberculosis, and Malaria
HAART	Highly Active Antiretroviral Therapy
HIV	Human immunodeficiency virus
IDU	Injecting drug user
IEC	Information, education and communication
M&E	Monitoring and Evaluation
Monitoring and Evaluation Working Group	Monitoring and Evaluation Working Group, under the National Council for the Prevention of the Spread of Tuberculosis and HIV/AIDS
MoH	Ministry of Health of Ukraine
MSM	Men who have sex with men
National Council	National Council for the Prevention of the Spread of Tuberculosis and HIV/AIDS (formerly National Coordination Council for the Prevention of the Spread of HIV/AIDS)
National Programme	National Programme to Provide HIV Prevention, Support and Treatment to People, Living with HIV and AIDS (2004-2008)
NGO	Non governmental organisation
OVC	Orphans and vulnerable children
PMTCT	Prevention of mother to child transmission
PLH	People living with HIV/AIDS
RDS	Respondent driven sampling
STI	Sexual transmitted infection
SW	Sex worker
SUNRISE	Scaling-up the National Response to HIV/AIDS through Information and Services Project, implemented by Alliance and supported by USAID
TLS	Time location sampling
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNGASS	United Nations Special Session on HIV/AIDS (June 2001)
UNGASS Guidelines	Monitoring the Declaration of Commitment on HIV/AIDS: Guidelines on Construction of Core Indicators: 2008 Reporting
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VCT	Voluntary counselling and testing
WHO	World Health Organization

SECTION I

TABLE OF CONTENTS

SECTION II

STATUS AT A GLANCE

This report is Ukraine's third official submission to the UNAIDS Secretariat on monitoring of progress towards the Declaration of Commitment, unanimously adopted at the 2001 UN General Assembly Special Session on HIV and AIDS (UNGASS), covering the reporting period January 2006 – December 2007.[1] This report is the most complete and comprehensive overview of the status of Ukraine's national response to HIV/AIDS ever prepared, and provides detailed data on Ukraine's progress towards the Declaration of Commitment. The report includes 26 indicators – including 25 indicators recommended by the UNAIDS Guidelines on Construction of Core Indicators (UNGASS Guidelines) for all UN member states. The report also includes one additional indicator on behaviour among uniformed services that is included in Ukraine's list of national monitoring and evaluation indicators.

Some of the indicators in the Guidelines are more relevant to countries with a generalized HIV/AIDS epidemic. In this report, Ukraine did not calculate three such indicators. Indicator 10, 'Current school attendance by orphaned children', is not relevant to Ukraine, as secondary education is mandatory for all children of Ukraine, irrespective of their health or social status. Indicator 12, 'Percentage of orphaned and vulnerable children aged 0-17 whose households received free basic external support in caring for the child', is also not reported on in this report, as the indicator is most relevant to countries with generalized AIDS epidemics. Indicator 22, 'Reduction of HIV Prevalence: Percentage of young people aged 15-24 who are HIV infected', is also most applicable to countries with generalised epidemics, whereas Ukraine is still classified as a concentrated epidemic.

Several indicators were calculated using data from existing statistical sources. Other indicators were calculated using sociological and epidemiological surveys among the general population and most-at-risk populations.

In order to ensure the quality and comparability of data, the collection and analysis of all indicators was performed using standardised tools and methods, as recommended in the UNGASS Guidelines.

(a) Inclusiveness of the stakeholders in the report-writing process

The process of data collection and reporting for HIV/AIDS in Ukraine is regulated by an order of the Cabinet of Ministers of Ukraine (Order №890-r of December 13, 2004). According to this order, central governmental authorities are to monitor and evaluate HIV/AIDS programmes and activities, based on an agreed set of national indicators. According to this order, the Ministry of Health of Ukraine has developed a list of national indicators for monitoring and evaluation of HIV/AIDS activities which are consistent with the UNGASS Guidelines.

Primary responsibility for regular reporting on progress on the implementation of the UNGASS Declaration rests with the Government of Ukraine. According to the Ukrainian Law on AIDS, the Ministry of Health of Ukraine is the authority of the Government of Ukraine responsible for coordination of the national response to HIV/AIDS. Within the Ministry of Health, the Committee on the Prevention of HIV/AIDS and Other Socially Dangerous Diseases (Committee) is responsible for overall coordination of the process for UNGASS reporting. In this capacity, the Committee managed the process of endorsement of the indicators by central governmental authorities, as well as the final endorsement of this report by the National Council for the prevention of the Spread of Tuberculosis and HIV/AIDS (National Council) and the Government of Ukraine.

[1] Ukraine submitted its first UNGASS report in 2003. Ukraine's second UNGASS report for the reporting period 2003-2005 was submitted in 2006.

Five central governmental authorities are responsible for data collection and reporting on national indicators, including: the Ministry of Health, the Ministry of Family, Children and Youth, the Ministry of Education and Science, the Ministry of Defense and the State Penitentiary Department of Ukraine. Consistent with these responsibilities, these authorities have also endorsed the values for the indicators for which they are responsible.

The process of compiling this report was coordinated by the Ukrainian AIDS Centre, Department of Monitoring, within the Ministry of Health of Ukraine. Technical assistance was provided by the Monitoring and Evaluation Working Group, under the National Council. Technical contributions were provided by the International HIV/AIDS Alliance in Ukraine(Alliance), within the grant programme supported by the Global Fund to Fight AIDS, TB and Malaria (Global Fund); UNAIDS Ukraine, including contributions from its UN cosponsor agencies, in particular WHO and UNICEF and the USAID-funded project 'HIV/AIDS Service Capacity Project in Ukraine,' implemented by Constella Futures.

The data and findings in this report represent the consensus views and opinions of an extensive range of partners involved in the national response to HIV/AIDS in Ukraine, and are fully supported by the Government of Ukraine. In accordance with the UNGASS Guidelines, this report was developed and reviewed through an extensive process of consultation with national stakeholders. Data for specific indicators were reviewed by experts from governmental, non-governmental and international organisations.

Data on each of the national indicators and the draft report were presented and discussed at a series of meetings of the Monitoring and Evaluation Working Group. The working group includes participants of the representatives of central governmental authorities, international and bilateral organisations, and civil society organisations, including people living with HIV. Draft versions of the report were also circulated to all members of the Monitoring and Evaluation Working Group, with comments and suggestions incorporated in the final version of the report. The final draft report was presented to a meeting of over one hundred national stakeholders at the Ministry of Health of Ukraine in January 2008.

The final version of the report was reviewed and adopted at a meeting of the National Council on 21 February, 2008. The National Council includes 30 members, including 15 representatives of the Government of Ukraine, and 15 non-governmental representatives of civil society, including people living with HIV, and representatives of international and bilateral organisations.

The President of Ukraine and the Minister of Health of Ukraine officially signed the Report after it had been revised. The final version of the Report in Ukrainian and English was submitted to the UNAIDS Secretariat in Geneva.

(b) Status of the Epidemic

From the identification of the first case of HIV infection in Ukraine in 1987 up to the end of 2007, 122,314 cases of HIV infection had been officially reported among Ukrainian citizens, including 22,424 AIDS cases and 12,490 AIDS-related deaths.

In 2007, 17,669 new cases of HIV infection (38 cases per 100,000 population) were officially reported in Ukraine. Of particular concern is the continued high rate of increase of HIV infection: in comparison to 2005, the number of new cases of HIV infection in 2006 increased by 16.8%, and in comparison to 2006, the number of new cases of HIV infection in 2007 increased by 10% (Figure 1). Based on officially-reported data in 2007, every day in Ukraine 48 persons were diagnosed with HIV infection, 12 people were newly diagnosed with AIDS, and 6 people died from AIDS.

Among all cases of HIV infection officially reported among Ukrainian citizens since the beginning of the epidemic, only a portion kroun to be currently alive and under medical observation. At the end of 2007, there were 81,741 people registered with HIV-infection under medical observation in Ukraine (176.2 per 100,000 population), of whom 8,944 are currently diagnosed with AIDS (19.3 per 100,000 population).

The number of officially-reported cases understates the actual size of the epidemic because it only reflects cases of HIV infection among people who have been in direct contact with official testing facilities. The actual number of people living with HIV in Ukraine is agreed to be considerably higher.

According to the latest national estimates, there were approximatety 395,000 adults (15-49) infected with HIV [range 230,000 – 573,000] at the end of 2007. This is equal to an estimated HIV prevalence of 1.63% of the adult population of Ukraine (age 15-49), indicating that Ukraine has the most severe HIV/AIDS epidemic of any country in Europe or the Commonwealth of Independent States.

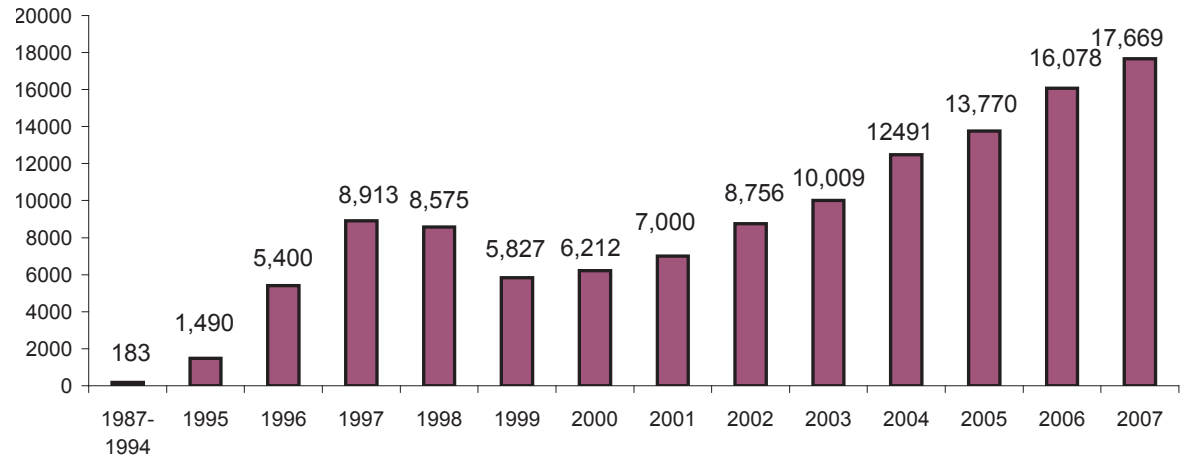

Fig 1. Number of New HIV Cases Registered Among Citizens of Ukraine, per year, 1987-2007

In recent years, an increasing number of people with advanced HIV infection have been diagnosed with clinical symptoms and AIDS. AIDS represents a significant challenge to the health care system in Ukraine. Similar to increases in HIV infection, AIDS morbidity continues to increase faster than efforts to contain it. The number of patients newly diagnosed with AIDS increased every year up to a record of 4,723 cases in 2006, with a minor drop to 4,573 cases in 2007. The decrease may be related to the continued scale-up of antiretroviral therapy in Ukraine a growing number of patients with advanced HIV infection were provided with ART while still at clinical stage III, thus preventing their progression to AIDS. There were 2,506 AIDS-related deaths reported in 2007.

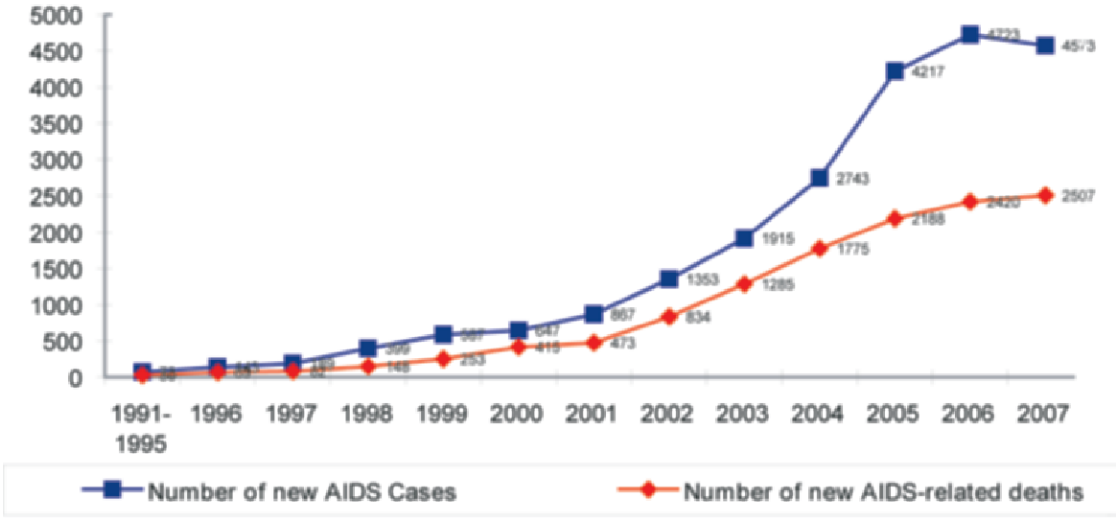

Figure 2. Number of AIDS cases and AIDS-related deaths reported annually among the citizens of Ukraine, 1991-2007

Almost 78% of Ukrainians diagnosed with HIV-infection are people in the reproductive and economically productive age group of 15-49. In 2006, the proportion of young people aged 15-24 among all newly registered cases of HIV-infection cases was 16.2%, while in 2007 this age group represented 15% of all newly-reported cases.

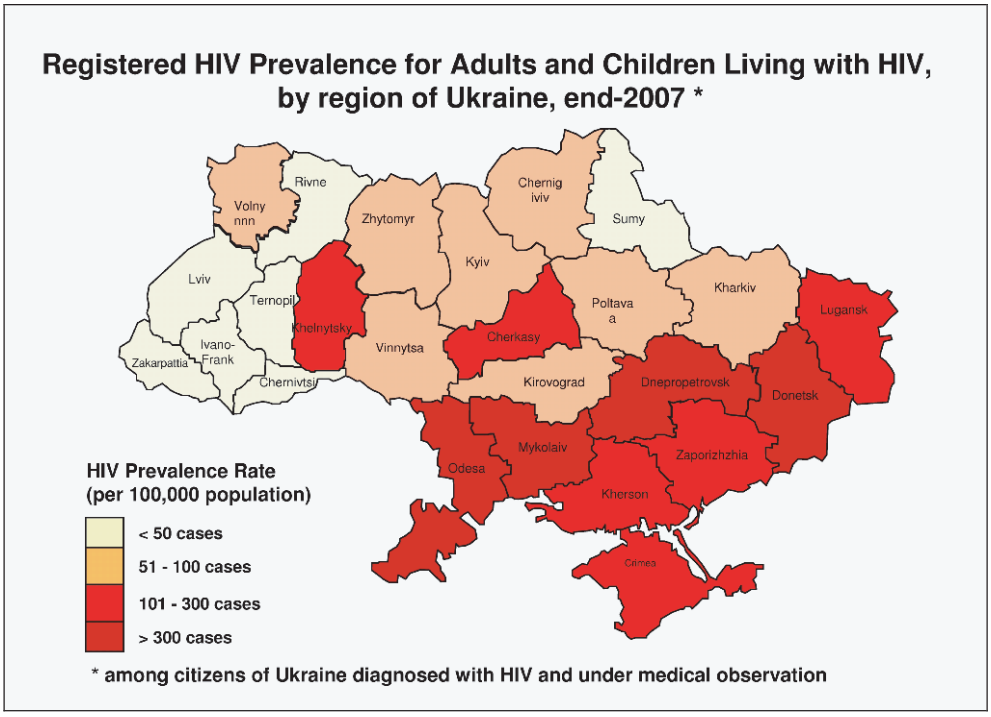

Figure 3. Registered HIV Prevalence for Adults and Children Living with HIV, by region of Ukraine, end-2007

There is significant diversity of HIV-infection between different regions of Ukraine. The highest rates of HIV-prevalence have been registered in the South-Eastern regions of the country, including: Odessa oblast, 414.2 per 100,000 population (9,905 cases of HIV-infection under medical observation); Dnipropetrovsk oblast, 414.2 per 100,000 population (14,079 cases of HIV-infection under medical observation); Donetsk oblast, 395.6 per 100,000 population (17,962 cases of HIV-infection under medical observation); Mykolayiv oblast 378.9 per 100,000 population (4,564 cases of HIV-infection under medical observation); the city of Sevastopol, 309.4 per 100,000 population (1,174 cases of HIV-infection under medical observation); and the Autonomous Republic of Crimea, 239.1 per 100,000 population (4,714 cases of HIV-infection under medical observation). In the capital city Kyiv, the registered HIV prevalence of 194.4 cases per 100,000 population (5,317 cases of HIV-infection under medical observation) is also higher than the national average of 176.2 per 100,000 population. At the end of 2007, these regions collectively accounted for over 70% of all of the registered cases of HIV-infection currently under medical observation in Ukraine. The HIV epidemic in Ukraine remains concentrated among most-at-risk populations. In this period, injecting drug use continued as the primary mode of HIV transmission, representing 40% of all registered cases in 2007.

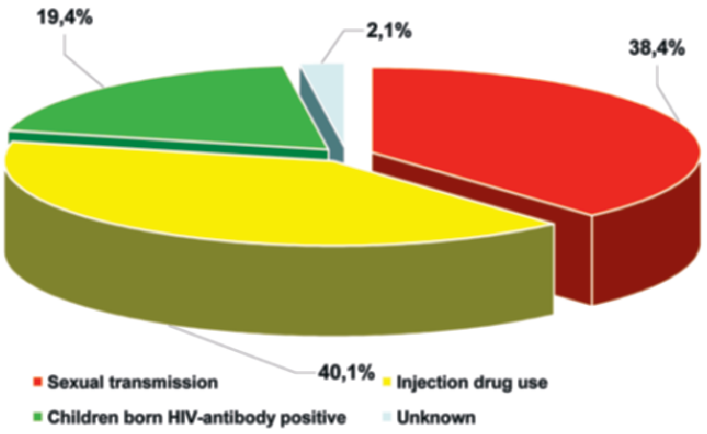

Fig 4. Modes of HIV Transmission in 2007

The proportion of injecting drug users among newly registered cases of HIV infection cantinues to decrease from 83.6% of all newly registered cases in 1997 to 40.1% in 2007 (Figure 5). For the first time in recent years, the number of absolute number of newly registered cases of HIV-infection among injection drug users slightly decreased in 2007, from 7,127 in 2006 to 7,088 in 2007.

The other most-at-risk population increasingly affected by HIV is men who have sex with men. In 2007, 48 new cases of HIV infection were officially reported among men who have sex with men, representing more than one third of the 158 cases registered among this population since 1987. It is suspected that there is significant underreporting of cases of infection related to sex among men, as many cases remain undiagnosed, or are misreported under other exposure categories.

Ukraine does not register cases of HIV infection among sex workers, as such statistics tend to be unreliable and difficult to disaggregate from overall cases related to sexual transmission. However, data from sentinel surveillance indicates a large and growing epidemic among this population.

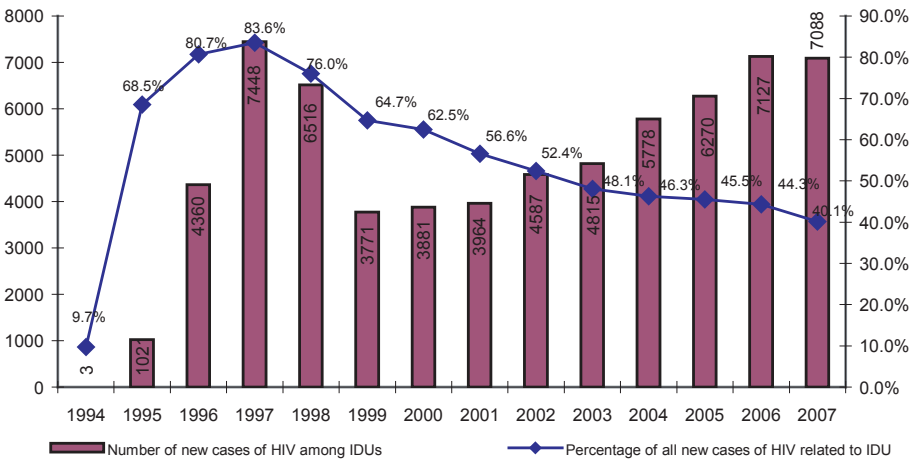

Fig 5. Officially Registered Cases of HIV-infection among Injection Drug Users from 1994-2007

Since the late 1990s, the number and proportion of cases of HIV infection related to sexual transmission has been increasing. In particular, the proportion of cases related to heterosexual transmission is increasing rapidly, representing 38.4% of all registered cases in 2007. These trends indicate the growing shift of the epidemic towards heterosexual transmission. However, the increase of heterosexual transmission is closely linked to risky sexual behaviour among and with injection drug users. The data from an ongoing study of behaviour among those newly infected with HIV indicates that 22% of those infected through sexual transmission in 2007 reported an injection drug user as a regular sexual partner in the previous 12 month period.[2]

The increase in heterosexual transmission and the growth of HIV among infected women of childbearing age has contributed to the consistent growth in the number of children born to HIV-infected mothers (Figure 6). While these newborns may initially test HIV-antibody positive, the majority are actually HIV negative. Newborns that are not confirmed to be HIV positive at 18 months are subsequently removed from the registry of HIV persons under medical observation.

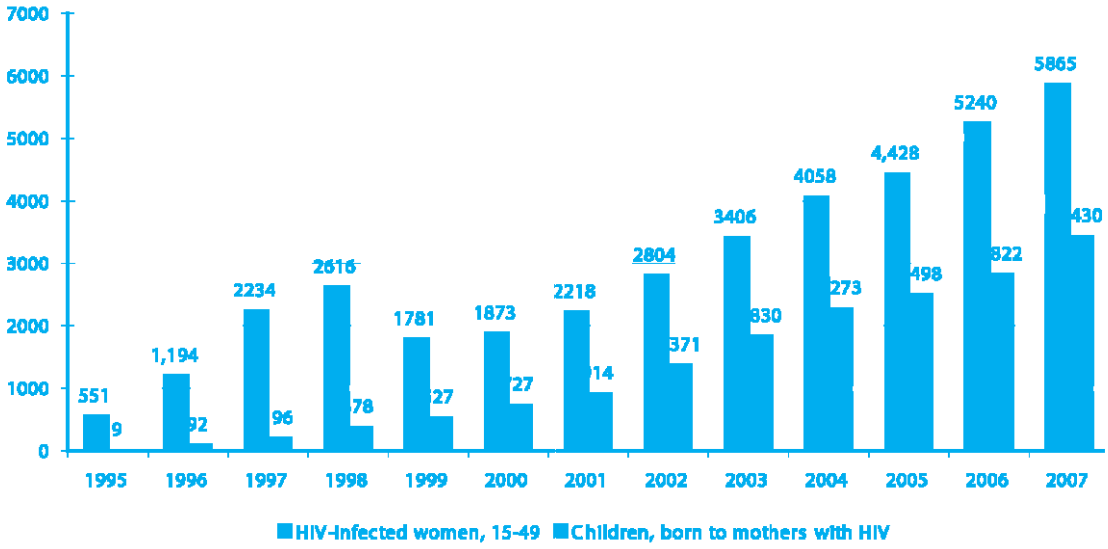

Fig 6. Number of HIV Infected Women and Children born to Women with HIV, per year, from 1995-2007

[2] Study on Seroconvertor Behaviour. Unpublished data. International HIV/AIDS Alliance in Ukraine.

For example, in 2007 there were 3,430 children born to women with HIV infection. However, only 257 children born in the previous 18 months had an HIV-positive diagnosis confirmed in 2007. Despite progress in the prevention of mother-to-child transmission, the total number of children confirmed to be infected with HIV continued to increase.

In the absence of evidence to indicate that sexual transmission in the general population is sustaining the majority of new cases of HIV infection, Ukraine remains classified as a concentrated epidemic among most-at-risk populations.

(c) Policy and programmatic response

During the 2006-2007 reporting period, there was continued progress in the political support for HIV/AIDS in Ukraine. In particular, the Cabinet of Ministers of Ukraine established a new Committee on the Prevention of HIV/AIDS and Other Socially Dangerous Diseases (Committee) to support the implementation of HIV/AIDS programmes within the Ministry of Health of Ukraine and across the Government of Ukraine.

In this period, the Government of Ukraine allocated growing resources from the State Budget to the State Social Services for Family, Children and Youth, to provide social services for injecting drug users and members of their families at the local level, and to implement awareness and public education campaigns to prevent drug use and HIV infection.

In 2006, criminal liability for prostitution was legally abolished, which made it possible to scale-up prevention and support programmes among sex workers.

In December 2007, President of Ukraine Viktor Yushchenko held an historic meeting on the national response to HIV/AIDS in Ukraine. As a result of the meeting, the President issued a Decree[3] which envisages the establishment of a Coordination Council on HIV/AIDS, Tuberculosis and Drug Abuse as an advisory body to the President of Ukraine. This decree also specified the reactivation of the National Council, and outlined responsible institutions and priority activities to reduce the spread of HIV- and AIDS-related morbidity and mortality. The President also decreed that the Committee for Drug Control immediately support the importation of methadone, which is needed to scale-up substitution maintenance therapy in 2008.

In this period, the Government of Ukraine continued to implement a number of strategic commitments on HIV/AIDS, in close collaboration with international and non-governmental organisations.

Beginning in 2004, the National Programme to Provide HIV Prevention, Support and Treatment to People Living with HIV and AIDS for 2004-2008 (National Programme) has been implemented by the Cabinet of Ministers. In response to the continued growth of the HIV epidemic in Ukraine, the current National Programme was revised to reflect current epidemiological trends and the availability of financial, material and other resources, as well as efforts to ensure universal access to prevention, treatment, care and support services. This review resulted in the approval of 'Measures to Implement the National Programme to Provide HIV Prevention, Support and Treatment to People Living with HIV and AIDS for 2008.'[4] These measures, as well as the National Programme as a whole, represent a multisectoral response, involving a broad range of national and subnational implementing agencies. The National Programme also includes activities that are planned under the umbrella of the grants supported by the Global Fund. The amount of national budget funding for activities aimed at helping overcome the epidemic is growing at a record pace. The range and amount of contributions from external donors for prevention, treatment, care and support to people living with HIV are also expanding.

[3] Decree of the President of Ukraine №1208/2007 'On additional urgent measures to respond to HIV/AIDS in Ukraine' as of December 12, 2007.

[4] Resolution of the Cabinet of Ministers of Ukraine №1321 of 08.11.2007 'On changes to the Resolution of the Cabinet of Ministers of Ukraine №264 as of March 4, 2004'

In 2006, Ukraine also participated in the 2006 High-Level Meeting on AIDS at the United Nations General Assembly. With unanimous support from other UN member states, Ukraine endorsed the Political Declaration on HIV/AIDS that committed all member states to 'pursuing all necessary efforts to scale up…towards the goal of universal access to comprehensive prevention programmes, treatment, care and support by 2010.' These commitments were reflected in an ambitious 'Road Map on Scaling-up Towards Universal Access to HIV/AIDS Prevention, Treatment, Care and Support in Ukraine by 2010.' In April 2007, this Road Map was endorsed by the National Council to guide the process of scaling-up the coverage of HIV/AIDS services in Ukraine.

In late 2007, the Government of Ukraine commenced work on the development of a new National Programme for the period 2009-2013. A multisectoral working group was created by the Ministry of Health, which includes the Governmental key stakeholders of the existing National Programme as well as international and civil society organisations. These efforts are coordinated by the Committee in the Ministry of Health of Ukraine.

Additionally, in 2006-2007 a number of sectoral programmes and special action plans to respond to HIV/AIDS epidemic were developed. Several regulatory and programmatic documents were developed and endorsed to increase the capacity of Ukraine's health care system, expand access for people living with HIV/AIDS in Ukraine, provide diagnostic treatment, family planning and reproductive health services, and scale up HIV/AIDS prevention services and substitution therapy for opioid injection drug users.

The prevention of HIV infection is identified as one of the priorities of the National Programme to Provide HIV Prevention, Care and Treatment to People Living with HIV/AIDS. In this period, the majority of prevention activities among the most-at-risk sectors of the population foreseen in the National Programme were implemented by the International HIV/AIDS Alliance in Ukraine, in collaboration with partner organisations from governmental and non-governmental sectors. Prevention programmes for most-at-risk populations are now being delivered by over 150 non-governmental organisations in almost all regions of Ukraine, except in the region of Temopil. The coverage of these services has greatly expanded in recent years. At the end of 2007 these programmes had reached cumulative coverage of a large and growing number of individual clients, including over 140,000 injecting drug users, over 21,000 female sex workers, over 10,300 men who have sex with men and 45,000 prisoners. These activities were funded primarily by grant contributions from the Global Fund and the USAID-funded SUNRISE project. In this period there was also a significant increase in the provision for Government-supported prevention programmes for youth and most-at-risk populations. These programes were provided, foremost, by the Ministry of Family Youth and Sport and its State Services for Families, Children and Youth.

Compared to the previous reporting period, measurable progress was observed in key areas of prevention: HIV/AIDS educational and prevention curricula were introduced for children in the first to ninth grades; focused prevention among the populations most at risk for HIV infection is being expanded to include services provided by governmental institutions; sectoral quality standards for HIV/AIDS related to the provision of social services were developed and will be introduced in 2008; the policy and programmatic framework for the prevention of mother-to-child transmission has been further strengthened, leading to a continued decrease in the rate of mother-to-child transmission .

However, Ukraine still lacks a national prevention policy and strategy for awareness and educational campaigns on HIV/AIDS among the general population.

In 2006 and 2007 access to ARV therapy was significantly increased in comparison to the previous reporting period. The percentage of adults and children with advanced HIV infection who were receiving ARV therapy in 2005 was 21%, whereas in 2006 coverage increased to 27%[5], and in 2007 coverage reached 35%.

The treatment of HIV-infected children is a priority for Government policy. This priority is reflected by the high percentage of children with access to ART. In 2006, 58% of the estimated number of children with advanced HIV infection had access to ART, while in 2007 coverage was 74.8%. In 2006, Ukraine also took the decision to establish a National Center for the treatment of HIV-infected children in Kyiv, based at the Ukrainian Children's Hospital 'OHMATDYT'.

In 2006, the Government of Ukraine decided to establish a National Reference Laboratory for HIV/AIDS diagnostics at the Ukrainian AIDS Centre. The Laboratory's mandate is to increase capaci to oversee quality control and procedural aspects of laboratory diagnostics for HIV/AIDS in Ukraine.

At the end of 2007, the programme for substitution maintenance therapy was expanding, with almost 550 opioid-addicted patients currently enrolled. The majority of these patients are living with advanced HIV infection and their access to substitution therapy is meant to enhance their adherence to ART. The current coverage of substitution therapy is inadequate to influence the transmission of HIV among injection drug users. With the expected availability of methadone in 2008, it is planned that accelerated scale-up substitution therapy will also assist HIV-negative opioid-addicted injection drug users in preventing the transmission of HIV.

Care and support services provided by both governmental and non-governmental organisations have become more accessible for persons living with HIV-infection and for the most-at-risk populations. At the end of 2007, over 36,000 people living with HIV/AIDS had received care and support services under the programme supported by the Global Fund, implemented by the All-Ukrainian Network of People Living with HIV and its regional sub-recipients.

While these achievements represent significant progress in this period, it is recognised that the current coverage and quality of programmes are still inadequate to have a decisive impact on the epidemic. It is planned to use the results of indicators described in this report to strengthen the national response to HIV/AIDS, and thus ensure Ukraine's continued progress towards fulfilling the terms of the Declaration of Commitment.

[5] An estimated number of adults and children with progressing HIV infection in Ukraine was calculated with the use of Spectrum software on the basis of the data from the government statistical form 'Report on HIV-infected and AIDS patients, form № 1-HIV/AIDS', submitted on a quarterly basis.

(d) UNGASS Indicator Data

Table 1: List of National Monitoring and Evaluation Indicators and Values on HIV/AIDS

№ of Indicator	National Indicators	Indicator Values
	National Commitment and Action	
1	Domestic and international AIDS spending	2005: US$40M (UAH 205M), including US$6M (UAH 30.7M) from State Budget 2006: US$ 55.7M (UAH 281.4M), including US$10.9M (UAH 55.3M) from State Budget
2	National Composite Policy Index	2007: See Annex 2 to the Report (pp. 50-90)
	National Programmes (blood safety, antiretroviral therapy coverage, prevention of mother-to-child transmission, co-management of TB and HIV treatment, HIV testing, prevention programmes, services for orphans and vulnerable children, and education)	
3	Percentage of donated blood units screened for HIV in a quality-assured manner	2006: 0%
4	Percentage of adults and children with advanced HIV infection receiving antiretroviral therapy	2006: 27% 2007: 35%
5	Percentage of HIV-positive pregnant women who received antiretrovirals to reduce the risk of mother-to-child transmission	2006: 91% 2007: 92.5%
6	Percentage of patients who received treatment for TB during a year, from among HIV-infected patients who received ART by the end of a reporting year, of the estimated number of TB patients among people, living with HIV	2006: 15%
7	Percentage of women and men aged 15-49 who received an HIV test in the last 12 months and who know their results - among young people, aged 15-24 years	2007: 15,5% 2007: Youth – 12%
8	Percentage of people who were tested for HIV in the last 12 months and know their results: - among injecting drug users - among commercial sex workers - among men having sex with men - among prisoners	2007: IDU – 29% CSW – 46% MSM – 28% Prisoners – 25%
9	Percentage of people reoched with prevention programmes: - among injecting drug users - among commercial sex workers - among men having sex with men - among prisoners - among young people, aged 15-24 years	2007: IDU – 46% CSW – 69% MSM – 50% Prisoners – 8% Youth – 16%
10	Percentage of orphaned and vulnerable children aged 0–17 whose households received free basic external support in caring for the child	Not applicable

11	Percentage of schools with teachers who have been trained in life skills-based HIV/AIDS education and who taught it during the last academic year within the life skills-based training curricula to form healthy lifestyles and ensure HIV prevention	2006: 57%
	Knowledge and Behaviour	
12	Current school attendance among orphans and among non-orphans aged 10–14 years	Not applicable
13	Percentage of young women and men aged 15–24 years who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission	2007: 40%
14	Percentage of people who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission: – among injecting drug users – among commercial sex workers – among men having sex with men – among prisoners – among uniformed services personnel	2007: IDU – 47% CSW – 48% MSM – 47% Prisoners – 43% Uniformed services personnel – 44%
15	Percentage of young women and men aged 15–24 years who have had sexual intercourse before the age of 15 years	2007: 5%
16	Percentage of women and men aged 15–49 who have had sexual intercourse with more than one partner in the last 12 months	2007: 14%
17	Percentage of women and men aged 15–49 years who had more than one sexual partner in the past 12 months reporting the use of a condom during their last sexual intercourse	2007: 72%
18	Percentage of respondents who provided commercial sex services in the last 12 months and reported the use of a condom during sexual intercourse with their last commercial client	2007: 86%
19	Percentage of men reporting the use of a condom the last time they had anal sex with a male partner	2007: 39%
20	Percentage of injecting drug users reporting the use of a condom the last time they had sexual intercourse	2007: 55%
21	Percentage of injecting drug users reporting the use of sterile injecting equipment the last time they injected	2007: 84%
26 (additional indicator)	Percentage of uniformed services personnel reporting the use of condoms during sexual intercourse with non-regular partners	2007: 73%
	Impact	
22	Percentage of HIV-infected young people aged 15-24 years	Not applicable
23	HIV infection prevalence among: – injecting drug users; – commercial sex workers; – men having sex with men	2006: IDU – 61% CSW – 4% 2007: MSM – 4%
24	Percentage of people living with HIV/AIDS who continue receiving treatment 12 months after the commencement of antiretroviral therapy	2007: 78%
25	Percentage of HIV infected children born to HIV-infected mothers	To be calculated by UNAIDS Geneva

SECTION III

OVERVIEW OF THE AIDS EPIDEMIC IN UKRAINE

Ukraine is recognized by UNAIDS/WHO to have the most severe HIV epidemic of any country in Europe. According to the latest estimates, at the end of 2007, an estimated 1.63% of the Ukrainian adult population (15-49) was infected with HIV. An estimated 440,000 Ukrainians of all ages are currently living with HIV. At the end of 2007, 122,314 Ukrainian citizens had been registered with HIV infection since the beginning of the epidemic. At the end of 2007, 81,741 people registered with HIV infection were under medical observation at the network of AIDS centres in all 27 regions of Ukraine, indicating that less than one-fifth of people infected with HIV had been tested for HIV and are currently aware of their HIV status.

The latest estimates were also used to assess the number of people living with HIV in need of treatment.

HIV continues to spread rapidly in Ukraine: the absolute number of newly-registered cases of HIV infection increased from 16,078 in 2006 to 17,669 in 2007. However, official statistics also indicate a marginal slowdown in the increase of HIV and the number of new infections in 2007. There was a 10% annual increase of newly-registered HIV cases in 2007, in comparison with an increase of 16.8% in 2006. It remains to be confirmed whether these data are preliminary indications of whether the epidemic has peaked or is beginning to stabilise.

If the number of new cases continues to increase as in recent years, there is a credible risk within the next five years that Ukraine may develop a generalized AIDS epidemic, sustained by new HIV infections in the general population.

In addition to data from epidemiological surveillance, Ukraine has implemented a series of second-generation surveillance studies. During this reporting period, the quality and coverage of second-generation surveillance has been enhanced, providing a better understanding of the drivers and the magnitude of the epidemic in Ukraine. The results of sentinel surveillance conducted in 2006-2007 identified high levels of HIV infection in most-at-risk populations.

Indicator 23. Percentage of most-at-risk populations who are HIV-infected – injection drug users, sex workers and men who have sex with men

◆ Injection drug users:

The prevalence of HIV infection among injecting drug users (IDU) in 2006 was 61%. These data reflect the results of sentinel surveillance among injecting drug users in the capital city Kyiv conducted in 2006.

The prevalence of HIV infection among IDUs in other cities of Ukraine was high, albeit varied, ranging from 18.0% in Sumy to 62.8% in Poltava (median, 41.8%, n=12).

Table 2: Results of sentinel epidemiological surveillance among injecting drug users, 2005-2006

#	Name of City	2005			2006		
		Number of IDUs tested for HIV	Number of IDUs who tested positive for HIV	HIV prevalence (percent)	Number of IDUs tested for HIV	Number of IDUs tested positive for HIV	HIV prevalence (percent)
1.	Sumy	218	21	9.6	200	36	18.0
2.	Kharkiv	100	23	23.0	103	19	18.4
3.	Cherkasy	219	59	26.9	200	58	29.0
4.	Donetsk	250	102	40.8	256	89	34.8
5.	Kherson	300	52	17.3	250	87	34.8
6.	Lutsk	300	78	26.0	250	94	37.6
7.	Mykolaiv	250	166	66.4	250	115	46.0
8.	Vinnytsia	267	61	22.8	279	136	48.7
9.	Simferopol	380	194	51.1	248	122	49.2
10.	Odessa	269	111	41.3	256	140	54.7
11.	Kyiv	250	122	48.8	250	153	61.2
12.	Poltava	250	49	19.6	250	157	62.8

In 2006, sentinel surveillance among IDUs was conducted in Kyiv for the second time. In comparison to the results from 2005, sentinel HIV prevalence among IDUs in Kyiv increased from 48.8% to 61.2% in 2006. However, the extrapolation of the results of sentinel surveillance for the city of Kyiv as the national indicator gives a biased impression of the status of the epidemic among IDUs in Ukraine. The results of sentinel surveillance in 10 of the other 12 cities of Ukraine revealed HIV prevalence among IDUs lower than in the capital Kyiv. The median value of 41.8% in 12 cities provides a more accurate indication of HIV prevalence among IDUs in Ukraine. Based on these results, HIV prevalence among IDUs remains significantly higher than any other most at-risk population in Ukraine.

In order to assess emerging trends in HIV prevalence, however, more illustrative data come from the sub-population of IDUs with a history of injecting drug use of less than two years. Comparison of the median HIV sentinel prevalence rates among this sub-group of IDUs in 12 cities of Ukraine in 2006 with data from the same sites in 2005 indicates a slight drop from 23.8% in 2005 to 20.2% in 2006. If this trend persists in coming years, there could be evidence suggesting that the epidemic may be stabilising among new injecting drug users.

Nevertheless, these sentinel surveillance data reinforce the results of routine epidemiological surveillance, indicating that IDUs remain the most affected group of population and represent the driving force behind the HIV epidemic in Ukraine.

◆ Sex workers:

The prevalence of HIV-infection among sex workers in 2006 was 4%. These data reflect the results of sentinel surveillance among sex workers in the capital city Kyiv conducted in 2006.

These data indicate that HIV prevalence among sex workers had high but varied rates in nine Ukrainian cities: from 4.0% in Kyiv to 31.0% in Poltava (median, 13.3%, n=9). [6],

These data include only female sex workers. Male sex workers were not included in this sample, as this population in Ukraine is difficult to access.

Table 3: Results of sentinel surveillance among sex workers, 2005-2006

#	Name of City	2005			2006		
		Number of CWs tested for HIV	Number of CWs who tested positive for HIV	HIV prevalence (percent)	Number of CWs tested for HIV	Number of CWs who tested positive for HIV	HIV prevalence (percent)
1.	Kyiv	54	4	8.0	50	2	4.0
2.	Kherson	100	13	13.0	100	12	12.0
3.	Simferopol	-	-	-	100	13	13.0
4.	Lutsk	51	12	27.5	50	7	14.0
5.	Vinnytsia	-	-	-	21	3	14.3
6.	Odessa	100	27	27.0	100	21	21.0
7.	Donetsk	116	34	29.3	96	23	24.0
8.	Mykolaiv	100	32	32.0	100	27	27.0
9.	Poltava	100	25	25.0	100	31	31.0

According to the data from sentinel surveillance, HIV prevalence among female sex workers in Kyiv was 8% in 2005 and 4% in 2006.

As in the case of IDUs, the citation of the results of sentinel surveillance for the city of Kyiv as the national indicator provides a distorted picture of the status of the epidemic among sex workers in Ukraine, Contrary to the results of sentinel surveillance among IDUs, however, the results of sentinel surveillance in eight of the other nine cities of Ukraine revealed HIV prevalence among sex workers higher than in the capital Kyiv. It is suggested to use the median value of 13.3% as a

[6] HIV sentinel surveillance was carried out by the Ukrainian AIDS Centre at the Ministry of Health of Ukraine in cooperation with regional AIDS centres and NGOs, and funded by the ICF 'International HIV/AIDS Alliance in Ukraine' within the framework of the programme 'Overcoming the HIV/AIDS Epidemic in Ukraine', supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria. It was conducted in August-September 2006 in 9 cities of Ukraine. Sentinel surveillance used the methodology of unlinked anonymous testing, and in some cases a voluntary linked blood testing. To perform HIV antibody tests, blood serum samples were used.

more accurate indication of HIV prevalence among sex workers in Ukraine. Except for the city of Poltava, the results from all other sites indicated a decrease in prevalence in comparison to the results from sites where sentinel surveillance was conducted in 2005. Based on these results, HIV prevalence among sex workers remains high in many key cities of Ukraine.

HIV prevalence among women engaged in sex work who also inject drugs is significantly higher than among sex workers who do not inject drugs. The data from Kyiv indicates that HIV prevalence among sex workers who also reported injection drug use was 5.9% in 2006, whereas HIV prevalence among sex wokers who did not report injection drug use was 3%. These data indicate the significant influence of injection drug use on the prevalence of HIV among this population.

In order to analyse trends in HIV prevalence among women engaged in sex work over time, the sub-population of younger sex workers aged 15 – 24 may provide more reliable data. When comparing HIV prevalence among this sub-population across sentinel surveillance sites (n=9) in 2005 and 2006, the median HIV prevalence rates among these younger sex workers have stayed relatively stable (median value in 2005 was 14.3%, and in 2006 – 14.8%). However, in comparison with other populations, HIV prevalence rates among female sex workers continues to be high, and in some sites it is even increasing. These trends are evidence of the growing role of heterosexual transmission of HIV.

◆ Men who have sex with men:

The prevalence of HIV infection among men who have sex with men in 2007 was 4.4%.[7]

HIV prevalence among MSM in four cities in this study was alarmingly high, ranging from 4.4% in the capital city of Kyiv to 23.2% in Odessa (median, 9%, n=4).

No HIV infections were found in the group of MSM less than 25 years old, while HIV prevalence among MSM older than 25 years was 7.3%.

Table 4: Results of sentinel epidemiological surveillance among men who have sex with men

№	Name of City	Number of MSM tested for HIV	Number of MSM who tested positive for HIV	HIV prevalence (percent)
1.	Kyiv	90	4	4.4
2.	Kryviy Rig	100	8	8.0
3.	Mykolayiv	100	10	10.0
4.	Odessa	69	16	23.2

These results confirm that male-to-male sexual transmission of HIV plays an important but still largely hidden role in Ukraine's HIV epidemic.

Similarly to results for IDUs and SWs, the results among MSM indicate the limitations of reporting the national indicator based only on data from the capital city. As stated in the Guidelines, 'to avoid biases in trends over time, this indicator should be reported for the capital city only. In recent years, many countries have expanded the number of sentinel sites to include more rural ones, leading to biased trends resulting from aggregation of data from these sites.' [8]

[7] These results were from the first linked epidemiological and behavioural surveillance study among MSM, conducted in 2007 in four cities of Ukraine. This research was conducted using respondent-driven sampling (RDS).

[8] Monitoring the Declaration of Commitment on HIV/AIDS – Guidelines on Construction of Core Indicators 2008 Reporting.

Although HIV prevalence among MSM in the capital of Ukraine is relatively high, it is much lower than in other major cities such as Odessa, and not representative for the country as a whole. As the study did not include rural sites, a mean indicator value of 9% is considered to be a more accurate representation of HIV prevalence among MSM in Ukraine.

In another study among MSM in 2007 conducted by the All-Ukrainian Network of PLWH in four cities of Ukraine (Odessa, Lviv, Ivano-Frankivsk and Kryviy Rig), 51 of 317 MSM tested HIV positive – equal to 16% HIV prevalence, which also indicates the high prevalence of HIV among MSM.

The early stages of the HIV epidemic in Ukraine were characterised by sexual transmission, including reported cases of HIV transmission among MSM. Since 1995, however, the epidemic has been driven by the rapid spread of HIV among injecting drug-users. In recent years, the proportion of registered cases of HIV transmission related to sexual transmission has again started to increase, particularly among sexual partners of injecting drug users. Additional research is needed to determine what proportion of sexually-transmitted HIV infection is related to HIV transmission among MSM.

In 1991, Ukraine was the first country in the former Soviet Union to rescind the criminalisation of homosexual sex. However, MSM remain highly stigmatised by Ukrainian society. Since 1987, only 158 cases of HIV have been officially reported among MSM in Ukraine, indicating that MSM are still not seeking VCT services. The data from official serological surveillance may also capture only a small percentage of MSM who may already be infected with HIV. These limited data indicate that the population of MSM in Ukraine is still hard to reach for research and prevention purposes, and requires more urgent attention.

Indicator 22. Percentage of young women and men aged 15–24 who are HIV-infected

The percentage of HIV-infected young people aged 15-24 years was not calculated in Ukraine.

This indicator is most relevant to countries with generalised epidemics, as it characterizes the magnitude of an epidemic driven by heterosexual transmission. In countries with HIV epidemics concentrated within most-at-risk populations, this indicator is a less reliable source of overall HIV epidemic trends. Currently, Ukraine is classified as a concentrated HIV epidemic, with estimated adult HIV prevalence (15-49) of 1.63% at the end of 2007.

This indicator is calculated on the basis of HIV prevalence among pregnant women aged 15-24. Overall trends among pregnant women indicate that HIV prevalence among the general population continues to increase. Based on data from routine antenatal surveillance in 2007, 0.52% of all pregnant women (3,085) in Ukraine were infected with HIV. Of particular concern, eight regions of Ukraine reported rates of HIV prevalence among pregnant women that exceeded the national average, including three regions with HIV prevalence among pregnant women that exceeded 1% (Odessa – 1.03%; Kyiv Oblast – 1.14%, and Mykolaiv – 1.25%). These data indicate that Ukraine has one of the highest rates of HIV prevalence among pregnant women in Europe, and the sexual transmission of HIV is rapidly increasing.

According to officially-reported data, 15% of all reported cases of HIV in 2007 were among people aged 15-24. This was a slight decrease from 2006, when the same proportion was 16.2% of all newly-reported cases. Additional analysis is needed to determine whether these changes are a result of behavioural changes among this group, or of peculiarities concerning access to HIV testing among this age group.

Indicator 24. Percentage of people living with HIV/AIDS who continue receiving treatment 12 months after the commencement of antiretroviral therapy

The percentage of people living with HIV/AIDS who continue receiving treatment 12 months after the commencement of antiretroviral therapy was 78% in 2007. These data were calculated on the basis of monitoring of a cohort of patients who were followed during the period from October 1, 2006 – September 31, 2007.

The provision of antiretroviral therapy (hereinafter ART) for patients with advanced HIV infection was launched in Ukraine in August 2004 within the framework of the programme 'Overcoming the HIV/AIDS Epidemic in Ukraine', funded by the Global Fund in six regions of Ukraine. Currently ART is provided in all 27 regions of Ukraine.

The highest rate of survival at 12 months among patients on ART in Ukraine is observed among children under 15 – 91%. Gender-based analysis of the data indicates that a higher percentage of women remain on treatment – 83%, in comparison with 73% among men.

Data also indicates some progress in the rate of survival among patients on ART in comparison to 2005, when the UNGASS indicator was 72%[9]. This progress reflects the increased effectiveness of treatment programmes for patients with advanced HIV-infection in Ukraine, with a growing percentage of patients still alive and remaining on treatment.

Indicator 25. Percentage of infants born to HIV-infected mothers who are infected

As specified in the Guidelines, this indicator is not reported by Ukraine, as the indicator will be calculated by UNAIDS Geneva, based on the data in this report provided for Indicator 5: the percentage of HIV-positive pregnant women who received antiretrovirals to reduce the risk of mother-to-child transmission.

However, the trend towards sexual transmission of HIV infection has resulted in a rapid increase of the number of women of child-bearing age with HIV, and the related increase in the number of children born to women with HIV. If in 2006 2,822 children were born to women with HIV in Ukraine, in 2007 this number increased to 3,430 births.

Data on the rate of mother-to-child transmission was first collected in 2001, when Ukraine had yet to implement any activities to prevent vertical transmission from mother to child. According to data from the initial study, the rate of mother-to-child transmission in 2001 was 27.8%. According to the data in Ukraine's previous UNGASS report, the percentage of HIV-infected children born to HIV-infected mothers in 2004 had been reduced to 15.8%. However, according to the official data of the Ministry of Health, the level of mother-to-child transmission was 8.2% in 2004, and 7.1% in 2006. The data of the Ministry of Health includes newborns confirmed to be HIV positive at 18 months, and also takes into account the effects of antiretroviral therapy and the outcomes of other prevention interventions, including caesarean section and safe feeding practices.

The percentage of HIV-positive pregnant women who received antiretrovirals to reduce the risk of mother-to-child transmission (Indicator 5) has also continued to increase. From 2006 to 2007, the coverage of PMTCT programmes increased by 1.5%, from 91% in 2006 to 92.5% in 2007. In this period, there was also an increase in the number of HIV-positive pregnant women who carried their pregnancy to term. During the same period, the proportion of women who received only nevirapine prophylaxis in labour also dropped by 3%, with a proportionate increase in the coverage of other more effective PMTCT regimens.

[9] National Report on the Follow-Up to the Declaration of Commitment on HIV/AIDS in Ukraine. Reporting period: January 2003 – December 2005, Kyiv, 2006.

SECTION IV

OVERVIEW OF THE NATIONAL RESPONSE TO THE AIDS EPIDEMIC IN UKRAINE

Ukraine has recognized the danger of the HIV/AIDS epidemic, which represents a threat to the whole nation. HIV/AIDS is a priority of national policy in the areas of health care and social development. Special attention from the President of Ukraine and the Government of Ukraine is evidence of the importance of HIV/AIDS to the political leadership of Ukraine.

At the end of 2007 the President of Ukraine issued the Decree 'On Additional Urgent Measures to Respond to HIV/AIDS in Ukraine', which envisaged the reinvigoration of the National Council. In order to ensure effective management, coordination and monitoring of the national programme for HIV/AIDS, the Cabinet of Ministers of Ukraine established the Committee on HIV/AIDS and Other Socially Dangerous Diseases within the Ministry of Health of Ukraine. Plans are to establish the National Centre for Monitoring and Evaluation of HIV/AIDS within this Committee.

The Government of Ukraine has also committed itself to a number of strategic obligations. In cooperation with international and non-governmental organisations, the Government has implemented measures to fulfill these obligations and effectively respond to the HIV/AIDS epidemic. For example, the current National Programme on HIV Prevention, Treatment and Support to People Living with HIV and AIDS for 2004-2008 has been regularly updated and enhanced. The Committee coordinated the review and finalisation of the annual Action Plan for the implementation of National Programme to Provide HIV Prevention, Support and Treatment to People Living with HIV/AIDS for 2008. As a result of this review, an additional set of 'Measures on Implementation of the National Programme on HIV Prevention, Treatment and Support of HIV-Infected and AIDS Patients for 2008' were approved[10]. These measures, as well as the National Programme in general, are intersectoral and cover all key partners responsible for the implementation of the national response to HIV/AIDS, including activities planned within programmes supported with grants from the GFATM (Rounds 1 and 6).

The Committee on HIV/AIDS and Other Socially Dangerous Diseases is also responsible for the process of coordinating the development of the new National AIDS Programme, covering the period 2009-2013.

The following section provides a summary of Ukraine's progress towards the Declaration of Commitment on HIV/AIDS, based on the indicators in three key areas: National Commitment and Action, the National Programme, and Knowledge and Behaviour. For more detailed information about the status of national policies in the field of HIV/AIDS, see the National Composite Policy Index.

[10] The Cabinet of Ministers of Ukraine Resolution No. 1321 'On Introduction of Changes to the Cabinet of Ministers of Ukraine Resolution No. 264 as of March 4, 2004', issued on November 8, 2007.

Indicator 1. Domestic and international AIDS spending by categories and financing sources

According to the data from the National AIDS Spending Assessment for HIV/AIDS in Ukraine[11], in 2005 such expenditures exceeded UAH 205 million (approximately 40 million USD), and in 2006 – about UAH 281.5 million (55.7 million USD)[12]. In contrast to the previous UNGASS Report, which included only funds allocated by the Cabinet of Ministers of Ukraine for HIV/AIDS, this report contains information about expenditures from the State and local budgets, as well as from international sources. Moreover, the previous UNGASS Report presented only data on expenditures for treatment, while this report includes extensive data on expenditures for primary prevention; care and support programmes; mitigation of the epidemic's social impact; and other categories.[13]

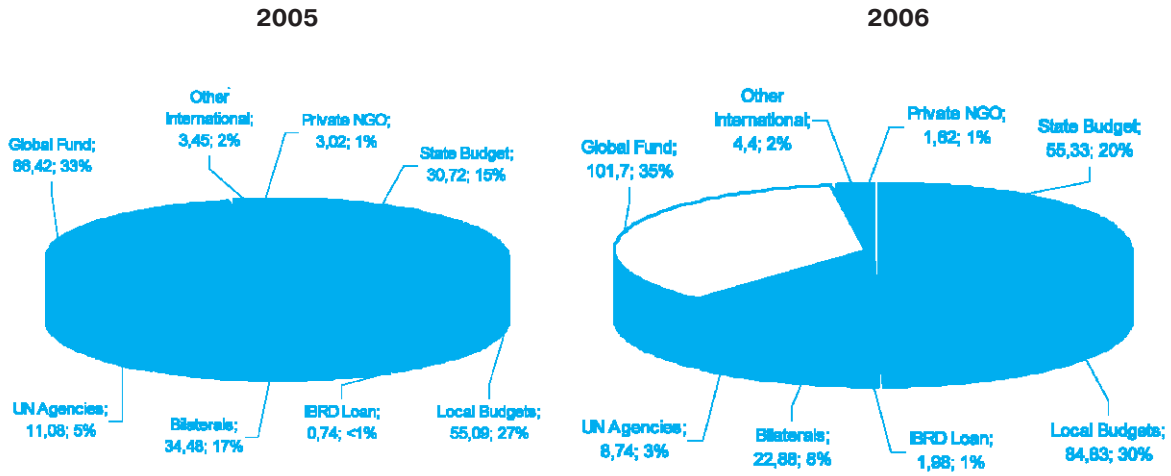

Fig 7: Structure of national spending by funding sources in 2005 and 2006 (in millions of UAH and %)

I. Public sources of funds[14]

In 2005, HIV/AIDS programmes in Ukraine received UAH 86.6 million from government sources (16.9 million USD); in 2006, these expenditures almost doubled to UAH 142.1 million (28.1 million USD). The State Budget also partially covered programmes for antiretroviral therapy (ART); diagnostics and treatment of opportunistic infections; and blood screening and testing

[11] In order to calculate the funds allocated to prevent the spread of HIV/AIDS in Ukraine in 2005 and 2006, the country used the methodology recommended by UNAIDS regarding its core indicator 1 – National AIDS Spending Assessment. Spending from government, international and private sources was evaluated.

[12] Expenses were evaluated in the national currency. In order to present the spending data in US dollars, the official average yearly exchange rate of the National Bank of Ukraine was used (2005: USD 100 = UAH 512.47; 2006: USD 100 = UAH 505)

[13] It should be noted that detailed data on spending by component in certain areas is missing (even though such spending does take place). The lack of data in certain categories does not necessarily mean the absence of relevant expenses. Some data were presented in aggregated form, that is, they include several subcategories according to NASA classification.

[14] Government expenses include State and local budget allocations, as well as spending within the World Bank loan project that should be repaid by the Government of Ukraine. Calculations of inputs of various health care facilities that provide medical care to persons with HIV (including tuberculosis and substitution therapy, as well as general health-care facilities) were performed using the recommended methodology from National Health Accounts (NHA), AIDS sub-account analysis developed in Ukraine in 2003-2004,.

of pregnant women. The majority of government expenditures were allocated from local budgets, covering activities by governmental institutions in areas of health care, education and social protection that provide direct services to the population at the local level. In 2005, expenditures from local budgets amounted to over UAH 55 million (10.7 million USD), and in 2006 – UAH 84.8 million (16.8 million USD).

The increase of expenditures by State and local budgets in this period was driven by the scale-up of ART programmes and the improvement of access to prevention programmes. The number of patients registered with HIV infection under medical observation is also increasing, thus reflecting the growth of referrals for medical assistance.

During the development of the current National HIV/AIDS Programme, emphasis was placed on funding that was to be provided under the World Bank loan. However, due to various obstacles during the implementation of the 'TB and HIV/AIDS Control Project in Ukraine', in 2005 and 2006 Ukraine only spent only a minor portion of these funds.

II. International sources of funds[15]

In 2005 funds spent by international organisations amounted to UAH 115.4 million (22.5 million USD). The main donors supporting HIV/AIDS in Ukraine include the Global Fund – UAH 66.4 million (13 million USD), USAID – UAH 22 million (4.1 million USD); and UN agencies – UAH 11 million (2.2 million USD).

In 2006, the expenditures of international organisations increased to UAH 137.7 million (27.3 million USD). These figures include the expenditures from the Global Fund – UAH 101.7 million (20.1 million USD); major bilateral donor agencies – UAH 22.9 million (4.5 million USD); UN agencies – UAH 8.7 million (1.7 million USD); and other international organisations, who collectively contributed approximately UAH 4.4 million (0.6 million USD).

The amount of international funding for HIV/AIDS in Ukraine increases annually. This is primarily related to the expansion of programmes financed by Global Fund contributions.

III. Private sources of funds[16]

The evaluation of private expenditures is not a mandatory component for calculating this indicator. However, preliminary calculations show a significant rate of out-of-pocket spending by individuals for covering needs related to HIV prevention, diagnostics and treatment. Due to the shortcomings of the system for data collection and problems of data interpretation regarding private out-of-pocket expenditures, it was agreed to exclude such calculations from this indicator. In 2005, other forms of private expenses, which include expenditures from private foundations but exclude out-of-pocket expenditures, exceeded UAH 3 million (590 thousand USD); in 2006, these expenditures exceeded UAH 1.6 million (320 thousand USD).

15 Expenditures by international organisations are separately calculated for bilateral agencies -(U.S. Agency for International Development, U.K. Department for International Development) and for multilateral agencies (Global Fund to Fight AIDS, Tuberculosis and Malaria, UN agencies). In order to calculate the amount and proportion of international funding, representatives of such donor agencies in Ukraine provided these data through completed questionnaires. In cases where such organisations do not have representative offices in Kyiv, relevant questionnaires were completed by the recipient organisations of such donor funds in Ukraine. International spending may be underestimated, as not all organisations provided information on their expenses.

16 Evaluation of private expenditures usually includes spending of national NGOs and household expenditures.

IV. HIV/AIDS spending by categories

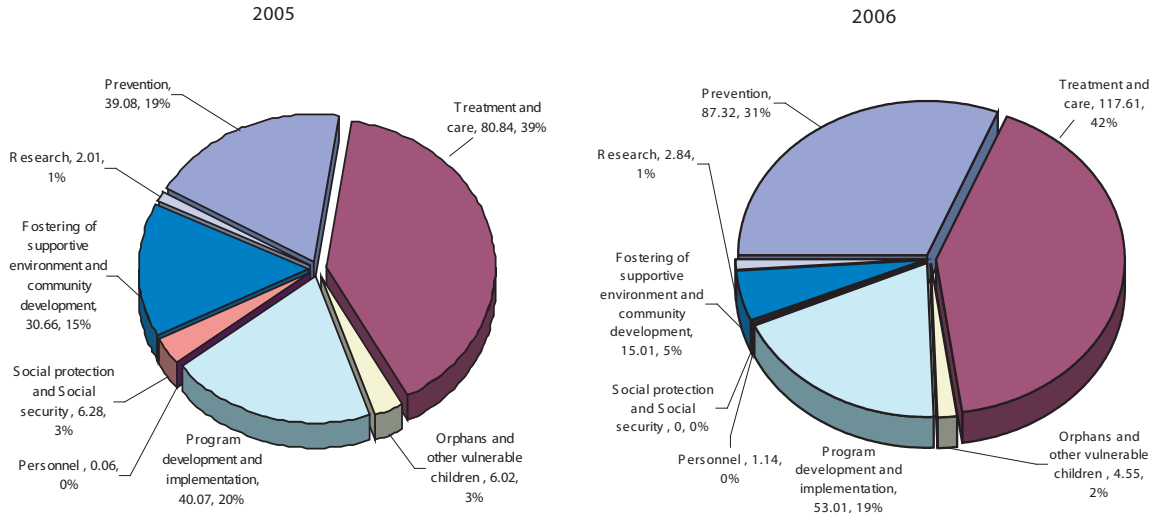

Fig 8: Structure of national spending by programme areas in 2005 and 2006 (in million of UAH and %)

The largest category of expenditures was in the 'Treatment and Care' category, where the government represents the largest source of funding. The majority of costs in this category are allocated for the procurement of antiretroviral drugs and medications to treat opportunistic infections. At the same time, the cost of specific ART regimens procured with government funds are sometimes considerably higher than the cost of such regimens with the same drugs procured under the programme that the Global Fund finances.

Prevention programmes were most often funded by international donors, which allocated the majority of resources to cover such areas as focused prevention among most-at-risk and vulnerable populations, primary prevention and prevention of mother-to-child transmission.

Comparison of the data on actual expenditures for HIV/AIDS with the assessment of overall funding needs indicates a considerable lack of the funding needed to ensure an effective response. There is risk that such a shortage of funding will only increase as the epidemic continues to grow.

In this period, the Government of Ukraine undertook a number of commitments, which include the continued provision of ART to all patients who currently receive treatment at the expense of the Global Fund's current Round 1 supported grant. At the same time, the scale-up of government-funded ART should also continue. Such commitments also apply to other programmatic areas, which are currently supported by the international donor organisations. In order to support and further expand these programmes, the next National HIV/AIDS Programme should make plans in advance to ensure that adequate funding is provided on a timely basis.

The reliability and comprehensiveness of the data on national AIDS spending is limited by imperfect reporting and record-keeping systems, limited access to financial data and the lack of a single Governmental center or unit responsible for collecting relevant information. As such, the assessment of HIV/AIDS spending may be understated. It is important to consider these factors when planning future targeted allocations of funds from the State Budget and local budgets and when developing the new National HIV/AIDS Programme.

Detailed information about the sources, amounts and categories of expenditures can be found in Annex 3: National Funding Matrix – 2005-2006.

◆ National Programme Indicators

Ukraine has adopted a multisectoral approach to HIV/AIDS, which involves the implementation of prevention, medical and social programmes that are supported by numerous ministries, institutions, committees, and non-governmental and international organisations.

The national AIDS programme is focused on two key areas: the prevention of HIV infection and treatment, care and support to people affected by HIV.

In the area of prevention, particular progress has been made in ensuring blood safety and in the prevention of mother-to-child transmission. These are policy priorities for the Government of Ukraine.

Indicator 3. Percentage of donated blood units screened for HIV in a quality-assured manner

The percentage of donated blood units screened for HIV in a quality-assured manner in 2006 was 0%.

Ukraine follows standard operational procedures for testing blood and organ donors for HIV infection. These include blood sampling, serum collection, analyzing each type of test to see how its results will be confirmed, and internal quality control. One-hundred percent of stored donor blood units in Ukraine are tested for HIV in accordance with these standard operational procedures.

In light of HIV's growing prevalence in Ukraine, the country's strategy for testing donors for HIV has reduced the likelihood of HIV transmission through blood components and preparations to rare individual cases.

However, Ukraine currently lacks an institutionalized system of external quality control that meets international standards, and this makes it impossible to guarantee the quality of screened blood. As such, the percentage of donated blood units screened for HIV in a quality-assured manner in 2006 was 0%.

In 2004, a different UNGASS indicator definition was used, which measured 'the percentage of donor blood units transfused in the last 12 months that were screened for HIV'. This indicator was 100%[17], but it did not take into account the lack of external quality control according to international standards.

The system for quality control of the blood system is ensured through the series of measures the National Donor Development Strategy describes. These measures were foreseen under the Law of Ukraine 'On the Donors of Blood and Its Components' in 1995.

According to current Ukrainian legislation, the State Institution 'Institute of Hematology and Transfusiology, Academy of Medical Sciences of Ukraine' manages the blood system, as does a specially designated employee of the Ministry of Health's Department for the Organisation and Development of Medical Aid to the Population. It is planned to establish a specialized management body which would ensure coordination and general management of Ukraine's blood safety system.

Active efforts are being undertaken in Ukraine to attract voluntary blood donors through campaigns to disseminate information and raise awareness. The introduction of voluntary counseling and testing prior to blood donation has made it possible to exclude persons with high risk of HIV infection from the pool of potential blood donors.

There are blood services in all 27 administrative regions of Ukraine, including 54 laboratories that perform diagnostics of HIV infection and other blood-borne infections.[18]

---

[17] National Report on the Follow-Up to the Declaration of Commitment on HIV/AIDS Ukraine. Reporting period: January 2003 – December 2005, Kyiv, 2006.

[18] The above-mentioned laboratories were accredited on the basis of the Order of the Ministry of Health of Ukraine 'On Infections-Related Safety of Donor Blood and Its Components' (2005). Such accreditation requires the availability of standard operational procedures in accordance with 'Guidelines on the Organisation of Work of HIV Diagnostics Laboratories', which were approved by the Order of the Ministry of Health of Ukraine in 2002.

Table 5: Data used to calculate the National Indicator 3 – 'Percentage of donated blood units screened for HIV in a quality-assured manner'

Name of the blood centre or blood screening laboratory	Quality Assurance Measures for HIV screening		Number of Blood Units		
	Standard Operating Procedures	External Quality Assurance Scheme	Number of Units of Donated Blood	Number of Units of Blood Screened for HIV (percentage)	Blood screened in a quality-assured manner (percentage)
Crimea, Autonomous Republic	Yes	No	64,764	64,764 (100%)	0 (0%)
Cherkasy oblast	Yes	No	17,718	17,718 (100%)	0 (0%)
Chernihiv oblast	Yes	No	20,349	20,349 (100%)	0 (0%)
Chernivtsi oblast	Yes	No	17,089	17,089 (100%)	0 (0%)
Dnipropetrovsk oblast	Yes	No	76,404	76,404 (100%)	0 (0%)
Donetsk oblast	Yes	No	80,673	80,673 (100%)	0 (0%)
Ivano-Frankivsk oblast	Yes	No	14,513	14,513 (100%)	0 (0%)
Kharkiv oblast	Yes	No	39,735	39,735 (100%)	0 (0%)
Kherson oblast	Yes	No	14,289	14,289 (100%)	0 (0%)
Khmelnytsky oblast	Yes	No	38,184	38,184 (100%)	0 (0%)
Kirovohrad oblast	Yes	No	13,746	13,746 (100%)	0 (0%)
Kyiv city	Yes	No	36,579	36,579 (100%)	0 (0%)
Kyiv oblast	Yes	No	28,342	28,342 (100%)	0 (0%)
Luhansk oblast	Yes	No	73,381	73,381 (100%)	0 (0%)
Lviv oblast	Yes	No	19,521	19,521 (100%)	0 (0%)
Mykolaiv oblast	Yes	No	19,776	19,776 (100%)	0 (0%)
Odessa oblast	Yes	No	20,310	20,310 (100%)	0 (0%)
Poltava oblast	Yes	No	25,825	25,825 (100%)	0 (0%)
Rivne oblast	Yes	No	15,148	15,148 (100%)	0 (0%)
Sevastopol city	Yes	No	10,336	10,336 (100%)	0 (0%)
Sumy oblast	Yes	No	12,636	12,636 (100%)	0 (0%)
Ternopil oblast	Yes	No	15,866	15,866 (100%)	0 (0%)
Vinnytsya oblast	Yes	No	41,931	41,931 (100%)	0 (0%)
Volyn oblast	Yes	No	31,827	31,827 (100%)	0 (0%)
Zakarpatya oblast	Yes	No	19,789	19,789 (100%)	0 (0%)
Zaporizhya oblast	Yes	No	45,194	45,194 (100%)	0 (0%)
Zhytomyr oblast	Yes	No	17,239	17,239 (100%)	0 (0%)
Total			831,164	831,164 (100%)	0 (0%)

Indicator 4. Percentage of adults and children with advanced HIV infection receiving antiretroviral therapy

The percentage of adults and children with advanced HIV infection receiving antiretroviral therapy in 2006 was 27% (4,777 persons); and 35% in 2007 (7,657 persons).

In order to ensure a successful national response to HIV/AIDS, in this period Ukraine continued to develop a comprehensive system of medical and social assistance to people in need of treatment, care and support. Activities of particular importance included the provision of sustainable antiretroviral and substitution therapy; treatment of tuberculosis and hepatitis; and the provision of care and support to HIV-infected patients.

The introduction of the large-scale provision of antiretroviral therapy (ART) for HIV/AIDS patients was launched in Ukraine in August 2004, within the framework of the programme 'Overcoming the HIV/AIDS Epidemic in Ukraine', with funding from the Global Fund. ART has now been introduced in all 27 regions of Ukraine on a stage-by-stage basis.

On the basis of gender, data indicates that there is relative equity in access to ART, with coverage among women at 36% in 2006 and 45% in 2007; coverage among men was of 23% and 29%, respectively.

The large and growing percentage of ART coverage among children (58% in 2006 and 73% in 2007) indicates that children have accelerated access to ART.

This indicator was calculated using data from the Provisional Sectoral Statistical Form No.55 of the Ministry of Health of Ukraine 'Report on the Use of Antiretroviral Therapy for HIV/AIDS Patients' for 2006-2007. The estimated number of adults and children with advanced HIV infection in Ukraine was determined through the 'Spectrum' software package, with data from the statistical reporting form 'Report on HIV-infected persons and AIDS Patients', Quarterly Form No.1-HIV/AIDS.

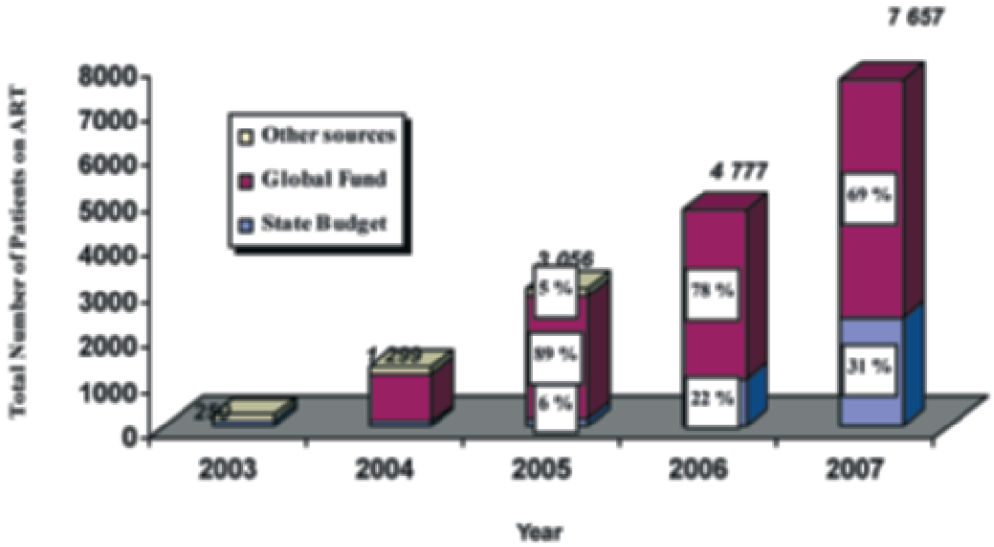

Fig 9: Increase of Provision of Antiretroviral Therapy in Ukraine, by sources of funding

The values for this indicator should not be directly compared with the same indicator from Ukraine's previous UNGASS report. In the previous report, Ukraine used a different methodology

to calculate this indicator, one that was previously recommended by the WHO.[19] In order to assess current trends and coverage, the indicator value from 2005 was recalculated using 'Spectrum.' According to the revised results, the 'Percentage of adults and children with advanced HIV infection receiving antiretroviral therapy' was 21% in 2005 (3,040 persons). These data indicate that there is a growing trend toward an increase in ART coverage, from 21% in 2005 (3,040 persons) to 27% (4,777 persons); and 35% in 2007 (7,657 persons).

Despite the scale-up of ART coverage for patients with advanced HIV infection, the current level of coverage remains insufficient, thus indicating the need for additional efforts to mobilise governmental and non-governmental sectors to ensure universal access to diagnostics, treatment, care and support for all persons infected with HIV and for AIDS patients.

Indicator 5. Percentage of HIV-positive pregnant women who received antiretrovirals to reduce the risk of mother-to-child transmission

The percentage of HIV-infected pregnant women who received antiretrovirals to reduce the risk of mother-to-child transmission in 2006 was 91%, and in 2007 was 92.5%.

In recent years Ukraine achieved significant progress in implementing the programme for the prevention of mother-to-child transmission, including the development of related policies; the expansion of educational programmes; access to HIV testing; and the use of different regimens for antiretroviral prophylaxis.

These measures have made it possible to significantly reduce the level of mother-to-child transmission of HIV. According to the data of the Ministry of Health of Ukraine, if in 2001 the estimated rate of mother-to-child transmission was 27.8%, then in 2004 it fell to 8.2%, and fell farther in 2006, to 7.1%.

The system of data collection and reporting on the number of pregnant women with HIV infection and antiretroviral prophylaxis coverage was established in 2004, to prevent mother-to-child transmission of HIV. Unlike previous approaches that estimated the coverage of different regimens, the new system made it possible to monitor the actual coverage of different antiretroviral treatment regimens to prevent mother-to-child transmission of HIV.

Table 6: Regimens of antiretroviral treatment of HIV-infected women to prevent mother-to-child transmission

	2006	***2007***
Number of HIV-infected pregnant women that carried their pregnancy to term	2,757	3,293
The number of HIV-infected pregnant women who received antiretrovirals to prevent mother-to-child transmission, including:	2,517	3,046
• Single-dose Nevirapine	359	341
• Prophylaxis regimen with Zidovudine	1,570	1,885
• Prophylaxis regimens using a combination of two ARVs • (Zidovudine during pregnancy and Nevirapine during labour)	498	627
• Prophylaxis regimens using a combination of three ARVs*	-	-
• ART for treatment (for women who became pregnant while already taking ARV treatment)	90	193
The percentage of HIV-infected pregnant women who received antiretrovirals to reduce the risk of mother-to-child transmission of HIV	91%	92,5%

* The national protocol that envisages prophylaxis using HAART was approved by the Order of the MoH of Ukraine in November 2007.

[19] World Health Organisation, 'Progress on Global Access to HIV Antiretroviral Therapy', June 2005, Section 'Estimating Treatment Needs'.

Antiretroviral therapy and prophylaxis for pregnant women in Ukraine is provided only at Government clinics.

The numerator includes the total number of HIV-infected pregnant women who received any of the abovementioned antiretroviral treatment regimens, amounting to 2,517 women in 2006 and 3,046 women in 2007.

The denominator includes data from the programme 'Prevention of mother-to-child transmission of HIV-infection' on the total number of HIV-infected pregnant women who accessed antenatal clinics during the reporting year and carried their pregnancy to term. In 2006 this included 2,757 pregnant women with HIV, and in 2007, 3,293 pregnant women with HIV.

The coverage of HIV-infected pregnant women with antiretroviral prophylaxis to prevent mother-to-child transmission of HIV in 2007 increased by only 1.5% in comparison with 2006. However, in light of the increase in the number of HIV-infected pregnant women who carried their pregnancy to term, there was a 3% reduction of the proportion of women who received only Nevirapine prophylaxis in labour, with a proportionate increase in the use of more effective regimens.

Indicator 6. Percentage of estimated HIV-positive incident TB cases that received treatment for TB and HIV

The percentage of patients who received treatment for TB and ART by the end of reporting year, among the estimated number of patients with TB among people living with HIV in 2006, was 15%.[20]

Tuberculosis is the leading case of death among persons with HIV in Ukraine. There is close interdependence between the increase of TB incidence and the spread of HIV infection.

During this period, a range of activities were implemented to ensure early diagnosis of TB among HIV-infected individuals and to provide them with appropriate treatment. The current 'Clinical Protocol for Antiretroviral Treatment of HIV Infection among Adults and Adolescents' in Ukraine establishes a single standardised system of support to HIV-infected persons in Ukraine. According to this protocol, if HIV infection and active forms of tuberculosis are diagnosed simultaneously, ART is initiated only after the completion of a course for TB treatment. According to current treatment guidelines, ART is only initiated prior to the completion of TB treatment among patients who are high risk for HIV progression and thus at increased risk of mortality.

Indicator 7. Percentage of women and men aged 15-49 who received an HIV test in the last 12 months and who know their results

The percentage of women and men aged 15-49 who received an HIV test in the last 12 months and who know their results in 2007 was 15.5%.[21]

Knowledge of one's HIV status is extremely important for making decisions regarding treatment, and to protect oneself and others from HIV infection.

[20] In order to calculate this indicator, the statistical reporting forms 'Report on Persons with Conditions and Diseases, Preconditioned by the Human Immunodeficiency Virus (HIV)' for 2006 and the Annual Form No.2-HIV/AIDS of the Provisional Sectoral Statistical Form No.55 of the Ministry of Health of Ukraine 'Report on the Use of Antiretroviral Therapy for HIV/AIDS Patients' for 2006 were used. In 2006, Ukraine did not have reporting-specific data collection forms for patients who received treatment for TB during a year among patients with HIV who received ART. In order to calculate the above-mentioned indicator, primary medical documentation data was also used, namely Form No. 025/o 'Medical Card of Outpatient Patient'.

[21] Source of information – results of the national representative public opinion survey of respondents aged 15-49 years, which was conducted in September 2007 by the Kyiv International Institute of Sociology and the Ukrainian Institute for Social Research named after O. Yaremenko. Total number of respondents is 2,200 in all territorial and administrative regions of Ukraine (the Autonomous Republic of Crimea, 24 oblasts and the city of Kyiv)

Until 1998, HIV testing in Ukraine was mandatory, and in certain cases even compulsory. The strategy of mandatory, mass HIV testing was economically unsound and epidemiologically unjustified. Such a strategy encouraged people to avoid contact with healthcare facilities. In 1998 Ukraine understood the need to change the old legislation and to bring it into conformity with international law and WHO recommendations. With the adoption of the new edition of the Ukrainian Law on AIDS in 1998, the principles of voluntariness and confidentiality of HIV testing were enshrined in Ukrainian law.

The current report provides data on two indicators that describe the accessibility of HIV testing for the general population and for most-at-risk populations, including IDUs, sex workers, MSM, prisoners and children and young people vulnerable to HIV (aged 15-24).

This indicator was calculated on the basis of a sociological survey[22] that posed two questions: 'I don't want to know the results, but have you been tested for HIV testing in the last 12 months?' and, if yes, 'I don't want to know the results, but did you get the results of that test?'

The numerator consists of the number of respondents (aged 15-49) who received an HIV test in the last 12 months and who know the result of that test – that is, respondents who answered 'yes' to both questions. The denominator includes all respondents aged 15-49.

The results according to different variables indicate that the percentage of women and men aged 15-49 who received an HIV test in the last 12 months and who know their results was 20% among women and 11% among men; 16% among urban residents and 14% among rural residents; 12% among people aged 15-19 years, 19% among individuals aged 20-24 years; and 16% in the 25-49 years age group.

The comparison of this data with official statistics on the number of individuals who were tested for HIV in 2007 indicates that the value of this indicator may be significantly overreported. Based on these results, 15.5% of the adult population (15-49) is equivalent to 3.7M people who should have been tested for HIV in 2007. However, official data indicated that there were only 2.8M tests conducted for HIV in Ukraine in 2007. The actual number of people tested was considerably smaller, as a significant portion of these tests were repeated on the same persons, for the purposes of surveillance among donors or pregnant women or confirmation of HIV status among persons who initially tested HIV positive.

Analysis of the data from the different research agencies that conducted these surveys [23] indicates that discrepancies between the different surveys are within the bounds of sampling error. It is possible to exclude systematic errors during the stages of sampling development, collection and analysis of the data.

Other reasons for such discrepancies may be related to shortcomings of the survey instruments. In particular, the following explanations are thought to explain these results and their shortcomings: 1) respondents may have provided answers that were perceived to be 'socially responsible'; 2) respondents may not have been well aware of what tests were performed when they gave their blood samples, so they may have provided positive answers, even if they were not certain that their blood was used for an HIV test; 3) respondents may have given answers regarding an HIV test that occurred during a more lengthy period than the last 12 months.

Nevetheless, these results indicate that the coverage of HIV testing among the general population is high. In particular, high levels of testing among women can be explained by the fact that all pregnant women are offered HIV testing at antenatal clinics. Low levels of HIV testing among village inhabitants in comparison to urban residents are a result of the poorly-developed infrastructure for HIV testing in rural areas.

[22] Source of information – results of the national representative public opinion survey of respondents aged 15-49 years, which was conducted in September 2007 by the Kyiv International Institute of Sociology and the Ukrainian Institute for Social Research named after O. Yaremenko. Total number of respondents is 2,200 in all territorial and administrative regions of Ukraine (the Autonomous Republic of Crimea, 24 oblasts and the city of Kyiv).

[23] The Kyiv International Institute of Sociology and the Ukrainian Institute for Social Research named after O. Yaremenko used independent representative sampling (1,091 and 1,109 respondents correspondingly).

In order to address these and other data-quality issues in future studies, there are plans to 1) conduct 'qualitative' research in order to finalise questions that enable more precise measurement of this indicator and to determine whether respondents accurately understand the questions; 2) pose questions about HIV testing in the last 12 months after the 'introductory question' about the overall HIV-testing experience during the person's life, thus ensuring a more precise measurement of this indicator; 3) include a 'control question' that would specify the date of the most recent HIV test, and also ensure a more precise indicator measurement.

◆ Sexually Active Adolescents:

The percentage of sexually active adolescents who received an HIV test in the last 12 months and know their results in 2007 was 12%.[24] The definition of sexually-active at-risk adolescents included young people, age 15-24, who reported having more than one sexual partner in the last 12 months. This is the first time that Ukraine has reported HIV testing among sexually-active adolescents.

Table 7. Data to calculate the national Indicator 8 'Percentage of people who were tested for HIV n the last 12 months and know their results among young people (aged 15-24 years)'

The number of respondents who gave positive answers to the following questions:	*15-19 years of age*			*20-24 years of age*			*Total 15-24 years of age*		
	Males	*Females*	*Total (persons)*	*Males*	*Females*	*Total (persons)*	*Males*	*Females*	*Total (persons)*
1. Have you been tested for HIV in the last 12 months?	14	7	21	22	17	39	36	24	60
2. Did you receive the results of the HIV test?	12	7	19	19	15	34	31	22	53
Did you have a casual sexual partner in the last 12 months?	131	44	175	188	65	253	319	109	428
Percentage of persons who were tested for HIV in the last 12 months and know their results	9	16	11	10	23	13	10	20	12

Analysis of responses of those who received an HIV test in the last 12 months by gender indicates that female adolescents are more likely to receive a test result than female adolescents: 20% versus 10%. While differences in values of this indicator for various age groups of men are insignificant, women aged 20-24 reported that they received an HIV test more frequently than those aged 15-19 – 23% versus 16%, respectively.

These data indicate that access and coverage of HIV testing among adolescents is lower than among the general adult population.

[24] The research 'Survey of Young People Regarding HIV/AIDS Knowledge, Behaviour and Attitudes towards People Living with HIV/AIDS' was carried out by the State Institute for Family and Youth Development at the expense of budget funds in all oblasts of Ukraine, in the Autonomous Republic of Crimea and in the city of Kyiv from May 25 to August 14, 2007. Total number of respondents is 2,001 young persons of 14-24 years of age.

Indicator 8. Percentage of most-at-risk populations that have received an HIV test in the last 12 months and who know their results

◆ Injection Drug Users:

The percentage of injecting drug users who received an HIV test in the last 12 months and know their results in 2007 was 29%.[25] In 2004 this indicator was 27%[26], but due to changes in the sampling methodology, it is not appropriate to make direct comparisons with the indicator values from the previous UNGASS report.

The current results indicate that the percentage of female IDUs who received an HIV test in the last 12 months and who know their results was 30%. The percentage was 29% among male IDUs. According to age, 23% of those aged 15-24 reported having received an HIV test in the last 12 months and know their results, whereas for the age group of 25 years and above, the value was 32%.

Analysis of responses by age groups indicates that the highest coverage of HIV testing was among IDUs age 30-39 (38%). The smallest portion of IDUs who received an HIV test was in the age group 19 and below (3%). This may be evidence that younger IDUs have a weak understanding of the risks of HIV and of the importance of HIV testing, or else face other barriers to accessing HIV testing.

These results also demonstrate rather high rates of HIV testing among IDUs. Such rates are higher in the age group of 25 years and above (31.6%); there is no significant difference in rates of HIV testing between males and females.

In this reporting period, there was a significant increase in the availability of HIV testing for IDUs in Ukraine. VCT is now included in the standard package of service provided to IDUs under the programme that the Global Fund supports. Since 2006, the Alliance and its implementing partners have also been providing rapid testing to IDUs in a majority of regions of Ukraine.

Despite the increase in the availability and coverage of VCT among this population, the results for this indicator suggest that the values may be overreported. If the indicator results were recalculated according to the estimated size of the IDU population in Ukraine (range 325,000-425,000), this would indicate that between 94,000 – 123,000 tests should have been conducted in this population in 2007. According to official data, however, only 33,000 tests were conducted among IDUs in 2007. Even with possible underreporting for rapid tests among IDUs that are not included in the official figures, these discrepancies indicate that the results of this study should be interpreted with caution.

[25] A survey 'Behaviour Monitoring of Injecting Drug Users' was carried out by the Ukrainian Institute for Social Research named after O. Yaremenko and funded by the Futures Group International, the USAID/Health Policy Initiative project and the ICF 'International HIV/AIDS Alliance in Ukraine' within the framework of the programme 'Overcoming the HIV/AIDS Epidemic in Ukraine', supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria. It was conducted in 14 regions of Ukraine: the Autonomous Republic of Crimea, Volyn, Dnipropetrovsk, Donetsk, Kirovohrad, Luhansk, Mykolaiv, Odessa, Poltava, Sumy, Kharkiv, Kherson, and Cherkasy oblasts and in the city of Kyiv from June 8 to August 15, 2007. The total number of respondents was 4,140 injecting drug users. General sampling was performed with the application of the Respondents Driven Sampling (RDS) methodology, when sampling is guided and performed by respondents themselves.

[26] National Report on the Follow-Up to the Declaration of Commitment on HIV/AIDS in Ukraine. Reporting period: January 2003 – December 2005, Kyiv, 2006.

◆ Sex Workers:

The percentage of sex workers who received an HIV test in the last 12 months and know their results in 2007 was 46%. The results of this study among sex workers in 12 regions of Ukraine[27] also indicate that testing coverage was slightly higher among younger sex workers – 48% in the age group 15-24, and 43% in the age group 25 and over.

Sex work in Ukraine is dominated by women. The group of male sex workers in Ukraine is believed to be relatively small, closed and hard to reach. As in previous years, however, this behavioural surveillance survey was carried out only among female sex workers.

In comparison with previous years, this indicator has increased considerably. In 2004, only 32% of sex workers reported having received an HIV test in the last 12 months and were aware of the results.[28]

As in previous years, the coverage of HIV testing among commercial sex workers is the highest among any of the most-at-risk populations in Ukraine. Yet such a high rate of HIV testing among sex workers raises questions as to whether these results may be inflated. During this period, the coverage and frequency of prevention programmes among sex workers that include the provision of VCT remained limited. Additional research is required to verify the accuracy and validity of this data.

◆ Men who have Sex with Men:

The percentage of men who have sex with men who received an HIV test in the last 12 months and know their results in 2007 was 28%.[29] The results of this study among men who have sex with men in 10 regions of Ukraine also indicate that testing coverage was slightly lower among younger MSM – 25% in the age group 15-24, and 29% among those aged 25 and over.

The data from this study are not well suited to comparison with the results of previous UNGASS results, as the sampling methodology has changed significantly. According to the 2004 survey results, the percentage of MSM who received an HIV test in the last 12 months and know their results was 25%.[30] While the rate of HIV testing among MSM is lower than the rate for most other most-at-risk populations, concerns remain as to whether these results may be inflated. During this period, the coverage and frequency of prevention programmes among MSM that include the provision of VCT remained limited.

If the indicator results were recalculated according to the estimated size of the MSM population in Ukraine (177,000-430,000), this would indicate that between 49,000 – 125,000 tests should have been conducted in this population in 2007. According to official data, however,

---

27 A survey 'Behaviour Monitoring of Female Sex Workers' was carried out by the Ukrainian Institute for Social Research named after O. Yaremenko and funded by the Futures Group International, the USAID/Health Policy Initiative project and the ICF 'International HIV/AIDS Alliance in Ukraine' within the framework of the program 'Overcoming HIV/AIDS Epidemic in Ukraine', supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria. It was conducted in 12 regions of Ukraine: the Autonomous Republic of Crimea, Volyn, Dnipropetrovsk, Donetsk, Kirovohrad, Luhansk, Mykolaiv, Odessa, Poltava, Sumy, Kharkiv, Kherson, and Cherkasy oblasts and in the city of Kyiv from June 8 to August 15, 2007. The total number of respondents was 1,602 female sex workers. The selection of respondents was carried out through key informants using the 'snowball' methodology.

28 National Report on the Follow-Up to the Declaration of Commitment on HIV/AIDS Ukraine. Reporting period: January 2003 – December 2005, Kyiv, 2006.

29 A survey 'Behaviour Monitoring of Men Who Have Sex With Men as a Component of Second-Generation Surveillance' was carried out by the Ukrainian Institute for Social Research named after O. Yaremenko and funded by the Futures Group International, the USAID/Health Policy Initiative project and the ICF 'International HIV/AIDS Alliance in Ukraine' within the framework of the program 'Overcoming HIV/AIDS Epidemic in Ukraine', supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria. It was conducted in 10 regions of Ukraine: the Autonomous Republic of Crimea, Dnipropetrovsk, Donetsk, Ivano-Frankivsk, Luhansk, Mykolaiv, Odessa, Kherson and Cherkasy oblasts and in the city of Kyiv from June 8 to August 15, 2007. The total number of respondents was 1,764 men who have sex with men. The general sampling was performed by applying Respondents-Driven Sampling (RDS) methodology, when sampling is guided and performed by respondents themselves.

30 National Report on the Follow-Up to the Declaration of Commitment on HIV/AIDS Ukraine. Reporting period: January 2003 – December 2005, Kyiv, 2006.

only 155 tests were officially conducted among MSM in 2007. Even with possible underreporting for tests among MSM that may be misclassified under other exposure categories, these discrepancies indicate that the results of this study should be interpreted with caution. Additional research is required to determine the accuracy and validity of this data.

◆ Prisoners:

The percentage of prisoners who received an HIV test in the last 12 months and know their results in 2007 was 25%. The indicator is marginally higher for female prisoners – 30%, and it is 24% for male prisoners. There are no significant differences between different age groups: 24% of respondents under the age of 25 received an HIV test and are aware of test results; among prisoners aged 25 and above, 26% reported that they received an HIV test in the last 12 months and knew the results.

These results suggest a slight increase in the coverage of HIV testing among prisoners in comparison to the results of the same indictor in 2004, which were 18%.[31] However, comparisons of the data between samples should be done with caution, as the previous study included only prisoners whose sentences were less than 14 months.

Official data on HIV testing in the prison system indicates that in this period, the coverage of HIV testing remained stable. If the indicator results were recalculated according to the size of the prison population in Ukraine (130,000), this would indicate that approximately 32,000 tests should have been conducted in this population in 2007. According to official data, however, 21,000 HIV tests were performed among prisoners in 2007. Taking into consideration that a portion of the prisoners surveyed may have been tested for HIV before they entered the prison system, these data are considered to be an accurate reflection of the coverage of HIV testing among prisoners in Ukraine. Yet these results also indicate inadequate coverage of HIV testing among prisoners.

Indicator 9. Percentage of most-at-risk populations reached with HIV-prevention programmes

The HIV/AIDS epidemic in Ukraine is concentrated among most-at-risk populations. As such, it is important to have reliable indictors that reflect the current coverage of prevention programmes among most-at-risk populations. The coverage and quality of such prevention programmes play a key role in the National HIV/AIDS Programme.

During this period, prevention programmes among most-at-risk populations were scaled-up and improved to include a wider range of services, including: provision of peer counseling; dissemination of IEC materials; client follow-up by social workers; referrals to TB and STI treatment; referrals to medical assistance and basic health care service, and other forms of non-medical care and support; distribution of condoms and counseling on safe sex; harm reduction programmes (particularly for injection drug users) that also include substitution therapy, care and support services; legal counseling and assistance; establishment and support of self-help groups for IDUs, commercial sex workers and prisoners; professional retraining and employment assistance to IDUs and commercial sex workers.

Under the programme supported by the Global Fund, the full range of prevention services are monitored on a regular basis by the relevant implementing partners. For example, the Alliance and its subrecipients are using a programmatic monitoring system that counts the number

[31] National Report on the Follow-Up to the Declaration of Commitment on HIV/AIDS Ukraine. Reporting period: January 2003 – December 2005, Kyiv, 2006.

of clients and the frequency of their visits, rather than just the number of services provided. Programmatic data on client coverage generated by from such sources provide a more accurate depiction of actual coverage of prevention programmes than the data generated by behavioural surveillance. However, in order to ensure consistency with UNGASS methodology, this indicator was calculated using the BSS methodology recommended by the UNGASS guidelines. As explained below, in several cases the data received from these studies differ significantly from the data received from programmatic monitoring reports on client coverage. As such, data presented on the most-at-risk populations reached with HIV-prevention programmes cited in this report should be interpreted carefully, and cited with discretion.

◆ Injection Drug Users:

The percentage of injection drug users reached with HIV-prevention programmes in 2007 was 46%.[32] This indicator is based on the number of IDUs who reported having received both a syringe and a condom in the last 12 months, and also reported that they know where to go to receive an HIV test.

In 2004 this indicator was 38%[33], but due to significant changes in the indicator definition and sampling methodology, comparing the values between these studies is not recommended.

Among different IDU sub-groups, the value of indicator differs considerably: coverage among female IDUs was reported to be higher than among men – 50% versus 45%, respectively. Fewer IDUs under the age of 25 years were reported reached with HIV-prevention programmes than IDUs aged 25 years or more: 41% and 48%, respectively.

Based on the responses of IDUs to individual questions used to calculate this indicator, 88% of respondents reported that they know where to go to receive an HIV test, with no significant difference between male and female respondents. However, only 82% of IDUs under the age of 25 reported that they knew where to go to receive an HIV test, whereas 90% of IDUs aged 25 years and above knew where to go for an HIV test. When seen in context of the indicator on HIV testing (indicator 8), these data suggest that a majority of IDUs know where to go to receive an HIV test, but a much smaller percentage (29%) are actually being tested on a regular (annual) basis. These discrepancies underscore the need for additional research to assess the motivation and barriers to HIV testing among IDUs.

Condom provision among IDUs was the lowest component of this indictor. 51% of IDUs reported that they received condoms in the last 12 months, including 56% of female IDUs and 50% of male IDUs. There was a minor difference between IDUs under 25 years old and IDUs 25 and older – 48% and 53%, respectively.

The provision of syringes among IDUs was reported to be significantly higher than the provision of condoms, with 67% respondents reporting that they received sterile syringes in the last 12 months, with no significant differences according to gender. Among IDUs under the age of 25, 57% reported having received sterile syringes during the last year, compared to 71% of IDUs aged 25 and above.

However, data from this behavioural study are significantly higher and largely inconsistent with the data from programme monitoring of prevention programmes among IDUs. Data from the

[32] A survey 'Behaviour Monitoring of Injecting Drug Users' was carried out by the Ukrainian Institute for Social Research named after O. Yaremenko and funded by the Futures Group International, the USAID/Health Policy Initiative project and the ICF 'International HIV/AIDS Alliance in Ukraine' within the framework of the program 'Overcoming the HIV/AIDS Epidemic in Ukraine', supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria. It was conducted in 14 regions of Ukraine: the Autonomous Republic of Crimea, Volyn, Dnipropetrovsk, Donetsk, Kirovohrad, Luhansk, Mykolaiv, Odessa, Poltava, Sumy, Kharkiv, Kherson, and Cherkasy oblasts and in the city of Kyiv from June 8 to August 15, 2007. The total number of respondents was 4,140 injecting drug users. General sampling was performed with the application of the Respondents-Driven Sampling (RDS) methodology, when sampling is guided and performed by respondents themselves.

[33] National Report on the Follow-Up to the Declaration of Commitment on HIV/AIDS in Ukraine. Reporting period: January 2003 – December 2005, Kyiv, 2006.

Alliance and its implementing partners indicate that as of the end of 2007, cumulative coverage among IDUs supported by the Global Fund programme was equal to 140 555 IDUs or 35% of the lowest estimate of the population of IDUs in Ukraine. The inconsistencies between these different sources of data underscore the potential limitations of the UNGASS methodology among this population, and the need to exercise caution in the interpretation and citation of results. Additional research is required to determine whether the results received for this indicator are influenced by the peculiarities of sampling among this population.

Regardless of the source, all data indicate that the current coverage of prevention programmes among IDUs is suboptimal, and remains insufficient to halt the spread of HIV among IDUs in Ukraine.

◆ Sex workers:

The percentage of injection drug users reached with HIV-prevention programmes in 2007 was 69%.[34] This indicator is based on the number of sex workers that reported having received a condom in the last 12 months, and also reported that they know where to go to receive an HIV test.

A lower proportion of sex workers under the age of 25 were reported reached with HIV-prevention programmes than of sex workers 25 or older: 67% and 72%, respectively.

In 2004 this indicator was 34%[35], but due to significant changes in the indicator definition, the values between these studies cannot be easily compared.

As mentioned earlier, sex work in Ukraine is typically provided by females, so male sex workers were not included in this study.

According to the study results, 90% of sex workers know where to go if they wish to receive an HIV test. In comparison to the data on HIV testing (indicator 8), however, these data suggest that a majority of sex workers know where to go to receive an HIV test, but less than half (45%) are being tested on a regular (annual) basis. This discrepancy highlights the need for additional research to assess the motivation and barriers to HIV testing among sex workers.

There were no significant age-related differences in responses to the individual questions for this indictor.

In the other component of this indicator, 71% of sex workers indicated that they received condoms in the last 12 months. While this response indicates a relatively high level of condom distribution among sex workers, it is considered that the indicator of condom provision once per year is an inadequate measure of effective condom distribution among sex workers.

These results demonstrate relatively high prevention programme coverage of female sex workers. However, the use of snowball recruitment suggests that the results cannot be easily applied to the entire population of female sex workers in Ukraine. Sex workers who are already covered by prevention programmes, which are implemented in Ukraine by NGOs, are more easily accessible for behavioural surveillance surveys. It can be assumed that sampling was more likely to include sex workers already covered by prevention programmes. In order to ensure more accurate representation of sex workers, RDS sampling is recommended for future studies.

---

[34] A survey 'Behaviour Monitoring of Female Sex Workers' was carried out by the Ukrainian Institute for Social Research named after O. Yaremenko and funded by the Futures Group International, the USAID/Health Policy Initiative project and the ICF 'International HIV/AIDS Alliance in Ukraine' within the framework of the programme 'Overcoming HIV/AIDS Epidemic in Ukraine', supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria. It was conducted in 12 regions of Ukraine: the Autonomous Republic of Crimea, Volyn, Dnipropetrovsk, Donetsk, Kirovohrad, Luhansk, Mykolaiv, Odessa, Poltava, Sumy, Kharkiv, Kherson, and Cherkasy oblasts and in the city of Kyiv from June 8 to August 15, 2007. The total number of respondents was 1,602 female sex workers. The selection of respondents was carried out through key informants using the 'snowball' methodology.

[35] National Report on the Follow-Up to the Declaration of Commitment on HIV/AIDS in Ukraine. Reporting period: January 2003 – December 2005, Kyiv, 2006.

◆ Men who have sex with men:

The percentage of men who have sex with men reached with HIV-prevention programmes in 2007 was 50%. This indicator is based on the number of MSM who reported having received a condom in the last 12 months, and also reported that they know where to go to receive an HIV test. There is no significant difference in the indicator value among different age groups, with those under 25 years of age and those 25 years old and older reporting coverage of 51% and 50%, respectively.

These results indicate that the majority of respondents know where they can get a test for HIV; awareness among MSM aged 15-24 was lower (77%) than that among MSM who were 25 years of age and above (85%). As reported earlier, rates of HIV testing among MSM are estimated to be very low. Additional research is required to assess the motivation and barriers to HIV testing among MSM.

In the last 12 months, only 53% of MSM reported having received condoms in the last 12 months (58% in the age group 15-24, and 50% among those 25 and older).

As in the case of the results for other most-at-risk populations, the results of this indicator are in sharp contrast to the programmatic data from prevention programmes among MSM. At the end of 2007, 10,361 MSM had ever been covered by prevention programmes supported by the Alliance. This is equivalent to only 5% of the MSM population – 10 times lower than the coverage reported by this study. The inconsistencies between these different sources of data underscore the potential limitations of the UNGASS methodology among the population of MSM, and the need to exercise caution in the interpretation and citation of results. Additional research is also required to determine whether the results received for this indicator are influenced by the peculiarities of sampling among this population.

◆ Prisoners:

The percentage of prisoners reached with HIV-prevention programmes in 2007 was 8%.[36] This indicator is based on the number of prisoners who reported having received a condom in the last 12 months, and also reported that they know where to go to receive an HIV test. This indicator was calculated among prisoners for the first time in 2007.

Among female prisoners, only 1% reported being reached by prevention programmes, whereas 10% of male prisoners reported being reached. There was also a significant difference in the age-related indicator values for prisoners under 25, and those 25 and older: 4% and 9%, respectively.

Voluntary counseling and testing for HIV is available to all prisoners in Ukraine. 67% of prisoners replied that they know where to go to receive an HIV test, including 64% of female prisoners and 68% of male prisoners. Differences in awareness of where to get an HIV test were evident among different age groups of prisoners. 61% of all those under 25 years of age reported knowing where to receive an HIV test, while among those 25 years of age and older, the value was 68%.

Regarding condom distribution, 11% of prisoners reported that they received condoms in the last 12 months, with a significant difference between women and men, 3% and 13%, respectively. As for age, 7% of those under 25 reported that they received condoms in the last 12 months, whereas 12% of prisoners aged 25 and up reported that they received condoms.

[36] A sociological survey was conducted by the NGO 'Socioconsulting' in cooperation with the State Penitentiary Department of Ukraine with the financial support of the ICF 'International HIV/AIDS Alliance in Ukraine' within the framework of the programme 'Overcoming the HIV/AIDS Epidemic in Ukraine', supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria. It was conducted in 12 penitentiary institutions in 6 regions of Ukraine: Zhytomyr, Lviv, Luhansk, Odessa, Poltava and Ternopil oblasts, from April 17 to June 11, 2007. 1,234 prisoners were surveyed.

These data indicate that the coverage of HIV-prevention programmes is seriously inadequate, and needs to be urgently increased.

◆ Sexually Active Adolescents:

The percentage of sexually active young people (aged 15-24) who were reached with prevention programmes in 2007 was 16%. As mentioned above, the definition of sexually active adolescents included young people, age 15-24, who reported having more than one sexual partner in the last 12 months.

The data indicates that young women were less frequently reached by prevention programmes than young men: 12% and 17%, respectively.

There were no significant differences in results by age, except for within the age group 20-24, where 19% of young men reported being reached versus only 9% of young women.

Awareness of HIV testing was reported to be high, with 75% of young people in the group aged 15-24 giving positive answers (77% of women and 74% of men). While there is no significant difference in answers in terms of gender, there are some discrepancies between age groups: young people aged 15-19 are less aware about where they can receive an HIV test than those aged 19-24 – positive answers were given by 67% and 80% correspondingly.

In the last 12 months 22% of young people received condoms, of them 16% of women and 24% of men. There are no serious differences between age groups.

It is not possible to compare indicators for 2007 and 2004, because different methodologies were used to calculate the indicators.

Indicator 11. Percentage of schools that provided life skills-based HIV education in the last academic year

The percentage of schools with teachers who have been trained in life skills-based HIV/AIDS education and who taught it during the last academic year in 2006 was 57%.[37]

The HIV epidemic disproportionately affects young people. For this reason, the introduction of interactive teaching methods to promote HIV awareness in the context of knowledge and skills for healthy lifestyles is an urgent priority.

The survey was conducted among directors of 393 schools in Ukraine, including 109 primary schools and 284 secondary schools. The results of the survey indicated that 57% of all schools reported having at least one teacher trained in life skills-based education, including HIV-prevention, who taught it in the last academic year. The breakdown according to different types of schools indicates that 68% of secondary schools had such programmes being taught, compared to only 29.4% of primary schools. In 2004, only 55 of TK schools reported that they were implementing such a programme.[38]

---

[37] Monitoring research 'Coverage of School Students with Prevention Programs and Evaluation of Their Effectiveness' was carried out by the Information Centre for Monitoring and Evaluation of Preventive Education of Children and Young People (Institute of Innovative Technologies and Content of Education) in cooperation with Kyiv International Institute of Sociology, and funded by the ICF 'International HIV/AIDS Alliance in Ukraine' within the framework of the program 'Overcoming HIV/AIDS Epidemic in Ukraine', supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria. National representative survey of headmasters of educational facilities of secondary education of Ukraine (including headmasters of secondary schools of the 1st level and of specialized schools of general education) was conducted during August-September 2006. To collect the data, a stratified sampling was used, randomized at each stage of the selection. In order to preserve opportunities for further data comparison, survey tools were developed on the basis of research instruments used in 2004, during the previous study. Headmasters of schools of secondary education were interviewed through questionnaires, distributed at the workplace, as well as through the application of mailing interviews methodology.

[38] National Report on the Follow-Up to the Declaration of Commitment on HIV/AIDS Ukraine. Reporting period: January 2003 – December 2005, Kyiv, 2006.

Among schools that had trained teachers, the vast majority (97%) taught such classes in the last year. This is 7% higher than the value for the same indicator in 2004, which was 90%. The increase of this indicator indicates that school teachers and their directors understand the importance of primary HIV-prevention in schools. The results of these activities are also seen in pupils' growing interest in healthy lifestyles. 64% of pupils in this study indicated that they found these teaching events and activities 'interesting,' whereas only 40% of pupils responded positively to this answer in 2004. 20% of pupils who were covered by these activities self-reported significant changes in their behaviour. By comparison, only 12% reported such an outcome in 2004.

Analysis of different types of schools indicates that lyceums and gymnasiums employ greater numbers of trained specialists than secondary schools: 80% of lyceums have appropriate teachers, while only 50% of first- and second-level secondary schools employ such staff.

The indicator was calculated separately for urban and rural areas, indicating that urban schools have greater numbers of specially trained teachers – 68%, in comparison with rural schools' 43%. This disparity has remained largely unchanged since 2004.

The pupils who most often receive life skills-based HIV/AIDS education include senior grade and middle-school pupils. Following the introduction of 'Basics of Health' as a mandatory subject starting in the first grade (35 hours per year), a growing proportion of elementary school pupils have been covered by healthy lifestyles education that is based on life skills. It is necessary to focus more on training elementary school teachers for younger schoolchildren. It is also necessary to improve curricula to develop practical healthy lifestyle skills in general, and to foster safer behavioural practices to prevent pupils from getting involved in drug use and prevent HIV infection and other sexually-transmitted infections (STI).

Indicator 10. Percentage of orphaned and vulnerable children aged 0–17 whose households received free basic external support in caring for the child

The percentage of orphaned and vulnerable children aged 0-17 whose households received free basic external support in caring for the child is not calculated in Ukraine.

In high-prevalence countries there is constant growth in the numbers of orphaned children. These children require adequate support, including access to education. However, some goals of the Declaration are more relevant to countries that are most affected by the HIV epidemic. For this reason, this report does not include calculations for two indicators that characterise services for orphans and other vulnerable children.

As Ukraine's is classified as a concentrated HIV epidemic, it was decided not to calculate this indicator, as it is most relevant to countries with a generalized HIV epidemic.

Indicator 12. Current school attendance among orphans and among non-orphans aged 10–14

Current school attendance among orphans and non-orphans aged 10-14 is also not calculated in Ukraine. According to the national legislation, general education is mandatory for all children, irrespective of their social status.

◆ Knowledge and Behaviour Indicators

In this period, Ukraine has not achieved progress in stabilising the growth of the epidemic – the number of new HIV infections grows on an annual basis. One of the factors driving the

increase in new cases of HIV is the lack of objective information in society about HIV, its routes of transmission and how to protect against HIV infection. Another problem is that knowledge about HIV/AIDS is often inadequate to influence risky behaviour. The data for the following indicators show that levels of knowledge and awareness about HIV/AIDS fall far short of the targets outlined in the Declaration. These data also indicate that risky behaviours directly linked to the transmission of HIV in the general population and most-at-risk populations are still widespread.

◆ Knowledge about HIV among Youth

Indicator 13. Percentage of young women and men aged 15–24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission*

The percentage of young people aged 15-24, who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission in 2007 was 40%.[39] This indicator was calculated on the basis of correct answers to five questions.

The previous value of this indicator in 2004 was 14%[40], but due to significant changes in some of the questions of this composite indicator, the values between these studies should be compared with caution.[41]

According to gender, there were no significant differences in this indicator – 42% of young women and 39% of young men correctly identified ways of preventing the sexual transmission of HIV and rejected major misconceptions about HIV transmission. However, younger respondents, aged 15-19, demonstrated lower levels of knowledge than those aged 20-24: 36% versus 44%, respectively.

These results also indicate relatively high levels of awareness of individual modes of transmission, as well as high levels of awareness of how HIV is not transmitted. There were no significant differences in the level of awareness between young men and young women. However, younger respondents, aged 15-19, reported moderately lower levels of awareness than youths aged 20-24 for specific questions, including:

87% of young people were aware that the risk of HIV transmission can be reduced by having sex with only one uninfected partner who has no other partners (88% among women and 86% among men). However, there was a significant difference in responses among different age groups: age 15-19, 84%; age 20 – 24, 90%.

88% of respondents correctly identified the use of a condom during sexual intercourse as a way to reduce risk of HIV infection, with no significant differences in responses according to gender and age;

84% of respondents agreed with the statement that a healthy-looking person can have HIV (85% of women and 83% of men). However, there was a significant difference between representatives of different age groups: aged 15-19, 81%; aged 20–24, 87%.

The false statement that a person may become infected with HIV by sharing a toilet, pool or sauna with someone who is infected was rejected as a myth by only 63% of young people interviewed, regardless of gender. However, there were some discrepancies according to age,

---

39 A research 'Survey of Young People Regarding HIV/AIDS Knowledge, Behaviour and Attitudes towards People Living with HIV/AIDS' was carried out by the State Institute for Family and Youth Development at the expense of budget funds in all oblasts of Ukraine, the Autonomous Republic of Crimea and in the city of Kyiv from May 25 to August 14, 2007. Total number of respondents is 2,001 young persons of 14-24 years of age.

40 National Report on the Follow-Up to the Declaration of Commitment on HIV/AIDS in Ukraine. Reporting period: January 2003 – December 2005, Kyiv, 2006.

41 In order to measure this national indicator, instead of the statements 'A person can get HIV from mosquito bites' and 'A person can get infected by sharing food with someone who is infected', the following statements were used: 'A person can get HIV by sharing a toilet, pool, sauna with someone who is infected' and 'A person can get HIV by drinking from one glass in turns with someone who is infected'`.

with a fewer number of younger respondents (15-19) rejecting this myth (61%) in comparison to youths aged 20-24 (65%).

The false statement that a person can get HIV by drinking from the same glass as someone with HIV was rejected as a myth by 69% of respondents (67% of women and 71% of men). There was a minor difference between percentages of young people from different age groups who reject this misconception: 68% and 72% correspondingly.

While the value for this indictor has improved, it still falls far short of the UNGASS target for 2010 of 90% awareness among young people by 2010. Unless Ukraine implements a systematic or nationwide IEC or BCC programme for young people to promote awareness of how HIV is and is not transmitted, it is not expected that the target will be achieved by 2010.

KNOWLEDGE ABOUT HIV AMONG MOST-AT-RISK POPULATIONS

Indicator 14. Percentage of most-at-risk populations who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission

Representatives of most-at-risk populations need accurate knowledge of how HIV is and is not transmitted in order to engage in safe behaviours. In this report, the percentage of persons who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission was also calculated among (a) injecting drug users; (b) commercial sex workers; (c) men who have sex with men; (d) prisoners; and (e) uniformed personnel. Data for calculation of this indicator were received from behaviour surveillance studies conducted in 2007 among these populations.

◆ Injecting drug users:

The percentage of injecting drug users who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission in 2007 was 47%.[42] This indicator was calculated on the basis of correct answers to five questions.

In 2004 this indicator was 21%[43], but due to significant changes in two of the questions of this composite indicator, the values between the different studies should be compared with caution.[44]

There were no significant differences in the indicator values disaggregated by gender – 45% of female respondents both correctly identified ways of preventing the sexual transmission of HIV and rejected major misconceptions about HIV transmission, whereas among men this indicator was 47%. IDUs under the age of 25 demonstrated lower levels of knowledge than IDUs aged 25 years and above: 41% and 49%, respectively.

---

[42] A survey 'Behaviour Monitoring of Injecting Drug Users' was carried out by the Ukrainian Institute for Social Research named after O. Yaremenko and funded by the Futures Group International, the USAID/Health Policy Initiative project and the ICF 'International HIV/AIDS Alliance in Ukraine' within the framework of the program 'Overcoming the HIV/AIDS Epidemic in Ukraine', supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria. It was conducted in 14 regions of Ukraine: the Autonomous Republic of Crimea, Volyn, Dnipropetrovsk, Donetsk, Kirovohrad, Luhansk, Mykolaiv, Odessa, Poltava, Sumy, Kharkiv, Kherson, and Cherkasy oblasts and in the city of Kyiv from June 8 to August 15, 2007. The total number of respondents was 4,140 injecting drug users. General sampling was performed with the application of the Respondents-Driven Sampling (RDS) methodology, when sampling is guided and performed by respondents themselves.

[43] National Report on the Follow-Up to the Declaration of Commitment on HIV/AIDS in Ukraine. Reporting period: January 2003 – December 2005, Kyiv, 2006.

[44] In order to measure this national indicator, instead of the statements 'A person can get HIV from mosquito bites' and 'A person can get infected by sharing food with someone who is infected', the following statements were used: 'A person can get HIV by sharing a toilet, pool, or sauna with someone who is infected' and 'A person can get HIV by drinking from one glass in turns with someone who is infected'.

Analysis of answers to individual questions indicates a rather high level of awareness among IDUs about individual routes of HIV transmission and ways in which HIV is not transmitted. While there was no difference between men and women, there were some differences according to age, with younger IDUs reporting lower levels of awareness regarding misconceptions about how HIV can be transmitted, including:

79% of interviewed IDUs, regardless of age, reported being aware that HIV transmission can be reduced by having sex with only one uninfected partner who has no other partners. Lower levels of awareness were reported among younger IDUs: under age 25, 77%; 25 and older, 80%.

74% of those interviewed mentioned the correct use of a condom during sexual intercourse as a way to reduce the risk of getting HIV; there were no significant differences in responses according to gender and age of those interviewed.

83% of respondents agreed with the statement that a healthy-looking person can have HIV, including 81% of female IDUs and 83% of male IDUs. There was no significant difference between age groups of IDUs: under age 25, 80%; 25 and older, 84%.

The false statement that a person can get HIV by sharing a toilet, pool or sauna with someone who is infected was rejected as a myth by 83% of IDUs, regardless of gender. However, there were some discrepancies between the percentages of IDUs among different age groups: under age 25, 79%; 25 and older, 84%.

The false statement that a person can get HIV by drinking from the same glass as someone with HIV was rejected as a myth by 86% of respondents (87% among women and 85% among men). The portion of IDUs who correctly rejected this misconception was much lower in the under-25 age group than in the 25-and-older age group: 81% and 87%, respectively.

As injecting drug use is a primary route of HIV transmission in Ukraine, an additional question about the risk of HIV transmission through the use of shared syringes and needles was added to the list. Although the responses to this question were not included in the calculation of the core indicator, it is important to note that the statement was supported by 95% of respondents, indicating that the vast majority of IDUs are aware of the risk of HIV transmission through the use of shared syringes and needles.

As for the statement 'A person can get HIV from mosquito bites', which was also included in the questionnaire, 83% of IDU respondents correctly rejected this statement as a misconception. However, the results for this question were not used to calculate this indicator.

While the value for this indictor has improved substantially in this period, it still indicates that less than half of IDUs both correctly identify ways of preventing the transmission of HIV and reject major misconceptions about HIV transmission.

◆ Sex workers:

The percentage of sex workers who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission in 2007 was 48%.[45] This indicator was calculated on the basis of correct answers to five questions.

[45] A survey 'Behaviour Monitoring of Female Sex Workers' was carried out by the Ukrainian Institute for Social Research named after O. Yaremenko and funded by the Futures Group International, the USAID/Health Policy Initiative project and the ICF 'International HIV/AIDS Alliance in Ukraine' within the framework of the program 'Overcoming the HIV/AIDS Epidemic in Ukraine', supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria. It was conducted in 12 regions of Ukraine: the Autonomous Republic of Crimea, Volyn, Dnipropetrovsk, Donetsk, Kirovohrad, Luhansk, Mykolaiv, Odessa, Poltava, Sumy, Kharkiv, Kherson, and Cherkasy oblasts and in the city of Kyiv from June 8 to August 15, 2007. The total number of respondents was 1,602 female sex workers. The selection of respondents was carried out through key informants using the 'snowball' methodology.

In 2004 this indicator was 8%.[46] Due to significant changes in two of the questions of this composite indicator, however, the values between the different studies should be compared with caution.[47] Nevertheless, there is evidence of a significant increase of awareness of HIV infection among this most-at-risk population.

As noted previously, sex work in Ukraine is typically performed by females. The group of male sex workers in Ukraine is believed to be quite small, closed and hard-to-reach. In 2007, this behavioural survey was carried out only among female sex workers.

Respondents under the age of 25 in 2007 demonstrated significantly lower levels of awareness regarding how to prevent sexual transmission of HIV and ways in which HIV is not transmitted than did respondents aged 25 years and above. Correspondingly, 43% and 53% of respondents from each age group provided correct answers to all five of the questions that are used to calculate this indicator.

Analysis of answers to individual questions indicates a rather high level of awareness among sex workers about individual routes of HIV transmission and ways in which HIV is not transmitted. There were some differences according to age, with younger sex workers (under 25) consistently reporting lower levels of awareness regarding misconceptions about how HIV can be transmitted, including:

81% of respondents reported that the risk of HIV transmission can be reduced by having sex with only one uninfected partner who has no other partners. It was the only question regarding modes of HIV transmission where younger respondents (under 25) demonstrated greater awareness than those aged 25 years and above: 83% vs. 78%, respectively.

99% of interviewed female sex workers correctly identified the use of a condom during sexual intercourse as a way to reduce the risk of getting HIV, regardless of their age.

71% of respondents reported correctly that a healthy-looking person can have HIV. Among younger respondents (below 25), there were significantly lower levels of awareness regarding this statement: 66%, versus 77% among women aged 25 years and above.

The false statement that a person can get HIV by sharing a toilet, pool or sauna with someone who is infected was rejected as a myth by 83% of respondents. The percentage of respondents who correctly identified this statement as a misconception was lower in the under-25 group than among women aged 25 years and above: 80% and 85%, respectively.

The false statement that a person can get HIV by drinking from the same glass as someone with HIV was rejected as a myth by 78% of respondents. The portion of sex workers who correctly rejected this misconception was slightly lower in the under-25 age group than in 25-and-older group: 76% and 80%, respectively.

While the value for this indictor has improved substantially in this period, it still indicates that less than half of sex workers both correctly identify ways of preventing the transmission of HIV and reject major misconceptions about HIV transmission.

[46] National Report on the Follow-Up to the Declaration of Commitment on HIV/AIDS in Ukraine. Reporting period: January 2003 – December 2005, Kyiv, 2006.

[47] In order to measure this national indicator, instead of the statements 'A person can get HIV from mosquito bites' and 'A person can get infected by sharing food with someone who is infected', the following statements were used: 'A person can get HIV by sharing a toilet, pool, or sauna with someone who is infected' and 'A person can get HIV by drinking from one glass in turns with someone who is infected'.

◆ Men who have sex with men:

The percentage of men who have sex with men who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission in 2007 was 47%.[48] This indicator was calculated on the basis of correct answers to five questions.

In 2004, this indicator was 49%.[49] Due to the changes in two of the questions of this composite indicator, however, the values between the different studies should be compared with caution.[50]

There is a minor difference in values of this indicator between under-25 MSM and 25-and-older MSM – 43% and 49%, respectively.

There were some differences according to age, with younger MSM (under 25) consistently reporting lower levels of awareness regarding misconceptions about how HIV can be transmitted than did older MSM (25 and above), including:

78% of MSM respondents correctly replied that the risk of HIV transmission can be reduced by having sex with only one uninfected partner who has no other partners. There was no significant difference in responses between different age groups: 77% and 78%, respectively.

93% of MSM respondents correctly replied that the correct use of a condom during sexual intercourse was a way to reduce the risk of getting HIV; similarly, there were no significant differences in responses between age groups.

82% of MSM respondents correctly replied that a healthy-looking person can have HIV. There were some discrepancies between different age groups, with younger MSM (under 25) reporting fewer correct answers to this question than older MSM (25 and above) – 78% and 85%, respectively.

The false statement that a person can get HIV by sharing a toilet, pool or sauna with someone who is infected was rejected as a myth by 76% of MSM, with younger MSM (under 25) reporting fewer correct answers to this question than older MSM (25 and above) – 71% and 79%, respectively.

The false statement 'Can a person can get HIV from mosquito bites' was rejected as a misconception by 81% of respondents. A substantial difference in values of this indicator was observed among different age groups: 78% for the under-25 group, and 84% for the 25-and-above group.

This evidence indicates that awareness of HIV infection among these most-at-risk population remains moderately high. However, these data also still indicate that less than half of men who have sex with men both correctly identify ways of preventing the transmission of HIV and reject major misconceptions about HIV transmission.

---

48 A survey 'Behaviour Monitoring of Men Who Have Sex With Men as a Component of Second-Generation Surveillance' was carried out by the Ukrainian Institute for Social Research named after O. Yaremenko and funded by the Futures Group International, the USAID/Health Policy Initiative project and the ICF 'International HIV/AIDS Alliance in Ukraine' within the framework of the programme 'Overcoming the HIV/AIDS Epidemic in Ukraine', supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria. It was conducted in 10 regions of Ukraine: the Autonomous Republic of Crimea, Dnipropetrovsk, Donetsk, Ivano-Frankivsk, Luhansk, Mykolaiv, Odessa, Kherson and Cherkasy oblasts and in the city of Kyiv from June 8 to August 15, 2007. The total number of respondents was 1,764 men who have sex with men.

49 National Report on the Follow-Up to the Declaration of Commitment on HIV/AIDS Ukraine. Reporting period: January 2003 – December 2005, Kyiv, 2006.

50 In order to measure this national indicator, instead of the statements 'A person can get HIV from mosquito bites' and 'A person can get infected by sharing food with someone who is infected', the following statements were used: 'A person can get HIV by sharing a toilet, pool, or sauna with someone who is infected' and 'A person can get HIV by drinking from one glass in turns with someone who is infected'.

◆ Prisoners:

The percentage of prisoners who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission in 2007 was 43%.[51] This indicator was calculated on the basis of correct answers to five questions.

In 2004, this indicator was 39%.[52] Due to significant changes in two of the questions of this composite indicator, however, the values between the different studies should be compared with caution.[53] Nevertheless, there is evidence of a slight increase of awareness of HIV infection among this most-at-risk population.[54]

According to the survey results , there are significant differences in values of this indicator, disaggregated by gender and age groups (below 25 years and 25 years and above). 37% of imprisoned women both correctly identify ways of preventing the sexual transmission of HIV and reject major misconceptions about HIV transmission; among men this indicator makes up 45%. Prisoners below the age of 25 years, demonstrate much lower levels of knowledge as compared to those who are 25 years old and above: the indicator values for these groups are 34% and 46% correspondingly.

Analysis of answers to individual questions indicates rather high levels of awareness among prisoners about individual routes of HIV transmission and ways in which HIV is not transmitted, including:

71% of prisoners, regardless of gender, were aware that the risk of HIV transmission can be reduced by having sex with only one uninfected partner who has no other sexual partners. There were significant differences in responses between different age groups: 62% and 74%, respectively.

80% of respondents were aware that condom use during sexual intercourse is a way to reduce the risk of getting HIV. There were no significant differences in responses between male and female respondents. However, younger prisoners (under age 25) had lower levels of awareness than prisoners aged 25 and over: 75% and 81%, respectively.

79% of respondents agreed with the statement that a healthy-looking person can have HIV, including 87% of female prisoners and 77% of male prisoners. Again, younger prisoners under age 25 had lower levels of awareness than prisoners aged 25 and over: 75% and 80%, respectively.

68% of prisoners, including 65% of female and 69% of male respondents, correctly disagreed with the false statement that a person can get HIV by sharing a toilet, pool or sauna with someone who is infected. There were some discrepancies between the percentages of respondents of different ages, with fewer people below age 25 rejecting this myth than people aged 25 and over: 60% and 70%, respectively.

---

[51] A sociological study was conducted by the NGO 'Socioconsulting' in cooperation with the State Penitentiary Department of Ukraine with the financial support of the ICF 'International HIV/AIDS Alliance in Ukraine' within the framework of the program 'Overcoming the HIV/AIDS Epidemic in Ukraine', supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria. It was conducted in 12 penitentiary institutions at 6 regions of Ukraine – Zhytomyr, Lviv, Luhansk, Odessa, Poltava and Ternopil oblasts – from April 17 to June 11, 2007. 1,234 prisoners were interviewed.

[52] National Report on the Follow-Up to the Declaration of Commitment on HIV/AIDS in Ukraine. Reporting period: January 2003 – December 2005, Kyiv, 2006.

[53] In order to measure this national indicator, instead of the statements 'A person can get HIV from mosquito bites' and 'A person can get infected by sharing food with someone who is infected', the following statements were used: 'A person can get HIV by sharing a toilet, pool, or sauna with someone who is infected' and 'A person can get HIV by drinking from one glass in turns with someone who is infected'.

[54] In order to measure this national indicator, instead of the statements 'A person can get HIV from mosquito bites' and 'A person can get infected by sharing food with someone who is infected', the following statements were used: 'A person can get HIV by sharing a toilet, pool, sauna with someone who is infected' and 'A person can get HIV by sharing injecting equipment with someone who is infected'.

81% of respondents correctly believe that a person can get HIV by sharing injecting equipment with someone who is infected, including 83% of women and 81% of men. Disaggregated by age, the percentage of prisoners who answered this question correctly is significantly lower among those under age 25 than among those 25 years old and over: 75% and 83%, respectively.

This evidence indicates that awareness of HIV infection among prisoners remains moderately high, and has increased in this reporting period. This relatively high level of knowledge may also be explained by the consistent and growing coverage of the HIV awareness programmes that the State Department of Ukraine for Execution of Penalties conducts. However, these data also still indicate that less than half of prisoners both correctly identify ways of preventing the transmission of HIV and reject major misconceptions about HIV transmission.

◆ Uniformed Services:

The percentage of personnel of uniformed services who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission in 2007 was 44%.[55] These figures include personnel of uniformed services from the Ukrainian military, including officers, contractual personnel, military conscripts and cadets.

In 2004, this indicator value was 23%.[56] Due to significant changes in two of the questions of this composite indicator, however, the values between the different studies should be compared with caution.[57] Nevertheless, there is evidence of a significant increase of awareness of HIV infection among this population.

The majority of respondents correctly understood the importance of condom use and the importance of having sex with only one uninfected partner to reduce the risk of infection. The majority of respondents also agreed with the statement that a healthy-looking person can have HIV. Almost all respondents were aware that HIV can be transmitted through shared injecting equipment. Only the questions about getting HIV by sharing a toilet, pool, sauna with someone who is infected, or drinking from the same glass, resulted in consistently lower responses across all different categories of military personnel.

[55] A survey ''Behaviour Monitoring of Military Personnel as a Component of Second-Generation Surveillance' was carried out by the Centre of Social and Political Studies 'SOCIS' and funded by the ICF 'International HIV/AIDS Alliance in Ukraine' within the framework of the programme 'Overcoming the HIV/AIDS Epidemic in Ukraine', supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria. It was also supported by the Futures Group International and USAID/Health Policy Initiative project. The survey was carried out in 27 military units and in four military training centres in the following regions: Lviv and Zakarpatya oblasts (West); Dnipropetrovsk oblast and the city of Kharkiv (East); Odessa and Mykolaiv oblasts and the Autonomous Republic of Crimea (South); Zhytomyr and Chernihiv oblasts and the city of Kyiv (Centre). The survey sampling was 2,683 persons. The survey was held in May 2007.

[56] National Report on the Follow-Up to the Declaration of Commitment on HIV/AIDS in Ukraine. Reporting period: January 2003 – December 2005, Kyiv, 2006.

[57] In order to measure this national indicator, instead of the statements 'A person can get HIV from mosquito bites' and 'A person can get infected by sharing food with someone who is infected', the following statements were used: 'A person can get HIV by sharing a toilet, pool, sauna with someone who is infected' and 'A person can get HIV by drinking from one glass in turns with someone who is infected'.

Table 8. Percentage of personnel of uniformed services, who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission (%)

	Officers N=853	*Military personnel (conscripts) N=868*	*Military personnel (contract service) N=765*	*Cadets N=197*	*Total N=2683*
It is possible to reduce the risk of HIV transmission by having sex with only one faithful, uninfected partner.	92	82	89	89	88
It is possible to reduce the risk of HIV transmission by using condoms during each sexual contact.	90	89	86	94	89
A healthy-looking person can have HIV.	91	82	80	89	85
A person can get HIV by drinking from one glass in turns with someone who is infected	72	65	66	79	69
A person can get HIV by sharing a toilet, pool, sauna with someone who is infected	68	65	60	77	66
Percentage of personnel of uniformed services who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission	52	36	39	60	44

Among categories of different military personnel, the lowest levels of awareness were among military conscripts. Levels of awareness among contract military personnel were somewhat higher, but still lower than those of officers and cadets. The highest level of awareness can be observed among military cadets. Responses among officers and cadets were similar and consistently high; comparable levels of awareness were reported among contract personnel and conscripts, but at levels that were significantly lower than awareness levels among officers and cadets.

EARLY SEXUAL CONTACT

Indicator 15. Percentage of young women and men aged 15–24 who have had sexual intercourse before the age of 15

The percentage of young people aged 15-24 years who had sexual contact before the age of 15 in 2007 was 5%.[58]

[58] A research 'Survey of Young People Regarding HIV/AIDS Knowledge, Behaviour and Attitudes towards People Living with HIV/AIDS' was carried out by the State Institute for Family and Youth Development at the expense of budget funds in all oblasts of Ukraine, the Autonomous Republic of Crimea and the city of Kyiv from May 25 to August 14, 2007. Total number of respondents is 1,858 young persons of 14-24 years of age.

The postponed initiation of sexual activity and abstention from pre-marital sexual contact allows for reducing potential risks of HIV infection among young people. Yet evidence indicates that a proportion of young people engage in sexual intercourse that puts them at risk for HIV. Some evidence also suggests that later initiation of sexual activity reduces susceptibility to HIV infection as a result of sexual intercourse, particularly among women.

The results for this indicator show that a lower percentage of young girls engage in sexual activity before the age of 15 than boys of the same age – 3% and 7%, respectively. Differences of indicator values by age are within the margin of sampling error: among young people between 15-19 years of age, 6% reported having engaged in sexual activity before the age of 15; and in the 20–24 age group, 5% reported having done so. Of all young people in the 15–17 age group, 6% had sexual contact before the age of 15. This age group was singled out, as plans are to monitor changes in this indicator every 2-3 years in Ukraine.

The greatest disparity according to gender was among the age group 15–19, which reported 3% among women and 9% among men. The same difference was reported among young people aged 15–17: 3% of women and 9% of men reported sexual contacts before the age of 15. In the 20–24 age group, the differences, disaggregated by gender, were less significant: 3% and 6%, respectively.

This indicator provides important evidence to guide the early initiation of HIV/AIDS education among adolescents and young adults. These results demonstrate that HIV/AIDS education needs to take place at correspondingly young ages, before young people engage in sexual behaviours that put them at risk for HIV infection.

Indicator 16. Percentage of women and men aged 15–49 who have had sexual intercourse with more than one partner in the last 12 months

The percentage of men and women aged 15-49 who had sexual contact with more than one sexual partner in the last 12 months in 2007 was 14%.[59]

The percentage of women who reported having more than one sexual partner in the last 12 months was three times lower than the corresponding number of men, 7% and 21%, respectively.

There were considerable differences in the values of indicators disaggregated by different age groups. Among young people aged 15-19, 18% reported having more than one sexual partner; the 20-24 age group reported the highest values, 23%, and the 25-49 age group the lowest values – 11%.

In summary, the 20-24 population age group most frequently indicated having more than one sexual partner per year. This and other age groups among the general population require more focused attention with HIV-prevention programmes.

[59] A national representative survey of the Ukrainian population aged 15-49 was carried out by the Kyiv International Institute of Sociology and the Ukrainian Institute for Social Research named after O. Yaremenko and funded by the ICF 'International HIV/AIDS Alliance in Ukraine' within the framework of the programme 'Overcoming the HIV/AIDS Epidemic in Ukraine', supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria. The survey was conducted September 15-26, 2007. The total number of respondents is 2,200.

Indicator 17. Percentage of women and men aged 15–49 who had more than one sexual partner in the past 12 months reporting the use of a condom during their last sexual intercourse*

The percentage of women and men aged 15-49 years who had more than one sexual partner in the past 12 months reporting the use of a condom during their last sexual intercourse in 2007 was 72%.[60] These results came from the same behavioural survey mentioned above.

Condom use with the last sexual partner was high, but significantly lower among women, 61% than among men– 75%.

There were also considerable differences in the values of indicators when disaggregated by different age groups. Among young people aged 15-19, the use of a condom during the last episode of sexual intercourse was reported by the highest portion of respondents – 77%. The lowest rates of condom use were reported among young people aged 20-24 – 64%. Among adults aged 24-49, condom use with the last sexual partner was at a level of 72%. These results indicate high but still inadequate frequency of condom use among adults. Additional research is required to determine the reasons for the lack of condom use.

◆ Safe Behaviours Among Most-At-Risk Populations

When the epidemic in Ukraine was in its initial stages, HIV was primarily spread through heterosexual transmission. Since 1995 the epidemic has been driven by the rapid spread of HIV among injecting drug users, underscoring the need for regular behavioural monitoring of safe injection practices among IDUs. Since the late 1990s, however, the share of sexually-transmitted HIV infections has again started to grow, particularly among sexual partners of injecting drug users and female sex workers. Recent data on the growing trends of sexually-transmitted HIV infection also indicate the growth of HIV transmission among MSM. These tendencies underscore the growing importance of the monitoring of safe behavioral practices in these most-at-risk populations.

Indicator 18. Percentage of female and male sex workers reporting the use of a condom with their most recent client

The percentage of respondents who provided commercial sex services in the last 12 months and reported condom use during sexual intercourse with the last commercial client in 2007 was 86%. By comparison, the indicator value in 2004 was 80%. For reasons indicated earlier, this survey was conducted only among female sex workers in Ukraine.[61]

There were no significant differences in the values of this indicator according to age. Condom use with last sexual client was indicated to be at an 86% level among respondents under age 25, and to be at a level of 87% among those aged 25 and above.

---

[60] A national representative survey of the Ukrainian population aged 15-49 years was carried out by the Kyiv International Institute of Sociology and the Ukrainian Institute for Social Research named after O. Yaremenko and funded by the ICF 'International HIV/AIDS Alliance in Ukraine' within the framework of the programme 'Overcoming the HIV/AIDS Epidemic in Ukraine', supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria. The survey was conducted on September 15-26, 2007. The total number of respondents is 2,200.

[61] A survey 'Behaviour Monitoring of Female Sex Workers' was carried out by the Ukrainian Institute for Social Research named after O. Yaremenko and funded by the Futures Group International, the USAID/Health Policy Initiative project and the ICF 'International HIV/AIDS Alliance in Ukraine' within the framework of the programme 'Overcoming the HIV/AIDS Epidemic in Ukraine', supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria. It was conducted in 12 regions of Ukraine: the Autonomous Republic of Crimea, Volyn, Dnipropetrovsk, Donetsk, Mykolaiv, Odessa, Poltava, Sumy, Kharkiv, Kherson, and Cherkasy oblasts and in the city of Kyiv from June 8 to August 15, 2007. The total number of respondents was 1,602 female sex workers aged 15 years and above. The recruiting of respondents was carried out through key informants using the 'snowball' methodology.

Among all respondents, 49% indicated that they always used a condom in all of their sexual contact with clients (including both oral and vaginal sexual contact). 66% respondents also reported consistent condom use in all cases of vaginal intercourse with clients.

These results demonstrate an exceptionally high rate of condom use among sex workers with their clients. However, there remains a significant gap between the high rate of condom use during sexual intercourse with the last commercial client and the moderate rate of consistent condom use during sexual intercourse with all clients. These data indicate that there remain serious shortcomings in the consistent practice of safe sexual behaviour among sex workers in Ukraine.

The data presented here may also reflect a significant recruitment bias. The use of snowball recruitment in this survey may have resulted in a sample that is dominated by existing clients of prevention programmes among sex workers. Behavioural trends among this population may reflect the outcomes of prevention interventions. As such, the results of this study should not be interpreted as representative of the entire population of sex workers in Ukraine, the majority of who remain unreached by prevention programmes. Plans are that future behavioural surveillance studies among this population will address these shortcomings through the use of TLS or RDS.

Indicator 19. Percentage of men reporting the use of a condom the last time they had anal sex with a male partner

The percentage of men reporting the use of a condom the last time they had anal sex with a male partner in 2007 was 39%.[62] This study was conducted among men who have sex with men in 10 regions of Ukraine; 94% of respondents reported having engaged in anal sex in the last six months.

In 2004 the value of this indicator constituted 55%.[63] However, it is not considered appropriate to compare directly the data between the two studies, as there were significant differences in the methods for sampling and recruitment. The current sample was recruited using RDS.

The results of this survey indicate no significant differences in the value of this indicator when disaggregated by age: among men under age 25, 39% reported using a condom the last time they had anal sex with a male partner, whereas among men aged 25 and above, the indicator was 38%.

Among men who had sex with men who also reported sexual contacts with women in the last six months, 53% of respondents reported condom use the last time they had sexual intercourse with a female partner.

These results raise questions about the reliability of this indicator to reflect the frequency of safe sexual behaviour among MSM. As the indicator reflects only the use of a condom the last time a respondent had anal sex with a male partner, the indicator does not reflect the frequency of consistent condom use among this population, nor does the indicator distinguish between regular or casual partners. Nevertheless, these data emphasize the importance of intensifying the ongoing coverage of quality prevention programmes among this most-at-risk population.

---

62 A survey 'Behaviour Monitoring of Men Who Have Sex With Men as a Component of Second-Generation Surveillance' was carried out by the Ukrainian Institute for Social Research named after O. Yaremenko and funded by the Futures Group International, the USAID/Health Policy Initiative project and the ICF 'International HIV/AIDS Alliance in Ukraine' within the framework of the programme 'Overcoming HIV/AIDS Epidemic in Ukraine', supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria. It was conducted in 10 regions of Ukraine: the Autonomous Republic of Crimea, Dnipropetrovsk, Donetsk, Ivano-Frankivsk, Luhansk, Mykolaiv, Odessa, Kherson and Cherkasy oblasts and in the city of Kyiv from June 8 to August 15, 2007. The total number of respondents was 1,764 men who had sex with men. Individual 'face-to-face' interviewing methodology was used for this survey. The general sampling was performed with the application of Respondents Driven Sampling (RDS) methodology, when sampling is guided and performed by respondents themselves.

63 Condom Use by Men Who Have Sex with Men // Ukraine. National Report on the Follow-Up to the Declaration of Commitment on HIV/AIDS. Reporting period: January 2003 – December 2005, Kyiv, 2006. 78 pages. P.33.

Indicator 20. Percentage of injecting drug users reporting the use of a condom the last time they had sexual intercourse

The percentage of injecting drug users reporting the use of a condom the last time they had sexual intercourse in 2007 was 55%.

In comparison with the data from 2004, these data indicate a significant improvement in condom use levels among IDUs. The previous level was only 34%.[64] As one of the key indicators of sexual transmission between IDUs and their sexual partners, however, these data still indicate only the moderate use of condoms among IDUs.

The disaggregation of this indicator by gender did not reveal any significant differences in the sexual behavior of IDUs: 56% of female IDUs and 55% of male IDUs used a condom the last time they had sexual intercourse.

However, there were significant differences in the values of the indicator disaggregated by age. 62% of IDUs under the age of 25 reported the use of condoms the last time they had sexual intercourse, versus 52% among those aged 25 years and above.

These data suggest that the sexual transmission of HIV among IDUs and their sexual partners remains a serious risk factor that is contributing to the sexual transmission of HIV in Ukraine.

Indicator 21. Percentage of injecting drug users reporting the use of sterile injecting equipment the last time they injected

The percentage of injecting drug users reporting the use of sterile injecting equipment the last time they injected in 2007 was 84%.

These data were derived from the same study among IDUs indicated above, which also surveyed IDU respondents about their safe infection practices.

There were significant differences neither between female and male IDUs, nor between different age groups of IDUs: 81% of female IDUs reported the use of sterile injecting equipment the last time they injected, as well as 85% of male IDUs. According to age, 83% of IDUs under the age of 25 reported the use of sterile injecting equipment the last time they injected, versus 84% in the age group 25 and over.

The similar indicator from 2004 – the percentage of injecting drug users who avoided sharing injecting equipment in the last month – was 50%.[65] However, it is not appropriate to compare these results of the previous study with the new data, as there were significant changes in the methodology. The new data reflect only those injecting drug users reporting the use of sterile injecting equipment the last time they injected.

As in the case of other behavioural indicators among most-at-risk populations, these results raise concerns about the reliability of this indicator to reflect the frequency of safe injection behaviour among IDUs. As the indicator reflects only the use of sterile injecting equipment the last time they injected, the indicator does not reflect the frequency of consistent safe injecting behaviour among this population. Additional data collected in this survey indicated that only 75% of IDUs reported the use of sterile injecting equipment in the last month. Of potentially greater concern, 60% of IDUs reported using syringes that were already loaded. The difference between these data suggests continued shortcomings in the practice of safe behaviour among IDUs, and the limited ability of current research tools to measure the factors that may be contributing to the

[64] National Report on the Follow-Up to the Declaration of Commitment on HIV/AIDS in Ukraine. Reporting period: January 2003 – December 2005, Kyiv, 2006.

[65] National Report on the Follow-Up to the Declaration of Commitment on HIV/AIDS in Ukraine. Reporting period: January 2003 – December 2005, Kyiv, 2006.

spread of HIV among IDUs. These data also emphasise the importance of intensifying further the ongoing coverage of quality of harm reduction programmes among this most-at-risk population, and the need for the expanded use of substitution therapy as a prevention intervention.

Indicator 26 Percentage of uniformed services personnel reporting the use of condoms during sex with non-regular partners

The percentage of uniformed services personnel reporting the use of condoms during sex with non-regular partners in 2007 was 73%.

According to the survey data[66], 42% of uniformed services personnel reported sexual intercourse with non-regular (casual) partners in the last 12 months – 45% of men and 8% of women. This indicator was highest among conscripts – 60%. The lowest frequency of condom use was reported among military personnel serving under contract – 31%. One-third of all military officers (33%) also reported having non-regular sexual partners.

Considering the small number of female personnel in the uniformed services, this indicator was not disaggregated by gender.

The majority of military officers are married and live with their spouses. Yet 33% of officers reported having casual sexual partners, indicating behaviour that put them and their spouses at heightened risk of HIV infection. However, not all respondents who confirmed having casual partners agreed to report the number of these casual partners, or whether they used condoms during their last sexual intercourse.

The percentage of military personnel reporting the use of a condom during their last sexual contact with a non-regular partner was higher among those who reported intercourse with sex workers (86%) than among those who reported intercourse with other casual sexual partners (74%).

These data indicate that the safest sexual behaviour is found among military conscripts, as 80% reported condom use during their last sexual contact with a casual partner. The highest rates of risky behaviour were reported among military officers and other military personnel under service contracts.

[66] A survey ''Behaviour Monitoring of Military Personnel as a Component of Second-Generation Surveillance' was carried out by the Centre of Social and Political Studies 'SOCIS' and funded by the ICF 'International HIV/AIDS Alliance in Ukraine' within the framework of the programme 'Overcoming the HIV/AIDS Epidemic in Ukraine', supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria. It was also supported by the Futures Group International and the USAID/Health Policy Initiative project. The survey was carried out in 27 military units and in four military training centres in the following regions: Lviv and Zakarpatya oblasts (West); Dnipropetrovsk oblast and the city of Kharkiv (East); Odessa and Mykolaiv oblasts and the Autonomous Republic of Crimea (South); Zhytomyr and Chernihiv oblasts and the city of Kyiv (Centre). The survey sampling was 2,683 persons. The survey was carried out in May 2007.

Table. Percentage of uniformed services personnel reporting the use of condoms during sex with non-regular partners (%)

	Officers N=246	*Military personnel (conscripts) N=356*	*Military personnel (contract service) N=177*	*Cadets N=91*	*Total N=870*
Did you have any sexual contacts with non-regular female/male partners in the last 12 months?	33	60	31	57	42
Did you use condoms during the last sexual contact with non-regular female/male partner?	67	80	68	73	73
Indicator 26: Percentage of uniformed services personnel reporting the use of condoms during sex with non-regular partners	67	80	68	72	73
Percentage of uniformed services personnel reporting the use of condoms during sex with casual partners	66	81	69	75	74
Percentage of uniformed services personnel reporting the use of condoms during sex with commercial sex partners	92	92	73	77	86

In comparison with data from 2004,[67] the rates of condom use by uniformed services personnel in 2007 were significantly lower. The only increase of condom use was among military personnel who reported intercourse with a sex worker – 86% of all military personnel who used such services. In 2007, the proportion of uniformed services personnel who reported contact with casual sexual partners in the last 12 months was also lower – 42%, as compared to 60% in 2004.

[67] National Report on the Follow-Up to the Declaration of Commitment on HIV/AIDS in Ukraine. Reporting period: January 2003 – December 2005, Kyiv, 2006.

SECTION V

BEST PRACTICES

One of the most important types of strategic information in a county's response to HIV/AIDS is a systematic understanding of which policies, programmes and approaches are working, particularly if they also merit duplication and scale-up. In order to generate such strategic information, a systematic and rigorous approach to evaluation should be used to determine the merit or quality of a specific programme, policy or strategy. As the AIDS epidemic in Ukraine continues to deteriorate, there are regrettably few uncontested examples of best practices that have been documented to have had a clear and significant impact on the epidemic. The majority of the activities in the area of monitoring and evaluation have focused on monitoring or programmes and activities. There has been weak and often non-existent attention to formal evaluation to determine the value or effectiveness of specific policies or interventions. Ukraine has not developed formal criteria for what best practices consist of, and to date there have been only intermittent efforts by international technical partners, such as UNAIDS, to identify best practices in Ukraine.

In late 2007, Ukraine undertook the first-ever comprehensive external evaluation of the National Response to AIDS. Implemented by an external team of over 30 evaluation experts, the evaluation assessed over 120 technical issues in eight programmatic areas. While the evaluation's complete and formal results were not available at the time of the completion of this report, the following is a short summary of some of the key best practices the external evaluation team identified. It is the opinion of the external evaluation team that these policies, programmes and approaches merit closer attention and possible scale-up and replication as models of 'best practice', both in Ukraine and potentially, where appropriate, in other countries.

i. Political Leadership and Responsibility by the Head of State

The seriousness of the AIDS epidemic is often exacerbated by a lack of political leadership. As described by former UN Secretary General Kofi Annan, 'AIDS represents the greatest leadership challenge of our time.' In response to this challenge, President Yushchenko has demonstrated decisive attention and leadership on AIDS in Ukraine. As recently as December 2007, President Yushchenko convened an unprecedented national meeting of governmental, non-governmental and international representatives on AIDS in Ukraine. The meeting was characterised by an honest and critical recognition by the President of the potential impact of AIDS on Ukraine's socio-economic and demographic stability. In particular, the President demanded that the national budget reflect all costs that may be required to provide HIV/AIDS-related prevention, treatment, care and support for all those in need. The President also called for a new National AIDS Programme for the period 2009-2013 to be developed and endorsed by the Government of Ukraine. In acknowledging the formidable obstacles facing the Government of Ukraine, the President's conclusions were sobering. Nevertheless, such attention and political commitment by a Head of State is essential for the development of a new National AIDS Programme that can more effectively respond to AIDS. This degree of political leadership is a model of best practice that should be expanded to every level of society, including the Cabinet of Ministers and the Parliament of Ukraine as well as regional leaders of governmental institutions and non-governmental organisations.

ii. Leadership and Service Provision by Civil Society

One of the key strengths of Ukraine's response to HIV/AIDS, particularly in the period covered by this report, has been the growing leadership, advocacy, and professional capacity of non-governmental organisations in Ukraine, including, in particular, people living with HIV/AIDS. The International HIV/AIDS Alliance in Ukraine, the largest AIDS organisation in Ukraine, and the All-Ukrainian Network of People Living with HIV, have demonstrated exceptional capacity as professional national partners capable of effectively implementing large and complex HIV/AIDS programmes. Important recognition of this capacity was the decision of the Global Fund to award Ukraine the Round 6 grant of up to $151M, which is now being implemented by the Alliance and the Network as co-principal recipients. The All-Ukrainian Network has also been recently profiled as a best practice case study by UNAIDS in 'A Non-Governmental Organisation's National Response to HIV.' Ukrainian civil society organisations have also led the successful national effort to advocate that the Government of Ukraine support the implementation of substitution therapy, including methadone therapy, as an effective and evidenced method for preventing HIV infection among injection drug users. In recognition of civil society's important contributions to the national response, the Government of Ukraine ensured the involvement of national civil society organisations in the National and Regional Councils on AIDS, with persons living with HIV serving as Deputy Chairpersons of these structures. Representatives of civil society are also key partners in the development and implementation of important components of the current and forthcoming National AIDS Programmes. Over 100 Ukrainian civil society organisations are also leaders in the management and implementation of HIV/AIDS services for prevention, treatment, care and support at the local level. The inclusion of civil society participants in meetings held by the President of Ukraine, most recently in December 2007, is further proof of the recognition of their critical role in the national response to AIDS.

iii. Prevention: National Programme on Prevention of Mother-to-Child Transmission

The National Programme on the Prevention of HIV-infection from Mother to Child is the only prevention programme in Ukraine to achieve almost universal coverage of the target population. As noted in Section 4, beginning in 2003, the coverage of voluntary HIV-testing among pregnant women in Ukraine has consistency exceeded 95%, indicating that pregnant women have had significantly higher coverage of HIV surveillance than any other group in the general population in Ukraine. While there is a consistent increase in the number and percentage of women diagnosed with HIV during pregnancy, the coverage of antiretroviral prophylaxis increased from 9% of women in need in 1999 to over 92.5% in 2007. This programme represents the most rapid scale-up and extensive coverage of any HIV-prevention intervention in Ukraine. Even the practice of testing each pregnant woman twice, which was earlier criticised as an ineffective use of resources, has recently revealed a small but growing number of pregnant women who are seroconverting to HIV infection between their first and second test trimester. This has enabled many of these women, who would have otherwise been missed by the antenatal HIV surveillance system, to still receive ART prophylaxis. The result of this programme has been to significantly lower the rate of mother-to-child transmission from 27.8% in 2001 to 7.1% in 2007, with some sites reaching rates as low as 4%. The programme has also consistently adopted new approaches to improve outcomes, such as the availability of rapid tests and nevirapine in all maternity hospitals in Ukraine, the pilot implementation of DNA PCR for early diagnosis of newborns, and the recent introduction of HAART as the optimal regimen for PMTCT prophylaxis. Much still needs to be done to lower the transmission from mother to child to rates that are consistent with other European countries and also ensure universal, long-term access to treatment for parents with advanced HIV.

Ukraine is determined to ensure that the national PMTCT programme is maintained and further strengthened as a national model of best practice in the field of HIV prevention.

iv. Prevention: High Coverage and Intensity of Harm Reduction Programmes

As the epidemic in Ukraine is still concentrated among most-at-risk populations, driven largely by injection drug use, harm reduction programmes represent the front-line in the prevention of HIV. The Ukrainian law on AIDS specifies that the State guarantees 'HIV prevention among persons using injecting drugs, in particular to arrange conditions for exchange of used injecting needles and syringes for sterile needles and syringes'. In order to determine the effectiveness of a harm reduction programme, however, there should be evidence that the programme is providing a significant number of injection drug users with access to a minimum package of prevention and support services with regular frequency. High coverage refers to sites where more than 50% of injecting drug users have been reached by at least one HIV-prevention programme. High intensity refers to the number or percentage of clients who access the service within a specific period of time, ideally within one month. Based on these criteria, there has not been a comprehensive evaluation of the coverage and effectiveness of harm reduction programmes at specific sites in Ukraine. However, one site in Sumy, Ukraine, has been profiled as a best practice case study by UNAIDS in the 'High Coverage Sites HIV Prevention Among Injecting Drug Users in Transitional and Developing Countries.' The harm reduction programme coordinated by the International HIV/AIDS Alliance and implemented by NGO partners in the field, with funding from the Global Fund, has several sites that are documented to be providing harm reduction programmes with high coverage and intensity. At several of these sites, harm reduction programmes offer an expanded package of services, including voluntary counselling and testing (including rapid testing), condoms, treatment for STIs, referrals to social services, and limited access to substitution therapy. These expanded services motivate clients to visit these sites on a more frequent basis. There is also some data from these sites that regular or frequent clients practise safer behaviour than new clients who are accessing service for the first time, providing preliminary evidence that these programmes are having an impact on promoting and sustaining behaviours that prevent the spread of HIV.

v. Monitoring of the Coverage Programmes and Their Usage by Clients

Of the key most common shortcomings of monitoring and evaluation systems of specific programmes or projects worldwide is their frequent inability to identify how many clients are being covered with what services. Data are often limited to recording the number of client visits. At the same time in order to monitor the actual coverage of a programme, it is crucial to have reliable data on what percentage of a target population is using the services, and with what frequency. In order to address this shortcoming, in 2005 the International HIV/AIDS Alliance in Ukraine implemented its own computer-based programme for monitoring coverage and use of services, called Syrex. In addition to recording the number of client visits, Syrex maintains records of all individual clients by means of coding them without requiring confidential personal information. Syrex is now used by over 70 sub-Alliance sub-recipients throughout Ukraine, enabling them to record and report on what number of clients that have used what prevention services and commodities within a given period. Syrex also enables the Alliance to generate reports by region or by target population to monitor the coverage and intensity of service usage at the national level, between regions or at the level of individual service providers. A new Version 2 of Syrex, which will soon be available publicly as shareware, is now being rolled-out. The new

version is more user-friendly and can generate more reports that can be more easily customized by the user organization. Consistent with data other sources, data from Syrex indicate that current coverage is still too low to have a decisive impact on the HIV epidemic among IDUs at the national level. The data generated by Syrex is also being used to better plan how to close this prevention gap, and mobilise additional resources to provide higher and more frequent coverage of prevention programmes.

vi. Estimations of Size of Most-At-Risk Populations

In order to monitor the coverage of services, it is essential to have reliable data on the size of the target population. For most-at-risk populations, such data is not available from official statistical sources. In 2005, national partners developed a process to estimate the size of these populations, using internationally recommended methods. Estimates were generated for the size of populations of IDUs, sex workers, and men who have sex with men, with low and high ranges, which were subsequently endorsed by the Ministry of Health. The results of these estimates were then used to generate new estimates of HIV/AIDS in Ukraine, and to monitor the coverage of prevention programmes. These figures have also been used by national partners to guide the need for scale-up of programmes and commodities.

SECTION VI

MAJOR CHALLENGES AND REMEDIAL ACTIONS

(a) progress made on key challenges reported in the 2006 UNGASS Country Progress Report

In this reporting period, Ukraine has continued to make measurable progress in the implementation of many goals and targets outlined in the UNGASS Declaration of Commitment. However, in a number of key areas, current progress still falls short of the UNGASS goals and targets. Ukraine's 2006 UNGASS report identified three major challenges. At the time of the submission of the previous report, only the target for the third indicator had already been reached. As of the end of 2007, Ukraine is still falling considerably short of the targets for awareness among young people and HIV prevalence among the general population and most-at-risk populations.

i. Awareness among young people of HIV/AIDS

- (target: 90% by 2005; 95% by 2010)

According to the most recent results of the national indicator 'Percentage of young people aged 15-24 years who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission,' 40% of young people both correctly identified ways of preventing the sexual transmission of HIV and rejected major misconceptions about HIV transmission. While this is a significant improvement from the value of 14% in 2006, this change may reflect both a genuine change of the level of knowledge of HIV among young people, and changes in the survey methodology. The indicator value still falls far short of the UNGASS target for 2010. Unless Ukraine implements a systematic or national-wide IEC or BCC programme for young people to promote awareness of how HIV is and is not transmitted, it is not expected that the target of 95% will be achieved by 2010. It is also unclear whether the significant improvement in the levels of awareness among young people will have a concomitant outcome on enhancing safe behaviours among young people.

ii. HIV prevalence among young people and most-at risk populations

- (target: reduction by 25% among young people in the most affected countries by 2005;
- reduction by 25% among young people globally by 2010)

In this report, Ukraine did not report on the HIV prevalence indicator among young people, due to the lack of age-disaggregated data among the general population. Yet in light of current trends, there is little ground for optimism that Ukraine will be able to reduce HIV prevalence among young people by 2010. While the overall prevalence of HIV among young people in Ukraine remains low, the current trends indicate that the prevalence of HIV among the general population is increasing. The number of newly-registered infections per year continues to increase at a record pace. The growing coverage of antiretroviral treatment will also result in a further increase of HIV prevalence, as it will reduce mortality among people with HIV who are receiving antiretroviral treatment. The Government of Ukraine, led by the Ministry of Family, Youth

and Sport and the Ministry of Education, and other national partners need to address the implications of missing this target by 2010, and what additional measures should be implemented to reach the Millennium Development Goal target of halting and reversing the spread of HIV/AIDS by 2015.

This report includes data on indicators for HIV prevalence among most-at-risk populations, including injection drug users, sex workers and men who have sex with men. According to the data from sentinel surveillance studies, the HIV prevalence among these populations is alarmingly high. Among injection drug users, the HIV prevalence has ranged from 11.6% to 59% in 2004 (median, 32%, n=8), from 9.6% to 66.4% in 2005 (median, 26.9%, n=12), and from 18% to 62.8% in 2006 (median, 41.8%, n=12). While some data may suggest possible signs of stabilisation of HIV prevalence among injection drug users in the selected regions in Ukraine, the overall trends indicate the continued increase of prevalence among this population.

HIV prevalence among sex workers is also regularly studied through sentinel studies. According to the data from sentinel surveillance among female sex workers conducted in the last three years, HIV prevalence has ranged from 9.8% to 31.4% in 2004 (median, 18%, n=7), from 8% to 32% in 2005 (median, 23.5%, n=9), and from 4% to 31% in 2006 (median, 13.3%, n=9). While the most recent data from 2006 indicate slightly lower rates of HIV prevalence among sex workers, these data may be a result of changes in sampling, and thus provide little grounds for optimism that the overall prevalence of HIV among female sex workers is in genuine decline.

The most alarming trend is among men who have sex with men. In 2007, 48 cases of HIV infection were officially reported among men who have sex with men, representing more than one third of the 158 cases officially registered among this population since 1987. The results of sentinel surveillance in 2007 suggest the existence of a large and growing epidemic among men who have sex with men. Sentinel surveillance in selected regions of Ukraine found the HIV prevalence ranging from 4.4% in the capital of Kyiv to 23.2% in the city of Odessa (median, 9%, n=4).

In order to halt the spread of HIV infection among these populations, the coverage and intensity of prevention programmes for these and other most-at-risk populations need to be urgently increased throughout Ukraine. Similarly, greater political commitment, programmes and resources are required to ensure not only that the spread of HIV infection does not overwhelm the current generation of young people, many of whom are already at high risk for HIV infection, but also that the rate of HIV incidence in the general population is reversed.

iii. Rate of mother-to-child transmission of HIV

- (target: reduction by 20% by 2005; reduction by 50% by 2010)

At the time of the submission of Ukraine's previous report, only the UNGASS target for the third indicator, for the reduction of the rate of mother-to-child transmission of HIV, had already been reached. Despite this achievement, this has not been an area of complacency in Ukraine. As described in the section on best practices, progress has continued in the last three years in lowering further the rate of mother-to-child transmission of HIV. Ukraine's current national programme on the prevention of mother-to-child HIV transmission aims to reduce the rate of transmission to 5% by 2008's end. In light of the Ministry of Health of Ukraine's recent introduction of HAART as the optimal regimen for PMTCT prophylaxis, hopes are that by 2010 Ukraine will eliminate mother-to-child HIV transmission, which is defined as a rate of such transmission of less than 2%.

(b) challenges faced throughout the reporting period (2006-2007) that hindered the national response and progress towards achieving the UNGASS targets

A number of challenges faced the national response to HIV/AIDS in the period 2006-2007. Perhaps the most serious of these were periods of political change in Ukraine that resulted in frequent changes in senior civil servants responsible for HIV/AIDS, and infrequent meetings for the National Council on HIV/AIDS, Ukraine's AIDS coordination authority.

The other issue that hindered the national response was the poor performance of the Tuberculosis and HIV/AIDS Control Project, funded by a loan from the World Bank and implemented by the Ministry of Health. As of April 2006, only $1.9M or 2.7% of the $60M loan had been disbursed by the Government, leading to a temporary suspension of the loan. The World Bank lifted its suspension in late 2006, and over $22M or 38% of the loan had been successfully disbursed by the end of 2007.

Another challenge facing the national response was the slow implementation of substitution therapy, which is needed to strengthen the efficacy of harm reduction programmes among injection drug users. In this period, Ukraine encountered a number of obstacles related to the import and implementation of methadone for substitution therapy. A broad coalition of national and international governmental and non-governmental organisations was involved in advocating for the introduction of methadone and the rapid scale-up of substitution therapy. However, the importation of methadone was formally approved by the government only in December 2007, after President Yushchenko instructed the Government of Ukraine to take prompt action to address this matter.

The UNGASS Declaration also refers to the need to ensure prevention programmes that reduce the spread of HIV for those identifiable groups, within particular local contexts, which currently have high or increasing HIV infection rates. The other populations that have been increasingly affected by HIV in recent years are prisoners and detainees. While prisoners are not formally classified as a most-at-risk population, there is evidence of significant high-risk behaviours among prisoners. The data cited in this report indicate that only 8% of prisoners surveyed in 2007 reported being covered by prevention programmes. The Ukrainian Department of Corrections receives no direct funding for prevention, treatment or care services under the National AIDS Programme. Data from routine surveillance indicate that 14% of prisoners tested positive for HIV in 2006, several times higher than the latest estimates of HIV prevalence among the general population. These data indicate that prisoners are indeed at high risk of new infection, and urgently require more attention, resources and support.

The final key challenge hampering the national response to HIV/AIDS has been the lack of adequate funding to scale up and sustain HIV/AIDS programmes and activities. While there has been a significant increase in funding for HIV/AIDS in recent years, the overall need to scale up prevention, treatment, care and support programmes still exceeds available resources. In order to address this issue, the Government of Ukraine has consistently and significantly increased budgetary allocations for HIV/AIDS. The amount of funding allocated annually by the Cabinet of Ministers for HIV/AIDS has increased from US$3.9M in 2004 to over US$21.3M in 2007. These large and growing resources are complemented by significant contributions from the Global Fund, which has committed to contributing up to $250M over eight years to Ukraine, between funding for the Round 1 (over $99M) and Round 6 ($151M). There will also be significant contributions from other international donors.

(c) concrete remedial actions that are planned to ensure achievement of agreed UNGASS targets

With the formation of the new Government in December 2007, it is planned that the Government of Ukraine will address the urgent issues in the area of HIV/AIDS to ensure that agreed UNGASS targets are achieved. Perhaps the most important of these is the currently ongoing development of the new National AIDS Programme, for the period 2009-2013. This Programme represents a timely opportunity to build on the national response's strengths and address some of the critical weakness and shortcomings, including those identified in his report.

SECTION VII

SUPPORT FROM THE COUNTRY'S DEVELOPMENT PARTNERS

(a) key support received from development partners in support of achieving the UNGASS targets

The progress achieved by Ukraine in this reporting period is closely linked to the invaluable support provided by the country's development partners. The number of these partners, and the scope of their support, continued to increase throughout this reporting period. Based on the data collected in 2005-2006 on the amount and structure of national and international expenses on activities to prevent the spread of HIV/AIDS, the largest development partners supporting HIV/AIDS programmes and activities in Ukraine include:

Name of Largest Donor Agencies/Development Partners	*Amount of Funds Disbursed for HIV/AIDS (2005-2006) in millions of USD **
1. Global Fund	$37.0
2. USAID	$10.9
3. United Nations	$3.0
4. European Commission	$1.7
5. International Renaissance Foundation (OSI Ukraine)	$0.7
6. Swedish SIDA	$0.3
7. NOVIB	$0.2
8. Elton John AIDS Foundation	$0.2
9. UK DFID	$0.14

* Data based on information on the amount and structure of the national and international expenses on activities to prevent the spread of HIV/AIDS (Indicator No.1).

In particular, Ukraine recognises the significant and growing contributions of the three largest external donors that are supporting the national HIV/AIDS response: the Global Fund for AIDS, Tuberculosis and Malaria, the US Agency for International Development (USAID) and the United Nations Joint Programme on HIV/AIDS (UNAIDS), which includes the contributions of the UN cosponsor agencies and the UNAIDS Secretariat. The Global Fund continues to be the most important external source of funding for HIV/AIDS in Ukraine, with contributions in 2005-2006 exceeding $37M. These contributions are expected to increase further in coming years as the funding under the Global Fund Round 6 grant-supported programme is scaled up. In coming years, the Global Fund will remain the single most important source of funding for prevention, care and support services for most-at-risk populations and people living with HIV/AIDS

in Ukraine. These services represent a core component of the national response to HIV/AIDS in Ukraine, and are essential to ensure achievement of the respective UNGASS targets.

The second largest external source of funding is from USAID, which also represents the largest provider of bilateral support for HIV/AIDS in Ukraine, with funding in 2005-2006 exceeding $10.9M. In this reporting period, USAID supported the provision of prevention services for most-at-risk populations, primarily through the SUNRISE project, implemented by the International HIV/AIDS Alliance, and a variety of training and capacity building projects. In 2007, USAID also launched the new five-year project 'HIV/AIDS Service Capacity Project in Ukraine,' with a budget of $12M. It is expected that this project will provide extensive support for national and regional capacity-building in close coordination with the new Global Fund Round 6 grant-supported programme.

The third largest external development partner is the UN, which includes the contributions of the UN cosponsor agencies and the UNAIDS Secretariat through UNAIDS. During this period, there was a significant increase in the representation and activities of UN agencies in Ukraine. UNAIDS now unites the contributions of eight UN agencies in Ukraine, including ILO, UNDP, UNFPA, UNHCR, UNICEF, UNODC, WHO and the World Bank, and the UNAIDS Secretariat as well as the IOM. The UN expenditures in 2005-2006, including the collective contributions of the UNAIDS co-sponsors, the UNAIDS Secretariat and IOM to HIV/AIDS in Ukraine, represented $3.0M. The UN's major contributions in this period focused on the provision of technical support for the development of national policies and implementation of programmes, including support for the mobilisation of significant resources for the national response. It is expected that UNAIDS' continued contributions will continue to be closely related to development and implementation of national programmes and priorities, as declared in the Joint UN Programme of Support on AIDS in Ukraine (2007-2010).

There has also been a positive trend of continued and growing support from other bilateral donors, most significantly the Swedish International Development Agency, the European Commission, and the Deutsche Gesellschaft for Technische Zusammenarbeit (GTZ). Support from these and other bilateral donors, as well as from private foundations such as the International Renaissance Foundation (OSI Ukraine), the Clinton Foundation, the Elton John AIDS Foundation, the Elena Franchuk ANTIAIDS Foundation and the Victor Pinchuk Foundation represents a significant and highly appreciated contribution to Ukraine's national response to AIDS.

At a time when the HIVAIDS epidemic in Ukraine continues to deteriorate, the Government of Ukraine is concerned about the forthcoming completion of HIV/AIDS programmes supported by key bilateral donors. In particular, the UK Department for International Development has provided invaluable assistance in the areas of national capacity-building related to the implementation of the Three Ones Principles, and expanding prevention and support among most-at-risk populations, particularly men who have sex with men. The Canadian International Development Agency has also supported a series of youth prevention programmes and most recently a highly successful pediatric AIDS project.

The Government of Ukraine is grateful to these and other donors for their valuable contributions to the national response to HIV/AIDS in Ukraine.

(b) actions that development partners need to take to ensure achievement of the UNGASS targets

The immediate challenges represented by Ukraine's HIV/AIDS epidemic require enhanced attention and support from Ukraine's multilateral and bilateral partners. In light of the large and growing needs for prevention, treatment and care services, it is expected that Ukraine will require continued and growing support and assistance from existing partners, and additional

assistance from new multilateral and bilateral partners and foundations. In particular, the scope and intensity of assistance should be enhanced and expanded to facilitate greater and more consistent contributions from multilateral organisations, the bilateral agencies of governments, foundations, and international nongovernmental organisations, private sector companies and academic institutions.

The current priorities for Ukraine's multilateral and bilateral partners to ensure achievement of the UNGASS targets include:

- Greater donor accountability in supporting national plans and policies that have been developed in a participatory manner, including by civil society and other key national stakeholders, and in particular the forthcoming new National Programme for HIV/AIDS (2009-2013), as the overall basis for cooperation and support for HIV/AIDS in Ukraine
- Enhanced support for capacity-building and support, particularly for governmental institutions at the national and regional levels, in order to empower inclusive national leadership and ownership
- Closer alignment and harmonisation with national procedures, systems and cycles
- Shifting from short-term, pilot-oriented project approaches to long-term, programme-based modalities for the delivery of assistance and support
- Increasing support for technical support provision to help existing programmes and initiatives, based on requests by national partners
- Addressing specific needs and gaps in the national response and identifying them as priorities in the comprehensive external evaluation of the National Response to HIV/AIDS
- Ensuring consistent and meaningful participation in the Donor-Governmental Working Group/Thematic Sub-group on HIV/AIDS , as well as active representation in the National Council

These priorities are consistent with the Paris Declaration on AIDS Effectiveness, adopted by the Government of Ukraine in 2007, and also reflect the recommendations of the Global Task Team on Improving AIDS Coordination Among Multilateral Institutions and International Donors, which has been endorsed by key international donor agencies.

SECTION VIII

MONITORING AND EVALUATION ENVIRONMENT

During this reporting period, there has been significant progress in the development of key aspects of monitoring and evaluation. However, Ukraine has yet to fully establish one national system for monitoring and evaluation.

The key shortcoming is the continued lack of a national centre for Monitoring and Evaluation. Despite this shortcoming, national data for monitoring and evaluation of HIV/AIDS is collected and analysed on an ongoing basis.

In 2004, the Cabinet of Ministers of Ukraine issued a decree to the central executive authorities to conduct monitoring and evaluation of HIV/AIDS activities, based on an agreed list of national indicators.

The current system of monitoring and evaluation in Ukraine includes a wide range of key components, including:

- extensive epidemiological data from all regions of Ukraine, which are entered regularly into a national electronic epidemiological HIV-infection surveillance database, allowing for prompt analysis of epidemiological trends.
- sentinel surveillance for HIV and STIs among key populations is collected on an annual basis; since 2006, sentinel STI surveillance has become an integral part of the epidemiological surveillance system, with support from the state budget
- regular behavioral surveillance is conducted among youth and most-at-risk populations (IDUs, female sex workers, MSM); in 2007, integrated behavioural and biomarker surveillance was conducted among IDUs and MSM, using RDS
- cohort research in the Ukrainian prison system, analysing HIV-morbidity trends among prisoners
- qualitative research risk factors for HIV seroconversion among cases of people newly infected with HIV; this study is analysing current risk factors that influence HIV infection.
- ongoing operational research to monitor the efficiency of the prevention programmes among HIV-vulnerable populations.

The Committee in the Ministry of Health and the Ukraine AIDS Centre are the main institutions responsible for compiling monitoring and evaluation data at the national level. An extensive range of national partners also contribute to the compilation of data regarding implementation of the National AIDS Programme. The Monitoring and Evaluation Working Group under the National Council includes participants of the representatives of central governmental authorities, international and bilateral organisations, and civil society organisations, including people living with HIV. The Monitoring and Evaluation Working Group serves as an open forum for all partners involved in various aspects of research, monitoring and evaluation to facilitate the coordinated planning, collection and dissemination of national data and operational research. This group is also supporting the development of a new, revised national plan on monitoring and evaluation.

Monitoring and evaluation at the sub-national level is the responsibility of the Regional HIV/AIDS Coordination Councils in all regions of Ukraine. Under the authority of the regional council, some regions have established M&E working groups, and are formally developing regional centres for M&E.

Several mechanisms are used to facilitate the dissemination and use of M&E data. All leading ministries and international and Ukrainian NGOs ensure compilation of data regarding implementation of the National Programme of HIV prevention, support and treatment for people living with HIV/AIDS. Regional structural units of the leading ministries collect data regarding the programme's implementation and share it with relevant ministries. Upon receipt of such data, these ministries share them with the Committee in the Ministry of Health.

Non-governmental organisations that are also supported by international donor sources also have their own reporting systems. The results of these reports, such as progress reports under the programme that the Global Fund supports, are shared regularly with national partners through stakeholders' meetings, which are held on a quarterly basis.

At the same time, the Regional Coordination Councils are also compiling data for M&E. These mechanisms, however, are not fully coordinated; the data can be duplicated or uncoordinated.

A significant portion of monitoring and evaluation systems and activities are still directed at meeting external reporting requirements, such as UNGASS. More attention needs to be placed on the development of strategic information for political leaders, governmental officials and other experts. These and other partners require strategic information about epidemiological tendencies – information that can be used to influence plans and decisions about programmes and activities. There is also the need to better coordinate monitoring and evaluation flow of data, types and scales, as well as to compile mechanisms on the national, regional, departmental levels and to establishment quality-improvement and control mechanisms.

All these factors create an urgent need to develop and establish a fully functional national system for monitoring and evaluation. Such a system should be based on international approaches, and still reflect the needs and priorities specific to Ukraine.

The following steps are envisioned to ensure the consolidation of the national system for monitoring and evaluation:

- launch and support of the National Centre for Monitoring and Evaluation under the Committee on HIV-infection/AIDS and other socially dangerous diseases at the MOH of Ukraine;
- develop and implement the national plan for monitoring and evaluation;
- use the results of the recently conducted external evaluation, and other data from this report to guide the development and implementation of the new National AIDS Programme (2009-2013).

ANNEX 1:

CONSULTATION/PREPARATION PROCESS FOR THE COUNTRY PROGRESS REPORT ON MONITORING THE FOLLOW-UP TO THE DECLARATION OF COMMITMENT ON HIV/AIDS

1)	Which institutions/entities were responsible for filling out the indicator forms?		
	a) NAC or equivalent	Yes	
	b) NAP	Yes	
	c) Others	Yes	
	(please specify) Ukrainian AIDS Center, International HIV/AIDS Alliance in Ukraine, UNAIDS Ukraine		
2)	With inputs from		
	Ministries:		
	Education	Yes	
	Health	Yes	
	Labour	Yes	
	Foreign Affairs	Yes	
	Others	Yes	
	(please specify) Ministry of Family, Children and Youth, Ministry of Defense, State Penitentiary Department of Ukraine		
	Civil society organizations	Yes	
	People living with HIV	Yes	
	Private sector		No
	United Nations organizations	Yes	
	Bilaterals	Yes	
	International NGOs	Yes	
	Others	Yes	
	(please specify) Members of Monitoring and Evaluation Working Group, Regional AIDS Centers, Odessa Sanitary Surveillance Service		
3)	Was the report discussed in a large forum?	Yes	
4)	Are the survey results stored centrally?	Yes	
5)	Are data available for public consultation?	Yes	
6)	Who is the person responsible for submission of the report and for follow-up if there are questions on the Country Progress Report?		

Name / title: Dr. Larissa Bochkova, Head, Department of Monitoring, Ukrainian AIDS Center

Date: January 31, 2008

Signature:

Please provide full contact information:

Address: Vul. Amosova 5; Kyiv, 03038; Ukraine
Email: ukraids@ukrpost.ua
Telephone: +38-044-275-4617; 5742

ANNEX 2:

NATIONAL COMPOSITE POLICY INDEX (NCPI) 2007

COUNTRY:	Ukraine
Name of the Officer in charge:	Professor Vasyl Petrenko

Chairperson

Committee for the Response to HIV/AIDS and Other Socially Dangerous Diseases
Ministry of Health of Ukraine

Signed: 

Postal Address: 7, Vul. Grushevskogo
Ministry of Health of Ukraine
01021, Kyiv, Ukraine

Tel.:	+380 44 253 83 86
Fax:	+380 44 253 83 85
E-mail:	tbaids@moz.gov.ua

Date of signing: 26 January, 2008

NATIONAL COMPOSITE POLICY INDEX (NCPI) RESPONDENTS

◆ NCPI – PART A (for government officials)*

Organization	*Name/Position*	*Respondents to Part A*				
		A.I	*A.II*	*A.III*	*A.IV*	*A.V*
Ministry of Family, Youth and Sport of Ukraine	Deputy Minister	+	+	+		
Committee on Response to HIV/AIDS and Other Socially Dangerous Diseases	Chairman of Committee	+	+	+		
Committee on Response to HIV/AIDS and Other Socially Dangerous Diseases	Head of Sector to Support Governmental and International Programs			+		
Ukrainian AIDS Prevention Center	Deputy Director				+	
Ukrainian AIDS Prevention Center	Head of Monitoring and Evaluation Department					+

* For parts A.I. (Strategic Plan), A.II (Political Support), A.III (Prevention) additional interviews were performed with:

Victoria Sanovska, Head of Department for Promotion of Healthy Lifestyles at the Ministry of Family, Youth and Sport of Ukraine;

Iryna Pinchuk, Deputy Director of the State Social Services for Family, Children and Youth.

For Part A.V (Monitoring and Evaluation) additional interviews were performed with:

Olga Varetska, Head of Monitoring and Evaluation Department of the International Charity Fund International HIV/AIDS Alliance in Ukraine

Natalia Salabai, Head of Monitoring and Evaluation Department of the All-Ukrainian Charity Organization All-Ukrainian Network of People, Living with HIV

NCPI – PART B (for representatives of non-governmental organizations, bilateral organizations and UN agencies)

Organization	*Name/Position*	*Respondents to Part B*			
		B.I	*B.II*	*B.III*	*B.IV*
All-Ukrainian Charity Organization All-Ukrainian Network of People Living with HIV	Head of Legal Department	+			
All-Ukrainian Charity Organization All-Ukrainian Network of People Living with HIV	Head of Program Grant Management				+
All-Ukrainian Charity Fund Coalition of HIV-servicing Organizations	Chairman of the Board, Director		+	+	
International Renaissance Foundation	Coordinator of International Harm Reduction Program in Ukraine	+	+	+	
International Charity Fund International HIV/AIDS Alliance in Ukraine	Deputy Executive Director on Program Issues			+	
International Charity Fund International HIV/AIDS Alliance in Ukraine	Manager of Policy and Advocacy Programs	+			
International Charity Fund International HIV/AIDS Alliance in Ukraine	Head of Treatment, Procurement and Supply Management Department				+

NATIONAL COMPOSITE POLICY INDEX QUESTIONNAIRE – PART A

I. STRATEGIC PLAN

1. Has the country developed a national multisectoral strategy/action framework to combat AIDS?

(Multisectoral strategies should include, but are not limited to, those developed by Ministries such as the ones listed under 1.2)

Yes	Period covered: 2004-2011 pp.	Not applicable (N/A)	No

IF YES, complete questions 1.1 through 1.10.

1.1. How long has the country had a multisectoral strategy/action framework?

Number of years: 3 years

1.2. Which sectors are included in the multisectoral strategy/action framework with a specific HIV budget for their activities?

Sectors included	***Strategy/Action plan***		***Earmarked budget***	
Health	Yes	No	Yes	No
Education	Yes	No	Yes	No
Labour	Yes	No	Yes	No
Transport	Yes	No		No
Military/Police	Yes	No	Yes	No
Women	Yes	No	Yes	No
Young people	Yes	No	Yes	No
Others (write in) Security Service of Ukraine, State Penitentiary Department of Ukraine, State TV and Radio Broadcasting Committee of Ukraine, State Committee of Ukraine on Nationalities and Religions, State Border Service of Ukraine	Yes	No	Yes	No

1.3. Does the multisectoral strategy/action framework address the following target populations, settings and cross-cutting issues?

Target populations	
Women and girls	Yes
Young women/young men	Yes
Specific vulnerable sub-populations 2	Yes
Orphans and other vulnerable children	Yes
Settings	
Workplace	Yes
Schools	Yes
Prisons	Yes
Cross-cutting issues	
HIV/AIDS and poverty	Yes
Human rights protection	Yes
PLHIV involvement	Yes
Addressing stigma and discrimination	Yes
Gender empowerment and/or gender equality	Yes

1.4. Were target populations identified through a process of a needs assessment or needs analysis?

Yes	No

If «Yes,» when was this needs assessment/analysis conducted? Year: 2005-2006

If «No,» how were target populations identified?

1.5. What are the target populations in the country? Write in:
People living with HIV/AIDS (adults and children)
Children
Young people
Adults
Injecting drug users

Female sex-workers
Men having sex with men
Prisoners
Uniformed services personnel (army and uniformed services).

1.6. Does the multisectoral strategy/action framework include an operational plan?

Yes	No

1.7. Does the multisectoral strategy/action framework or operational plan include:

Formal program goals	Yes	No
Clear targets and/or milestones	Yes	No
Detailed budget of costs per programmatic area	Yes	No
Indications of funding sources	Yes	No
Monitoring and Evaluation framework	Yes	No

1.8. Has the country ensured «full involvement and participation» of civil society[68] in the development of the multisectoral strategy/action framework?

Active involvement	Moderate involvement	No involvement

If «active involvement,» briefly explain how this was done**:**

If «No» or «moderate involvement,» briefly explain:

Civil society was not fully involved in the development of the National Action Plan. Generally, it was developed with the active participation of the All-Ukrainian (national) organizations and the Network of People Living with HIV. At the same time, trade unions and organizations of vulnerable groups were not sufficiently involved. Also, taking into account that civil society organizations are weak and insufficiently active in some regions of Ukraine, they did not take part in the discussion of the National Action Plan at the regional level.

1.9. Has the multisectoral strategy/action framework been endorsed by most external Development Partners (bi-laterals; multi-laterals)?

Yes	No

[68] Civil society includes among others: Networks of people living with HIV; women's organizations; young people's organizations; faith-based organizations; AIDS service organizations; Community-based organizations; organizations of key affected groups (including MSM, SW, IDU, migrants, refugees/displaced populations, prisoners); workers organizations, human rights organizations; etc. For the purpose of the NCPI, the private sector is considered separately.

1.10. Have external Development Partners (bi-laterals; multi-laterals) aligned and harmonized their HIV and AIDS program to the national multisectoral strategy/action framework?

Yes, all partners	Yes, some partners	No

If «some» or «No,» briefly explain:

The current National Program was developed with the participation of the key external partners, namely, UN agencies and international organizations operating in Ukraine, and their programs were generally aligned with it. However, taking into account that the National Program that was developed back in 2003 ceased to correspond to today's realities, most external partners were implementing their own programs, taking into consideration the current epidemiological situation with HIV infection in Ukraine, and they partially corresponded to the existing program. Today, when the efforts to introduce the new National Program for 2008 have been reviewed, they are aligned with key international partners.

2. Has the country integrated HIV and AIDS into its general development plans such as: a) National Development Plans, b) Common Country Assessments/United Nations Development Assistance Framework, c) Poverty Reduction Strategy Papers, d) Sector Wide Approach?

Yes	No

2.1. If «Yes,» in which development plans is policy support for HIV and AIDS integrated?

a) National Development Plans:

- Strategic Concept of Government Action to respond to HIV/AIDS spread for the period till 2011;
- Strategy of Demographic Development of Ukraine for 2006-2015 and the Action Plan to implement it till 2015;
- Government Program «Reproductive Health of the Nation for the Period till 2015,» which includes informational and educational activities on STI, contraception, reproduction health preservation, safe sexual behavior and STI prevention and treatment;
- Government Program «Overcoming Children's Homelessness and Lack of Care for 2006-2010,» which includes, among other activities, prevention of drug use among children from risk groups, including street children;
- «Comprehensive Program to Prevent Crime for 2007-2009,» which includes, among other activities, the scaling up and intensification of preventive and social rehabilitation efforts among the underage IDU and children from vulnerable groups (homeless, uncared-for, street children), as well as among individuals released from prisons, adult homeless people, etc.;
- Concept to Reform the System of Social Services, which encompasses key reform areas, such as development and introduction of quality standards of social services for different target groups, including people vulnerable to HIV; improvement of the quality control system for the provision of social services; development of the market of social services that can be provided by various organizations on a free and paid basis, etc. Currently the Plan for implementation of the Concept to Reform the System of Social Services for 2008-2012 is in the discussion and endorsement stage;
- Road map to scale up the universal access to HIV/AIDS prevention, treatment, care and support in Ukraine by 2010;

- Ukraine-EU Action Plan.

в) Common Country Assessment/United Nations Development Assistance Framework:

- Action Plan for the UNICEF programs in Ukraine for 2006-2010;
- Joint United Nations Teams on AIDS to support AIDS Response Activities in Ukraine in 2007-2010 pp.
- A two-year agreement on cooperation between the Ministry of Health of Ukraine and the European Bureau of the World Health Organization for 2006-2007;

c) Poverty Reduction Strategy Papers:

- Poverty Reduction Strategy and an annual Action Plan to implement it;

d) Sector Wide Approaches:

- trategy and policy of the partner Ukrainian ministries (Ministry of Defense, Ministry of Internal Affairs and the State Border Service of Ukraine) to foster adherence to healthy lifestyles among their personnel; to ensure intersectoral collaboration and joint action plans;
- Annual Action Plan to prevent HIV/AIDS at the Ministry of Defense of Ukraine;
- Annual Action Plan to prevent HIV/AIDS at the State Penitentiary Department of Ukraine;
- Annual Action Plan to prevent HIV/AIDS at the Ministry of Family, Youth and Sport of Ukraine;
- A sectoral program of the Ministry of Family, Youth and Sport of Ukraine «Development of Healthy Lifestyles among Children and Young People».

2.2. If «Yes,» which policy areas below are included in these development plans?

Palicy ANKA	*A) National Development Plans*	*B) Common Country Assessment/United Nations Development Assistance Framework*	*C) Poverty Reduction Strategy Papers*	*D) Sector Wide Approaches*	*E) Other*
HIV Prevention	X	X		X	
Treatment for opportunistic infections	X	X		X	
Antiretroviral therapy	X	X		X	
Care and support	X	X		X	
AIDS impact alleviation	X	X		X	
Reduction of gender inequalities as they relate to HIV prevention, treatment, care and/or support	X	X		X	
Reduction of income inequalities as they relate to HIV prevention/ treatment, care and/or support	X				
Reduction of stigma and discrimination	X	X		X	

Women's economic empowerment (e.g. access to credit, access to land, training)		X	X	X	
Other (write in)					

3. Has the country evaluated the impact of HIV and AIDS on its socio-economic development for planning purposes?

Yes	No

3.1. If «Yes,» to what extent has it informed resource allocation decisions?

Low					High
0	1	2	3	4	5

4. Does the country have a strategy/action framework for addressing HIV and AIDS issues among its national uniformed services, such as military, police, peacekeepers, prison staff, etc?

Yes	No

4.1. If «Yes,» which of the following programs have been implemented beyond the pilot stage to reach a significant proportion of one or more uniformed services?

Behavioral change communication	Yes	
Condom provision	Yes	
HIV testing and counselling	Yes	
STI services	Yes	
Treatment	Yes	
Care and support		No
Others (write in)		

What approach is being used for HIV testing and counseling? Is HIV testing voluntary or mandatory (e.g., at admittance to service)? Briefly explain:

Voluntary HIV testing is determined by the laws of Ukraine «On prevention of acquired immune deficiency syndrome (AIDS) and social protection of population»[3] (article 7) and «Basic Ukrainian legislation on health protection» №2891-XII as of 19.11.1992 (article 43). HIV testing is mandatory only for the donors of blood (or blood components) and other biological liquids, cells, tissues and human organs.

Also, according to the Ukrainian legislation (article 25 of the Labor Code of Ukraine and the law «On prevention of acquired immune deficiency syndrome (AIDS) and social protection of population»), employers are prohibited from performing a compulsory screening, i.e., HIV infection testing for the signing of labor contract, as well as from demanding documents, submission of which is not envisaged by the legislation, including personal information about general health and HIV status, from the job applicants. These laws also apply to service in the Armed Forces of Ukraine.

5. Has the country followed up on commitments towards universal access made during the High-Level AIDS Review in June 2006?

Yes	No

5.1. Has the National Strategic Plan/operational plan and national AIDS budget been revised accordingly?

Yes	No

5.2. Have the estimates of the size of the main target population sub-groups been updated?

Yes	No

5.3. Are there reliable estimates and projected future needs of the number of adults and children requiring antiretroviral therapy?

Estimates and projected needs	Estimates only	No

5.4. Is HIV and AIDS program coverage being monitored?

Yes	No

A) If «Yes,» is coverage monitored by sex (male, female)?

Yes	No

B) If «Yes,» is coverage monitored by population sub-groups?

Yes	No

If «Yes,» which population sub-groups?

IDU, FSW, MSM, young people, PLHIV, children, living with HIV, prisoners, military personnel

C) If «Yes,» is coverage monitored by geographical area?

Yes	No

If «Yes,» at which levels (provincial, district, other)?
Oblast (provincial) level

5.5. Has the country developed a plan to strengthen health systems, including infrastructure, human resources and capacities, and logistical systems to deliver drugs?

Yes	No

Overall, how would you rate strategy planning efforts in the HIV and AIDS programs in 2007 and in 2005?

2007

Poor										Good
0	1	2	3	4	5	6	7	8	9	10

2005

Poor										Good
0	1	2	3	4	5	6	7	8	9	10

■ *Comments on progress made since 2005:*

Starting from 2004, the National Program to Provide HIV Prevention, Support and Treatment to People Living with HIV/AIDS for 2004-2008 had been operating in Ukraine. In 2006-2007 the existing program was reviewed and updated taking into account the current epidemic development trends and availability of financial, material and other resources, as well as the efforts to ensure universal access to prevention, diagnostics, treatment, care and support services. In addition, the development of a new National Program for 2009-2012 has started.

Today, control over the HIV epidemic is an integral part of national social and economic development programs. Compared to 2003-2005, when HIV/AIDS problems were poorly reflected in the key social and economic development documents of the country, in 2006 this issue became one of the most strategically important ones.

During 2006-2007 a number of sectoral programs and special action plans to respond to the epidemic were developed.

Narrative section to Part A.I. Strategic Plan

Starting from 2004, the National Program to Provide HIV Prevention, Support and Treatment to People Living with HIV/AIDS for 2004-2008 had been operating in Ukraine. Taking into consideration that the HIV epidemic continued its rapid spread in Ukraine, in 2006-2007 the existing program was reviewed and updated taking into account the current epidemic development trends and availability of financial, material and other resources, as well as efforts to ensure universal access to prevention, diagnostics, treatment, care and support services. This review resulted in the approval of the Activities to Implement the National Program to Provide HIV Prevention, Support and Treatment to People Living with HIV/AIDS for 2008[69]. These activities, as well as the National Program as a whole, have a sectoral nature and involve several key implementing agencies:

- Ministry of Health of Ukraine
- Committee on Response to HIV/AIDS and Other Socially Dangerous Diseases
- Ministry of Family, Youth and Sport of Ukraine
- Ministry of Education and Science of Ukraine
- Ministry of Labor and Social Policy of Ukraine
- Ministry of Defense of Ukraine
- Ministry of Internal Affairs of Ukraine
- Security Service of Ukraine
- State Penitentiary Department of Ukraine
- State Committee of TV and Radio Broadcasting of Ukraine
- State Committee on Nationalities and Religion of Ukraine
- State Border Service of Ukraine.

In addition to these, the Council of Ministers of the Autonomous Republic of Crimea, oblast administrations, the Kyiv and Sevastopol City public administrations, civil society organizations, employers, trade unions, and scientific and research institutions are also involved in the implementation of this program.

The previous Action Plan that was included in the National Program to Provide HIV Prevention, Support and Treatment to People Living with HIV/AIDS for 2004-2008 had formal program goals and objectives and included some activities to monitor and evaluate the national epidemic response. Activities to implement the existing National Program were funded partially from the State Budget, partially at the expense of other programs and budgets of the central executive power bodies, and partially from local budgets, but mostly at the expense of donor-provided funds.

The reviewed and updated Action Plan for the implementation of the National Program to Provide HIV Prevention, Support and Treatment to People Living with HIV/AIDS for 2008 has a detailed budget. It is planned that in 2008 the Program activities would be funded from different sources, namely, from the State Budget, the World Bank loan, the Global Fund to Fight AIDS, TB and Malaria grant, local budgets, donor funds, etc.

Also, work has started on developing a new National Program for 2009-2012. A multisectoral working group is being created that would involve key implementing agencies of the existing National Program and international and civil society organizations. These activities will be coordinated by the Ministry of Health of Ukraine, the Committee to Respond to HIV/AIDS and Other Socially Dangerous Diseases, UNAIDS and UNDP.

Key target groups included in the existing National Program include: children, young people, adults, uniformed services personnel, HIV vulnerable groups (injecting drug users, female sex

[69] Resolution of the Cabinet of Ministers of Ukraine №1321 of 08.11.2007 «On Making Changes to the Resolution of the Cabinet of Ministers of Ukraine №264of March 4, 2004»

workers, men having sex with men, prisoners, etc.), people living with HIV/AIDS and others.

While developing the existing Program, no special evaluation to determine the target groups was performed. Contrary to this, when the activities for the National Program for 2008 were developed, the HIV vulnerable groups were determined on the basis of evaluation of the numbers of the groups that faced higher risk of HIV infection. This evaluation was performed in Ukraine in 2005[70]. Additionally, the program planners used forecast data on the population of HIV vulnerable groups, as well as on the number of people living with HIV infection and AIDS, that were calculated in 2004-2005 during the assessment of the social and economic impact of HIV/AIDS epidemic in Ukraine for the period up to 2014.[71]

It is noteworthy that the existing National Program was developed with the participation of key external partners, namely UN agencies and international organizations operating in Ukraine, and their programs are generally aligned with it. However, taking into account that the National Program that was developed back in 2003 ceased to correspond to current realities, most external partners were implementing their own programs, taking into consideration the current epidemiological situation with HIV infection in Ukraine. These programs partially corresponded to the existing program. Today, with the efforts to introduce the new National Program for 2008 reviewed, they are aligned with key international partners.

Control over the HIV epidemic is an integral part of the national social and economic development programs. Compared to 2003-2005, when HIV/AIDS problems were poorly reflected in the country's key social and economic development documents, in 2006 this issue became one of the most strategically important ones. HIV/AIDS, as a key problem demanding solution, is included in the following Ukraine development documents:

- Strategic Concept of Government Action to respond to HIV/AIDS spread for the period till 2011;
- Strategy of Demographic Development of Ukraine for 2006-2015 and the Action Plan to implement it till 2015;
- Poverty Reduction Strategy and Annual Action Plan to implement it;
- Government Program «Reproductive Health of the Nation for the Period till 2015,» which includes informational and educational activities on STI, contraception, reproduction health preservation, safe sexual behavior and STI prevention and treatment;
- Government Program «Overcoming Children's Homelessness and Lack of Care for 2006-2010,» which includes, among other activities, prevention of drug use among children from risk groups, including street children;
- «Comprehensive Program to Prevent Crimes for 2007-2009,» which includes, among other activities, the scaling up and intensification of preventive and social rehabilitation efforts among underage IDU and children from vulnerable groups (homeless, uncared-for, street children), as well as among individuals released from prisons, adult homeless people, etc.;
- Concept to Reform the System of Social Services, which encompasses key reform areas, such as development and introduction of quality standards of social services for different target groups, including people vulnerable to HIV; improvement of the quality control system for the provision of social services; development of a market for social services that can be provided by various organizations on a free and paid basis, etc. Currently the Plan for implementation of the Concept to Reform the System of Social Services for 2008-2012 is in the discussion and endorsement stage;

[70] Analytical Report by the Results of the sociological research «Evaluation of the Population of the Groups that Face Higher Risk of HIV Infection in Ukraine,» Balakireva O.M. (editor), Husak L.M., Dovbakh G.V. et al. – K.: ICF International HIV/AIDS Alliance in Ukraine, 2006. – p.28.

[71] Social and Economic Impact of HIV/AIDS in Ukraine. – ICF International HIV/AIDS Alliance in Ukraine, the World Bank, 2005 – p.113.

- Road map to scale up the universal access to HIV/AIDS prevention, treatment, care and support in Ukraine by 2010;
- Ukraine-EU Action Plan;
- Action Plan for UNICEF programs in Ukraine for 2006-2010;
- Joint United Nations Teams on AIDS to support AIDS Response Activities in Ukraine in 2007-2010 pp.
- A two-year agreement on cooperation between the Ministry of Health of Ukraine and the European Bureau of the World Health Organization for 2006-2007;

Additionally, during 2006-2007 a number of sectoral programs and special action plans to respond to the epidemic were developed:

- In 2007, within a joint project of the United Nations Development Program in Ukraine and UNFPA, with financial support from the European Union, the intersectoral working group that includes representatives of the central offices and higher educational institutions of the Ministry of Defense, the Ministry of Internal Affairs and the State Border Service of Ukraine, has developed a strategy and policy for partner Ukrainian ministries to foster adherence to healthy lifestyles among their personnel; to ensure intersectoral collaboration, joint action plans and sectoral regulatory documents.
- A sectoral program of the Ministry of Family, Youth and Sport of Ukraine «Development of Healthy Lifestyles among Children and Young People» was developed and started activities in 2007; the program focuses on activities to prevent HIV infection and provide care and support to people living with HIV/AIDS, etc.

The increased capacity of the healthcare system of Ukraine has been reflected in a range of documents (orders of the Ministry of Health of Ukraine):

- Order of the MoH of Ukraine №197 of 19.04.07 «On approval of the Comprehensive Plan to expand the access of people living with HIV/AIDS in Ukraine to diagnostics and treatment»;
- Order of the MoH of Ukraine №179 of 11.04.07 «On approval of the Comprehensive Plan of activities to expand rapid HIV testing in Ukraine for 2007-2008» (training of counselors, development and introduction of training curricula on VCT for students of higher medical educational institutions and post-graduate education);
- Order of the MOH of Ukraine №446 of 27.06.06 p. «On approval of the standard provision on «Trust Rooms» (drop-in centers);
- Order of the MOH of Ukraine №539 of 04.08.06 «On the organization of work of family planning services and reproductive health care in Ukraine» (on the creation of adequate conditions for HIV infected patients to perform their reproductive functions and family planning»;
- Order of the MOH of Ukraine №846 of 20.12.06 «On measures to organize HIV/AIDS prevention and substitution maintenance therapy for injecting drug users»;
- Order of the MOH of Ukraine №241 of 15.05.07 «On creation of a Pediatric Clinic for Children Living with HIV/AIDS at the specialized pediatric hospital Ohmatdyt».

In addition to the increased capacity of the health care system, the country is undertaking measures to improve the operation of specialized social facilities that provide HIV prevention services:

- The network of specialized social service facilities for specific target groups is expanding. The network of Centers for Social Services is operating within the framework of the Ministry of Family, Youth and Sport of Ukraine. By 27.09.2007 these Centers for

Social Services established and put into operation 15 social hostels for young people aged 15-23 years; 11 social centers for mothers and children (aged from birth to 18 months) who found themselves in the complicated living conditions; 6 centers for HIV infected children and young people. Besides, the Centers for Social Services are hosting a network of specialized services to work with injecting drug users. Today 215 services are working in the network in all regions of Ukraine. A portion of these services have been created with funding from the State Budget in 2006. The Ministry of Family, Youth and Sport has a network of 96 regional shelters for minors, and a network for re-socialization of drug-addicted young people «Tvoya Peremoha» (Your Victory) (by August 1, 2007).

- A single computer database on orphans and children deprived of parental care has been established. By July 2007 this database included data on 47,212 children from groups with a higher risk of HIV infection, that is, children who found themselves in the complicated life circumstances.
- In 2007 they began to transform the shelters for homeless and uncared-for children, including street children, into centers for social and psychological rehabilitation.
- Since 2007 a network of social protection facilities has been operating within the framework of the Ministry of Labor and Social Policy of Ukraine to provide services to homeless people and people released from prisons; these facilities provide counseling, social and health services related to HIV/STI prevention, etc.

Representatives of governmental institutions pointed out that civil society was not fully involved in the development of the National Action Plan and prevention, treatment, care and support programs. All-Ukrainian organizations and the Network of People Living with HIV were the most active participants in the development of these documents. At the same time, trade unions and organizations of vulnerable groups were not sufficiently involved. Also, taking into account that civil society organizations are weak and insufficiently active in some regions of Ukraine, they did not take part in the discussion of the National Action Plan at the regional level.

NGO representatives who participated in the survey for the development of the National Composite Policy Index pointed out that, in general, civil society was playing a somewhat increased role in the planning and implementation of prevention, treatment, care and support programs at the national level, and that government institutions expressed a certain commitment to work with NGOs. However, regional and local non-governmental organizations are not adequately mobilized and active and need an essential build-up of their capacity. The respondents think that there were certain obstacles to a more active participation of NGOs in the provision of HIV/AIDS-related services and their scaling up, due to the lack of personal commitment on the part of the Head of the National Council on TB and HIV/AIDS and of deputy ministers of the sectoral ministries. There was also a lack of the governmental assignment (to delegate provision of some services related to HIV/AIDS from the governmental institutions to the NGOs), and, respectively, a lack of state funding for services provided by the non-governmental sector.

II. POLITICAL SUPPORT

Strong political support includes:

- government and political leaders who speak out often about AIDS and regularly chair important meetings,
- allocation of national budgets to support AIDS programs, and
- effective use of government and civil society organizations and processes to support effective AIDS programs.

1. Do high officials speak publicly and favorably about AIDS efforts in major domestic fora at least twice a year?

President/Head of government	Yes	No
Other high officials	Yes	No
Other officials in regions and/or districts	Yes	No

2. Does the country have an officially recognized national multisectoral AIDS management/ coordination body? (National AIDS Council or equivalent)?

Yes	No

If «No,» briefly explain:

2.1. If «Yes,» when was it created? Year: 2005 *

In 1999, in order to coordinate HIV/AIDS response activities, a standing body – the National Coordinating Council to Prevent AIDS – was established at the Cabinet of Ministers of Ukraine (resolution of the Cabinet of Ministers of Ukraine № 1492 as of 13.08.1999). This council was dismissed and since 2001 HIV/AIDS response activities were actually coordinated by the Government Commission on HIV/AIDS Prevention (resolution of the Cabinet of Ministers of Ukraine № 116 as of 07.02.200), which was consequently reorganized into the Government Commission on HIV/AIDS Response (resolution of the Cabinet of Ministers of Ukraine № 1401 as of 26.10.200). This commission was headed by the Vice Prime Minister of Ukraine and worked on the basis of regular meetings. The situation with the composition of the coordinating body in the area of HIV, and the system of its operation, was essentially changed under the influence of introduction of the 'Three Ones' in Ukraine (one agreed action framework, one national AIDS coordinating authority, one agreed country-level monitoring and evaluation system), and in 2005 the National Coordinating Council to Prevent the Spread of HIV/AIDS was established, which by its name and objectives was similar to the Council of 1999, but was more open and met current democratic principles by its composition principles, system of operation development and decision-making procedures.

2.2. If «Yes,» who is the Chair? Write in name and title/function:

Vice Prime Minister of Ukraine. Before the elections to Verkhovna Rada (Parliament) of Ukraine and changes in the Cabinet of Ministers of Ukraine (November-December 2007) this position was held by Dmytro Volodymyrovych Tabachnyk, Vice Prime Minister of Ukraine on Humanitarian Issues.

If «Yes,» does it:

Have terms of reference?	Yes	No
Have active Government leadership and participation?	Yes*	No*
Have a defined membership? Include civil society representatives? If «Yes,» what percentage? (write in): 45% of the total composition Include people living with HIV? Include the private sector?	Yes Yes Yes Yes	No No No No
Have an action plan?	Yes*	No*
Have a functional Secretariat?	Yes*	No*
Meet at least quarterly?	Yes	No
Review actions on policy decisions regularly?	Yes	No
Actively promote policy decisions?	Yes	No
Provide opportunity for civil society to influence decision-making?	Yes	No
Strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?	Yes	No

* the National Coordinating Council to Prevent the Spread of HIV/AIDS (NCC) worked from May 2005 till July 2007 and was then dismissed by the Resolution of the Cabinet of Ministers of Ukraine № 926 of July 11, 2007. Due to the general political situation in the country (elections process, selection of a new composition of the Cabinet of Ministers of Ukraine), the NCC was not fully functional in 2006-2007; the meetings were held infrequently; participation of certain top officials in the meeting was irregular and so its influence on policy-making was insignificant. During 2006 the secretariat of NCC was working, and in 2007 it was not.

Currently the process of reorganization of the National Coordinating Council to Prevent the Spread of HIV/AIDS activities is under way; the Provisions on NCC have been approved; but changes to the internal procedural documents that regulate the procedures for the Council's operation and that plan its meetings have not yet been made, and the distribution of the Council's functions between the committees has not been made, their composition has not been renewed, etc.

3. Does the country have a national AIDS body or other mechanism that promotes interaction between government, people living with HIV, civil society and the private sector for implementing HIV and AIDS strategies/ programs?

Yes	No

3.1. **If «Yes,»** does it include:

Terms of reference	Yes	No
Defined membership	Yes	No
Action plan	Yes	No
Functional Secretariat	Yes	No
Regular meetings	Yes	No
	Frequency of meetings: When needed	

If «Yes,» what are the main achievements?

In 2006, in order to improve management, coordination and monitoring of programs working in the HIV/AIDS area, the Cabinet of Ministers of Ukraine issued a resolution to establish a new governmental body under the Ministry of Health of Ukraine – the Committee on Response to HIV/AIDS and Other Socially Dangerous Diseases.

The Provisions on the Committee determine the range of its authorities and its composition. It is planned to create a National HIV epidemic response Monitoring and Evaluation Unit.

The Committee coordinated a review and improvement of the Action Plan to implement the National Program to Provide HIV Prevention, Support and Treatment to People Living with HIV/AIDS for 2008.

Also, the Committee on Response to HIV/AIDS and Other Socially Dangerous Diseases is coordinating efforts to develop a new National Program for the period 2009-2013 in partnership with UNAIDS and the United Nations Development Program.

If «Yes,» what are the main challenges for the work of this body?

It is understaffed and does not have its own premises; there is an insufficient level of professional HIV/AIDS-related knowledge.

4. What percentage of the national HIV and AIDS budget was spent on activities implemented by civil society in the past year? Percentage: approximately 1%

5. What kind of support does the NAC (or equivalent) provide to the national program's implementing partners, particularly to civil society organizations?

Information on priority needs and services	Yes	No
Technical guidance/materials	Yes	No
Drugs/supplies procurement and distribution	Yes	No
Coordination with other implementing partners	Yes	No
Capacity-building	Yes	No
Other (write in)	Yes	No

6. Has the country reviewed national policies and legislation to determine which, if any, are inconsistent with the National AIDS Control policies?

Yes	No

6.1. If «Yes,» were policies and legislation amended to be consistent with the National AIDS Control policies?

Yes	No

6.2. If «Yes,» which policies and legislation were amended and when?

Policy/Law:	***Year:***
1. Action Plan to implement the National Program to Provide HIV Prevention, Support and Treatment to People Living with HIV/AIDS for 2008	2007
2. Law of Ukraine «On the State Budget of Ukraine for 2007»	2006
3. Draft Law of Ukraine «On the State Budget of Ukraine for 2008»	2007
4. Concept to Reform the System of Social Services that encompasses such key reform areas as development and introduction of quality standards for social services provided to different target groups, including people vulnerable to HIV, improvement of the quality control system and introduction of the quality management system for the provision of social services; development of market for social services that can be provided by different organizations on a free or paid basis, etc. Currently the Plan to implement the Concept to Reform the System of Social Services for 2008-2012 is in the discussion and approval stage.	2006
5. Strategy of Demographic Development of Ukraine for 2006-2015 and the Action Plan to implement it till 2015;	2006
6. Government Program «Reproductive Health of the Nation for the Period till 2015,» which includes informational and educational activities on STI, contraception, reproductive health preservation, safe sexual behavior and STI prevention and treatment	2006
7. Government Program «Overcoming Child Homelessness and Lack of Care for 2006-2010,» which includes, among other activities, prevention of drug use among children from risk groups, including street children	2006
8. «Comprehensive Program to Prevent Crime for 2007-2009,» which includes, among other activities, the scaling up and intensification of preventive and social rehabilitation efforts among underage IDU and children from vulnerable groups (homeless, uncared-for, street children), as well as among individuals released from prisons, adult homeless people, etc.	2007
9. Road map to scale up the universal access to HIV/AIDS prevention, treatment, care and support in Ukraine by 2010.	2006

Overall, how would you rate strategy planning efforts in HIV and AIDS programs in 2007 and in 2005?

2007

Poor										***Good***
0	1	2	3	4	5	6	7	8	9	10

2005

Poor										Good
0	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**

■ *Comments on progress made since 2005:*

In 2006, in order to improve management, coordination and monitoring of programs working in the HIV/AIDS area, the Cabinet of Ministers of Ukraine issued a resolution to establish a new governmental body under the Ministry of Health of Ukraine – the Committee on Response to HIV/AIDS and Other Socially Dangerous Diseases.

The President of Ukraine issued a Decree №1208/2007 as of 12.12.07 «On additional urgent measures to respond to HIV/AIDS in Ukraine,» which named specific responsible institutions and priority activities to reduce the rate of the spread of HIV infection and AIDS-related morbidity and mortality in Ukraine.

◆ Narrative part to Section A.II. Political Support

During the reporting period of 2006-2007 some progress was observed in the political support for HIV response in Ukraine. In the first place, this is reflected in the following:

- The Decree №1208/2007 of the President of Ukraine as of 12.12.07 «On additional urgent measures to respond to HIV/AIDS in Ukraine» has determined the establishment of the Coordinating Council on HIV/AIDS, TV and Drug Use Problems as an advisory body to the President of Ukraine, and facilitated the renewal of activities of the National Council on Response to Tuberculosis and HIV/AIDS. The National Coordinating Council on Response to HIV/AIDS operated in Ukraine from May 2005 till July 2007 and was dismissed by the Resolution of the Cabinet of Ministers of Ukraine №926 as of July 11, 2007 simultaneously with the Intersectoral Commission to Combat Tuberculosis and the Supervisory Council on Implementation of the Joint World Bank Project «Control over Tuberculosis and HIV/AIDS in Ukraine.» The dissolution of the above organizations is explained by the fact that the issues of their competence were, in fact, vested in the National Council on Response to Tuberculosis and HIV/AIDS, which was established by the same resolution of the Cabinet of Ministers of Ukraine. The Provisions on the National Council stipulate that one of its objectives is to ensure the aligned activities of the ministries, other central and local executive power bodies, local governments, and international and civil society organizations, including those of people living with tuberculosis and HIV/AIDS, representatives of the business sector, trade unions and

employers' associations, and faith-based organizations, in order to implement TV and HIV/AIDS response projects on the national level. According to the Provisions, the Council is headed by the Vice-Prime-Minister of Ukraine on humanitarian issues, who has two deputies, one of whom is a representative of organizations of people living with HIV. In 2005 the NCC had 17 members; in 2007 (before the dissolution of the National Council) it had 20 members, including 9 people who represented the executive power and 2 members of the Parliament of Ukraine. There were 9 representatives of the non-governmental sector in the NCC, including representatives of the All-Ukrainian Network of People Living with HIV (one of them was deputy chairman of the Council), the Coalition of HIV Servicing Organizations, the UN Country Office in Ukraine, the World Bank, the Academy to Promote Education, the International HIV/AIDS Institute, the United States Agency for International Development, and the business sector. On November 22, 2007 a new composition of the National Council on Response to Tuberculosis and HIV/AIDS was approved. Unfortunately, during 2006-2007, the National Council was not fully functional and the meetings were convened infrequently, so its influence on policy-making was insignificant.

- In 2006, in order to improve management, coordination and monitoring of programs working in the HIV/AIDS area, the Cabinet of Ministers of Ukraine issued a resolution to establish a new governmental body under the Ministry of Health of Ukraine – the Committee on Response to HIV/AIDS and Other Socially Dangerous Diseases.
- In 2006, the State Budget allocated UAH 9 million to local budgets to create new units to provide social services to injecting drug users and members of their families, as well as to conduct informational and educational activities on prevention of drug use and HIV/AIDS by the governmental Centers for Social Services for Families, Children and Youth (Resolution of the Cabinet of Ministers of Ukraine №318 «On approval of procedures for the use of the State Budget subventions to the local budgets for the provision of social services to injecting drug users and members of their families»).
- Criminal responsibility for prostitution was officially repealed and this helped to scale up prevention programs among FSW.
- On December 4, 2007 an Extended Meeting on an efficient response to HIV/AIDS in Ukraine was held, chaired by the President Victor Yushchenko. The meeting identified key problem areas to be tackled, and ways to resolve them were determined. The meeting was initiated by the ICF International HIV/AIDS Alliance in Ukraine, All-Ukrainian Network of People, Living with HIV, and other partner organizations.
- The outputs of the meeting included:
- On December 12, 2007 the President of Ukraine issued the Decree №1208/2007 «On additional urgent measures to respond to HIV/AIDS in Ukraine,» which determine specific responsible institutions and priority activities to reduce the rate of HIV spread and AIDS-related morbidity and mortality in the country;
- The Drugs Control Committee, upon the preliminary approval of the Security Service of Ukraine, issued a certificate for import to Ukraine of the medicinal drug methadone which is expected to stimulate a crucial scaling up of substitution maintenance therapy in 2008.

Despite the apparent success achieved by the country in the political support to the response to the HIV epidemic, the representatives of both governmental and non-governmental organizations who participated in the survey for the development of the National Composite Policy

Index pointed out that there was still a lack of political commitment among the Ukrainian policy-makers and government decision-making officials, and this leads to a number of obstacles:

- lack of systemic approaches and comprehensiveness in the national epidemic response;
- insufficient public funding of programs aimed at prevention, treatment, care and support related to HIV/AIDS;
- inoperative National Council on Response to TV and HIV/AIDS;
- lack of a national monitoring and evaluation unit and a national database on the country's epidemic response;
- insufficient use of monitoring and evaluation data that exist in the country as strategic information for developing policy and programs.

III. PREVENTION

1. Does the country have a policy or strategy that promotes information, education and communication (IEC) on HIV to the general public?

Yes*	No*	N/A

Ukraine still lacks national policy and strategy for HIV/AIDS information and education campaigns for the general public. Despite this fact, certain government agencies and international and all-Ukrainian organizations do carry out information, education and communication (IEC) campaigns on HIV prevention, tolerant attitudes towards HIV infected and so on. Key drawbacks of such campaigns are as follows:

- IEC are not comprehensive – only individual campaign components are being utilized, like dissemination of audio, video and printed products and external advertisement. Additional IEC components, like special events, promo campaigns and interactive methods are not being used. Because of this IEC are not comprehensive, thus losing their effectiveness;
- IEC cover only oblast centers and large cities. Towns and rural areas remain uncovered. In addition, some oblasts (Western, Northern and Central Ukraine oblasts) are not involved in these campaigns at all;
- IEC materials are dominated by video and audio materials placed at national and regional TV and radio channels. Little attention is given to printed materials and their publication in small towns and rural areas;
- Some IEC materials have restricted period of dissemination; that is, they remain unnoticed by the majority of the population, which quickly forgets about them;
- Sometimes several IEC campaigns are launched simultaneously. This makes it difficult to perceive key IEC messages, causing «cognitive discord» in target populations, bringing them too much additional information. In addition, it is often impossible to evaluate the effectiveness of such campaigns because of their «overlapping» impact.

1.1. If «Yes,» what key messages are explicitly promoted?

- Check for key message explicitly promoted

Be sexually abstinent	
Delay sexual debut	
Be faithful	x
Reduce the number of sexual partners	x
Use condoms consistently	x
Engage in safe(r) sex	x
Avoid commercial sex	
Abstain from injecting drugs	x
Use clean needles and syringes	x
Fight against violence against women	
Greater acceptance and involvement of people living with HIV	x
Greater involvement of men in reproductive health programs	
Other (write in)	

1.2. In the last year did the country implement an activity or program to promote accurate reporting on HIV by the media?

Yes	No

2. Does the country have a policy or strategy promoting HIV-related reproductive and sexual health education for young people?

Yes	No

2.1. Is HIV education part of the curriculum in:

Primary schools?	Yes	No
Secondary schools?	Yes	No
Teacher training?	Yes	No

2.2. Does the strategy/curriculum provide the same reproductive and sexual health education for young men and young women?

Yes	No

2.3. Does the country have an HIV education strategy for out-of-school young people?

Yes	No

3. Does the country have a policy or strategy to promote information, education and communication and other preventive health interventions for vulnerable sub-populations?

Yes	No

If «No,» briefly explain:

3.1. **If «Yes,»** which sub-populations and what elements of HIV prevention do the policy/strategy address?

- Check for policy/strategy included

	IDU	*MSM*	*CSW*[4]	*Clients of CSW*	*Prison inmates*	*Other sub-populations (write in) Uniformed personnel (military servicemen, law enforcement officers)*
Targeted information on risk reduction and HIV education	x	x	x		x	x
Stigma and discrimination reduction	x	x			x	x
Condom promotion	x	x	x		x	x
HIV testing and counseling	x	x	x		x	x
Reproductive health, including STI prevention and treatment	x	x	x		x	x
Vulnerability reduction (e.g. income generation)	N/A	N/A		N/A	N/A	N/A
Drug substitution therapy	x	N/A	N/A	N/A	N/A	N/A
Needle and syringe exchange	x	N/A	N/A	N/A	N/A	N/A

Overall, how would you rate policy efforts in support of HIV prevention in 2007 and in 2005?

2007

Poor										*Good*
0	1	2	3	4	5	6	7	8	9	10

2005

Poor										*Good*
0	1	2	3	4	5	6	7	8	9	10

■ *Comments on progress made since 2005*

Achievements in prevention efforts in Ukraine since 2005 are as follows:

- Legislative abolition of criminal liability for prostitution, which made it possible to scale up prevention programs for FSW.
- HIV/AIDS education and prevention courses were included in curricula for 1-9 grades of general education schools with a 12-year schooling period; the special integrated mandatory course «Basics of Health» was introduced; methodological documents for this educational course were developed; teachers are being trained to teach «Basics of Health.» To ensure adequate teaching by trained teachers, oblast pedagogical institutes for post-graduate education provide relevant courses. The Central Institute of Post-Graduate Pedagogical Education of Ukraine developed training and methodological materials to train teachers (curricula, programs, manuals, handouts). These materials are used in the educational process.
- During 2006-2007 the Ministry of Family, Youth and Sport of Ukraine, in cooperation with other state executive bodies, NGOs and international partners, developed, tested and approved sectoral quality standards for social services for HIV-infected children and their immediate environment; social and medical services for adolescents and young people on HIV/STI prevention; and social services for psychoactive substance users (including injecting drug users) and their immediate environment. These standards are ready for implementation in 2008.
- In order to train specialists in prevention work in military units (heads of units' medical services, and second-in-command officers on humanitarian issues), the Ministry of Defense of Ukraine developed and implemented special HIV/AIDS and healthy lifestyle courses in the curricula of military and medical as well as social and psychological training courses. Humanitarian education curricula for uniformed conscript personnel now include specialized mandatory classes on prevention of HIV/AIDS, drug abuse, healthy lifestyles, safe behavior and so on. Within the project «Prevention of HIV and Sexually Transmitted Infections among Servicemen of the Armed Forces of Ukraine and Personnel of Law Enforcement Agencies of Ukraine,» which is jointly implemented by the United Nations Development Program in Ukraine and United Nations Population Fund with financial support from the European Union, a number of information and

prevention activities are being carried out for uniformed services personnel, including training sessions, dissemination of IEC materials, condom distribution, etc.

4. Has the country identified the districts (or equivalent geographical/decentralized level) in need of HIV prevention programs?

Yes	No

If «No,» how are HIV prevention programs being scaled-up?

If «Yes,» to what extent have the following HIV prevention programs been implemented in identified districts in need (districts or equivalent geographical/decentralized levels in urban and rural areas)?

- Check the relevant implementation level for each activity or indicate N/A if not applicable

HIV prevention programs	***The activity is available in***		
	All districts in need	***Most districts in need***	***Some districts in need***
Blood safety	x		
Universal precautions in health care settings	x		
Prevention of mother-to-child transmission of HIV	x		
IEC on risk reduction		x	
IEC on stigma and discrimination reduction		x	
Condom promotion	x		
HIV testing and counseling		x	
Harm reduction for injecting drug users		x	
Risk reduction for men who have sex with men			x
Risk reduction for sex workers			x
Programs for other most-at-risk populations			x
Reproductive health services including STI prevention and treatment		x	
School-based AIDS education for young people	x		
Programs for out-of-school young people			x
HIV prevention in the workplace			x
Other programs (write in) Harm reduction for prison inmates			x

Overall, how would you rate the efforts in the implementation of HIV prevention programs in 2007 and in 2005?

2007

Poor										Good
0	1	2	3	4	**5**	6	7	8	9	10

2005

Poor										Good
0	1	2	3	**4**	5	6	7	8	9	10

■ *Comments on progress made since 2005:*

HIV/AIDS prevention is considered one of key areas of the National Program to Respond to HIV/AIDS. It should be noted that over 70% of all efforts to prevent HIV envisaged by the National Program were implemented in 2006-2007 by the ICF International HIV/AIDS Alliance in Ukraine in partnership with governmental and non-governmental organizations. These efforts were generally funded through the Program «Overcoming HIV/AIDS Epidemic in Ukraine» of the Global Fund to Fight AIDS, Tuberculosis and Malaria (March 2004 – September 2008) and «Scaling up the National Response to HIV/AIDS through Information and Service» (SUNRISE project of the United States Agency for International Development (USAID)) (August 2004 – August 2009).

In comparison to 2003-2005, one can observe progress in certain areas, but the complete range of HIV/AIDS prevention services in Ukraine is being implemented rather slowly (sometimes because of current legislative norms, sometimes because of inconsistency of policies of different ministries).

Narrative section to Parts A.III. and B.III. Prevention

Achievements in the area of prevention are as follows:

- Legislative abolition of criminal liability for prostitution, which made it possible to scale up prevention programs for FSW.

Achievements in the area of prevention in Ukraine are as follows:

- Provision of 100% donor blood screening for HIV;
- HIV testing is free and voluntary.
- Significant reduction of mother-to-child transmission of HIV. At the national level HIV testing was introduced for all pregnant women (two tests during pregnancy). As of December 2007, 6,473 HIV-infected pregnant women received ARV therapy to prevent mother-to-child transmission.
- Focused prevention among most-at-risk populations is expanding. As of November 2007, harm reduction services, HIV-related information, counseling and testing for representatives of vulnerable groups are available in 22 oblasts of Ukraine. Prevention programs reached over 131 thousand IDUs and 42 thosand prison inmates. Still few in

number are prevention programs aimed at female sex workers and men who have sex with men. However, programs planned within the grant of Round 6 of the Global Fund to Fight AIDS, Tuberculosis and Malaria, given to Ukraine, will make it possible to scale up these programs.

- HIV/AIDS education and prevention courses were included in curricula for 1-9 grades of general education schools with a 12-year academic period; the special integrated mandatory course «Basics of Health» was introduced; methodological documents for this educational course were developed; teachers are being trained to teach «Basics of Health.» To ensure adequate teaching by trained teachers, oblast pedagogical institutes of post-graduate education provide relevant courses. The Central Institute of Post-Graduate Pedagogical Education of Ukraine developed training and methodological materials to train teachers (curricula, programs, manuals, handouts)[72]. These materials are used in the educational process.
- Centers of social services for family, children and youth, AIDS resource and knowledge hubs and non-governmental organizations conduct informational and educational work with out-of-school children. These activities include training, drama performances, different thematic competitions, promo actions, shows and peer education.
- Focused prevention among most-at-risk populations is expanding. As of November 2007, harm reduction services, HIV-related information, counseling and testing for representatives of vulnerable groups are available in 22 oblasts of Ukraine. Prevention programs reached over 131 thousand IDUs and 42 thosand prison inmates. Still few in number are prevention programs aimed at female sex workers and men who have sex with men. However, programs, planned within the grant of Round 6 of the Global Fund to Fight AIDS, Tuberculosis and Malaria, given to Ukraine, will make it possible to scale up these programs.
- During 2006-2007 the Ministry of Family, Youth and Sport of Ukraine, in cooperation with other state executive bodies, NGOs and international partners, developed, tested and approved sectoral quality standards for social services for HIV-infected children and their immediate environment; social and medical services for adolescents and young people on HIV/STI prevention; and social services for psychoactive substance users (including injecting drug users) and their immediate environment. These standards are being made ready for implementation in 2008.
- In order to train specialists in prevention work in military units (heads of units' medical services, and second-in-command officers on humanitarian issues), the Ministry of Defense of Ukraine developed and implemented special HIV/AIDS and healthy lifestyle courses in the curricula of military and medical as well as social and psychological training courses. Humanitarian education curricula for uniformed conscript personnel now include specialized mandatory classes on prevention of HIV/AIDS, drug abuse, healthy lifestyles, safe behavior and so on. Within the project «Prevention of HIV and Sexually Transmitted Infections among Servicemen of the Armed Forces of Ukraine and Personnel of Law Enforcement Agencies of Ukraine,» which is jointly implemented by the United Nations Development Program in Ukraine and United Nations Population Fund with financial support from the European Union, a number of information and prevention activities are carried out for uniformed services personnel, including training, dissemination of IEC materials, condom distribution, etc.

[72] Information on the course of implementation of the National Program on HIV Prevention, Treatment and Support of HIV-infected and AIDS Patients for 2004-2008 in 2006.

Key obstacles to prevention in Ukraine include:

- The lack of universal access of all population groups to HIV testing because of the shortage of relevant medical facilities. Access to HIV testing is quite limited for prison inmates, residents of rural areas and small towns, remote military units, etc. In order to facilitate access of target populations to HIV counseling and testing services, stationary, mobile and street-side stations are used.
- The lack of a national strategy for HIV/AIDS information, and of education and communication campaigns for the general public. HIV-related IEC campaigns are being carried out in Ukraine; however, they are usually «singular,» localized, nondurable – they cover only certain regions and use only certain media outlets, lasting for a couple of months only. Considering this, the Decree of the President of Ukraine No. 1208/2007 «On additional urgent measures to respond to HIV/AIDS in Ukraine,» signed on December 12, 2007, focuses particular attention on the development ofa publicity campaign and ways of its realization.
- The lack of non-governmental organizations and specialists of different areas of expertise capable of providing high quality services to target populations and ensuring their coverage.
- Insufficient funding of prevention programs from the State Budget.
- Insufficient attention of the government towards prevention programs for children and youth and workplace programs.
- The absence of specialized programs to prevent HIV among such vulnerable populations as MSM and FSW. Today relevant prevention programs for such populations are implemented at the expense of the Global Fund and only in some regions of Ukraine. In addition, these groups in Ukraine are hard to reach by prevention because of intolerant social attitudes and of the extremely limited numbers of organizations representing these communities or of HIV-service organizations which work with them. Only a few organizations and initiative groups exist in this area.
- The lack of specialized programs for such vulnerable populations as street children and bridge populations (long-distance truck drivers, seamen, clients of commercial sex workers, etc.).

Representatives of both governmental and non-governmental organizations who participated in the preparation of the National Composite Policy Index emphasized that there was no major progress in the area of prevention, as compared to 2003-2005. Moreover, representatives of civil society pointed to a certain regress in comparison to 2005.

Key reasons for that include:

- The lack of personal commitment on HIV/AIDS among political leaders;
- A number of unsettled prevention-related issues at the government level;
- Non-systematic approaches to prevention; and
- Limited government funding, etc.

IV. TREATMENT, CARE AND SUPPORT

1. Does the country have a policy or strategy to promote comprehensive HIV treatment, care and support? (Comprehensive care includes, but is not limited to, treatment, HIV testing and counseling, psychosocial care, and home and community-based care).

Yes	No

1.1. If «Yes,» does it give sufficient attention to barriers for women, children and most-at-risk populations?

Yes	No

2. Has the country identified the districts (or equivalent geographical/decentralized level) in need of HIV and AIDS treatment, care and support services?

Yes	No

If «No,» how are HIV and AIDS treatment, care and support services being scaled-up?

If «Yes,» to what extent have the following HIV and AIDS treatment, care and support services been implemented in the identified districts (districts or equivalent geographical/decentralized levels in urban and rural areas)in need?

- Check the relevant implementation level for each activity or indicate N/A if not applicable

HIV and AIDS treatment, care and support services	***The service is available in***		
	All districts in need	***Most districts in need***	***Some districts in need***
Antiretroviral therapy		x	
Nutritional care			
Pediatric AIDS treatment	x		
Sexually transmitted infection management	x		
Psychosocial support for people living with HIV and their families		x	
Home-based care		x	
Palliative care and treatment of common HIV-related infections			x
HIV testing and counseling for TB patients	x		
TB screening for HIV-infected people	x		
TB preventive therapy for HIV-infected people	x		

TB infection control in HIV treatment and care facilities		x	
Cotrimoxazole prophylaxis in HIV-infected people	x		
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	x		
HIV treatment services in the workplace or treatment referral systems through the workplace			
HIV care and support in the workplace (including alternative working arrangements)			
Other programs (write in)			

3. Does the country have a policy for developing/using generic drugs or parallel importing of drugs for HIV?

Yes	No

4. Does the country have access to regional procurement and supply management mechanisms for critical commodities, such as antiretroviral drugs, condoms, and substitution drugs?

Yes	No

4.1. If «Yes,» for which commodities? (write in) condoms

5. Does the country have a policy or strategy to address the additional HIV or AIDS-related needs of orphans and other vulnerable children (OVC)?

Yes	No

5.1. If «Yes,» is there an operational definition for OVC in the country?

Yes	No

5.2. If «Yes,» does the country have a national action plan specifically for OVC?

Yes	No

5.3. If «Yes,» does the country have an estimate of OVC being reached by existing interventions?

Yes	No

If «Yes,» what percentage of OVC is being reached? _____

Overall, how would you rate the efforts to meet the needs of orphans and other vulnerable children?

2007

Poor										Good
0	1	2	3	4	5	6	7	8	9	10

2005

Poor										Good
0	1	2	3	4	5	6	7	8	9	10

■ *Comments on progress made since 2005:*

Ukraine does not have a policy or strategy specifically designed to address the additional HIV or AIDS-related needs of orphans and other vulnerable children (OVC).

However, Ukraine does have a national policy and adequate legislative basis aimed at fighting social orphanage, which envisages state protection and assistance to children, including those affected by HIV.

- The Law of Ukraine «On Protection of Childhood» (2001) defines such terms as «orphaned child,» «children deprived of parental care,» «disabled child,» «homeless children.» Article 29 of this Law concerns the state support of children affected by HIV and children with other incurable and serious diseases;
- The Law of Ukraine «On Provision of Organizational and Legal Conditions to Ensure Social Protection of Orphaned Children and Children Deprived of Parental Care» (2005);
- The Law of Ukraine «On Social Work with Children and Young People» (2001). In 2007 amendments regarding HIV-infected and orphaned children were introduced;
- The State Program «Overcoming Children's Homelessness and Neglect for 2006-2010» aims, among others, to prevent drug abuse among most-at-risk children, including street children.

In addition, in 2006 Ukraine established a single computer databank on orphans and children deprived of parental care. As of July 2007, this databank contained 47,212 entries forchildren representing most-at-risk groups (children in difficult life conditions).

Today Ukraine is carrying out an active campaign on the national adoption of orphaned children, including HIV-infected children: an information and education campaign is underway; relevant legal documents are being developed.

Despite the efforts of the government, Ukraine still faces the challenge of so-called «street children» – the group most vulnerable to HIV infection:

- Data on the size of this target group is missing;
- Key risk factors were not studies profoundly;
- There is a lack of prevention work with these children.

In 2006-2007 Ukraine started to prepare a national survey to study these issues. A special working group was established, consisting of representatives of international and all-Ukrainian NGOs, government agencies and research institutions, etc.

◆ Narrative section to Parts A.IV. and B. IV. Treatment, Care and Support

In comparison to 2003-2005, in the following areas one could observe progress in treatment, care and support of people living with HIV in 2006-2007:

- Significant expansion of ART services. As of November 2007, 1,993 patients are receiving ART at the expense of the state, while the Global Fund financing is used to treat 5,019 patients (for reference, in October 2005 only 159 HIV-infected individuals were receiving ART owing to state support, and 2,601 patients were supported by the Global Fund).
- The number of HIV-infected pregnant women receiving ART to prevent mother-to-child transmission is also increasing. Since the beginning of the Global Fund program, such therapy was provided to 6,473 women.
- The number of injecting drug users on substitution maintenance therapy is growing. As of November 2007, SMT was provided to 536 IDUs. Owing to the advocacy efforts of ICF International HIV/AIDS Alliance in Ukraine, the All-Ukrainian Network of People Living with HIV and other partners, the State Drug Control Committee, upon the preliminary approval of the Security Service of Ukraine (SBU), issued a certificate to import the medicinal narcotic drug methadone into Ukraine. This will stimulate a crucial scaling up of substitution maintenance therapy programs in 2008.
- The following documents were developed, approved and implemented:
- Protocol for Voluntary HIV Testing and Counseling (approved by the MoH Order No. 415 as of August 19, 2005);
- Clinical Protocol for Antiretroviral Treatment and Medical Observation for Children with HIV Infection (approved by the MoH Order No. 182 as of April 13, 2007);
- Clinical Protocol for Diagnostics and Treatment of opportunistic Infections and General Symptoms in HIV-infected Adults and Adolescents (approved by the MoH Order No. 182 as of April 13, 2007);
- Clinical Protocol on Provision of Palliative Support, Symptomatic and Pathogenic Therapy to People with HIV (approved by the MoH Order No. 368 as of July 3, 2007);
- Clinical Protocol for Antiretroviral Therapy of HIV Infection in Adults and Adolescents (approved by the MoH Order No. 658 as of October 4, 2006);
- Clinical Protocol for Treatment of Opportunistic Infections and HIV-associated Diseases in Children with HIV/AIDS (approved by the Moh Order No.182 as of April 13, 2007).
- According to the Ministry of Health of Ukraine Order No. 5 as of January 27, 2006, a Treatment Center for HIV-infected Children was established on the basis of the Ukrainian Children's Specialized Hospital «Okhmatdyt».
- An HIV/AIDS diagnostics reference laboratory was established at the Ukrainian AIDS Center (the Order of the MoH of Ukraine No. 230 as of April 17, 2006 «On the Establishment of Reference Laboratory to Diagnose HIV/AIDS at Ukrainian AIDS Center»).

- Owing to activities implemented within the framework of the Global Fund grant, access to treatment of opportunistic infections has also increased. Such OI include herpes, cytomegalovirus infection, bacterial infections, pneumocystic pneumonia and many others.
- Regional coverage of HIV-infected individuals and representatives of the most-at-risk populations with care and support services is growing. Such services are provided by both governmental (centers of social services for family, children and youth) and non-governmental organizations (All-Ukrainian Network of People Living with HIV, Ukrainian Red Cross Society). Key components of non-medication care and support include: follow up of mother-to-child prevention programs; centers of comprehensive assistance to HIV-infected children, PLWH and representatives of most-at-risk populations (community NGO centers, daycare centers for HIV-infected children); care and support of people in prisons; home-based care (medical and non-medical); social support for families with HIV-infected members, and so on.
- The network of specialized facilities to provide social services to individual target populations is being expanded. For example, the State Social Service for Family, Children and Youth at the Ministry of Family, Youth and Sport of Ukraine operates a network of social service centers. As of September 27, 2007 there were 15 social dormitories for young people aged 15-23 years; 11 social centers for mothers and children (aged from birth to 18 months) in difficult life conditions; 6 centers for HIV-infected children and young people were established and launched on the basis of these centers. Within the Ministry of Family, Youth and Sport of Ukraine there exists a network of 96 regional shelters for minors, as well as 44 centers for re-socialization of drug-dependent youth «Your Victory» (as of August 1, 2007).
- Since 2007 a network of facilities for social protection of homeless people and persons released from imprisonment has been operating within the Ministry of Labor and Social Policy of Ukraine. In these facilities people receive HIV/STI-related counseling, social and medical assistance, etc.
- With the support of UNICEF, the Ministry of Health of Ukraine, in cooperation with the Ministry on Family, Youth and Sport of Ukraine and the State Social Services for Family, Children and Youth, is developing a network of youth-friendly clinics where young people can receive counseling, social and medical assistance on reproductive health issues, sexually transmitted infections, HIV/AIDS and so on.

V. MONITORING AND EVALUATION

1. Does the country have one national Monitoring and Evaluation (M&E) plan?

Yes	Years covered: (write in)	In progress	No

1.1. **If «Yes,»** was the M&E plan endorsed by key partners in M&E?

Yes	No

1.2. **If «Yes,»** was the M&E plan developed in consultation with civil society, including people living with HIV?

Yes	No

1.3. **If «Yes,»**, have key partners aligned and harmonized their M&E requirements (including indicators) with the national M&E plan?

Yes, all partners	Yes, most partners	Yes, but only some partners	No

2. Does the Monitoring and Evaluation plan include:

A data collection and analysis strategy	Yes	No
Behavioral surveillance	Yes	No
HIV surveillance	Yes	No
A well-defined standardized set of indicators	Yes	No
Guidelines on tools for data collection	Yes	No
A strategy for assessing quality and accuracy of data	Yes	No
A data dissemination and use strategy	Yes	No

3. Is there a budget for the M&E plan?

Yes	Years covered: (write in)	In progress	No

3.1. **If «Yes,»** has funding been secured?

Yes	No

4. Is there a functional M&E Unit or Department?

Yes	In progress	No

If «No,» what are the main obstacles to establishing a functional M&E Unit/Department?

4.1. **If «Yes,»** is the M&E Unit/Department based:

In the NAC (or equivalent)?	Yes	No
In the Ministry of Health?	Yes	No
Elsewhere? (write in)	Yes	No

4.2. **If «Yes,»** how many and what type of permanent and temporary professional staff are working in the M&E Unit/Department?

Number of permanent staff:_____		
Position: (write in)	Full time / Part time	Since when?
1.		
2.		
3.		
4.		
5.		
Number of temporary staff:_____		

4.3. Are there mechanisms in place to ensure that all major implementing partners submit their M&E data/reports to the M&E Unit/Department for review and consideration in the country's national reports?

Yes	No

If «Yes,» does this mechanism work? What are the major challenges?

4.4. If «Yes,» to what degree do UN, bi-laterals, and other institutions share their M&E results?

Low High

0	1	2	3	4	5

5. Is there a M&E Committee or Working Group that meets regularly to coordinate M&E activities?

No	Yes, but meets irregularly	Yes, meets regularly

If «Yes,» date last meeting:26.12.07 p.

5.1. Does it include representation from civil society, including people living with HIV?

Yes	No

If «Yes,» describe the role of civil society representatives and people living with HIV in the working group?

Civil society representatives play very functional roles in the Working Group on M&E, namely:

- lobbying for the establishment of the National M&E Unit as a strategically important structure for PLH and NGO to ensure an efficient epidemic response;
- participate in the discussion of M&E plans and activities;
- participate in the discussion of draft documents, tool-kits and research results;
- participate in research planning, etc.

6. Does the M&E Unit/Department manage a central national database?

Yes	No

6.1. If «Yes,» what type is it? (write in)_____

6.2. If «Yes,» does it include information about the content, target populations and geographical coverage of programmatic activities, as well as their implementing organizations?

Yes	No

6.3. Is there a functional (regularly reporting data from health facilities which are aggregated at the district level and sent to the national level; and data are analysed and used at different levels) Health Information System?

National level	Yes
Sub-national level	Yes
If «Yes,» at what level(s)? (write in)	24 oblasts, Autonomous Republic of Crimea, cities of Sevastopol and Kyiv

6.4. Does the country publish at least once a year an M&E report on HIV, including HIV surveillance data?

Yes	No

7. To what extent is M&E data used in planning and implementation?

Low					High
0	1	2	3	4	5

What are examples of data use?

M&E data are generally used by non-governmental, international and donor organizations.

Key examples:

1) Evaluation data on the numbers of the vulnerable groups and forecast data, as well as information about their coverage and epidemiological and behavioral data, are used for the development of the country application to the Global Fund to Fight AIDS, Tuberculosis and Malaria for extended funding.

2) ICF International HIV/AIDS Alliance in Ukraine, as the Principal Recipient (PR) of the Global Fund grant move up, uses the M&E data to:

- expand its prevention programs, including ART, to all regions of Ukraine;
- distribute funds for prevention among vulnerable groups for different oblasts and regions of Ukraine;
- increase program coverage of the target groups;
- introduce new prevention programs;
- update the implementation of donor-funded programs, and so on.

3) Non-governmental organizations use epidemiological and behavioral data, information about coverage of target groups in the regions, and data on the population of the target groups in the regions, to develop new prevention programs at the regional level and tender proposals for the funding of such programs.

4) Governmental, international and donor organizations use the data on introduction of, and coverage by, the prevention of vertical transmission activities to establish new regimens for such prevention.

5) Governmental, international and donor organizations use the data on HIV diagnostics to introduce new generations of test kits for the blood donation system and HIV testing, etc.

What are the main challenges to data use?

In general, Ukraine collects much more information than it uses. This happens due to the following factors:

- lack of understanding among HIV/AIDS decision-making officials of the importance of M&E and use of its results;
- the practice of a comprehensive use of the M&E data for strategic planning of the country's epidemic response is not in place;
- lack of coordination between the M&E systems of individual organizations and institutions, which are directly dependent on the donor requirements, and the impossibility of comparing data;
- lack of certain statistical, evaluation or projection data (e.g., about the number of street children – who represent a high risk of HIV infection group, and so on).

8. In the last year, was training in M&E conducted

At national level	Yes	No

If «Yes,» number of individuals trained: 100 people* + 40 people ** + 50 people*** = 190 people

At sub-national level	Yes	No

If «Yes,» number of individuals trained: 300 people *

Including civil society	Yes	No

If «Yes,» number of individuals trained: 140 people *

* Results of the ICF International HIV/AIDS Alliance in Ukraine activities in 2006.

** Results of the All-Ukrainian Network of PLH activities at the training sessions on grant management in 2006.

*** Results of training for the employees of the Centers of Social Services for Family, Children and Youth in 2006, which was implemented by the State Social Service for Family, Children and Youth.

Overall, how would you rate the M&E efforts of the AIDS program in 2007 and in 2005?

2007

Poor										Good
0	1	2	3	4	5	6	7	8	9	10

2005

Poor										Good
0	1	2	3	4	5	6	7	8	9	10

■ *Comments on progress made since 2005:*

Key changes in the M&E area in Ukraine, compared to 2005, include:

- the size of most-at-risk groups of HIV infection (IDU, CSW, MCM) as well as number of people living with HIV/AIDS was determined;
- social and economic impact of HIV/AIDS epidemic in Ukraine till 2014 was evaluated[6];
- external assessment of the national HIV epidemic response was performed with the participation of over 30 international experts. The assessment was comprehensive in nature and covered the following key issues: coordination and management of National Program activities; intersectoral collaboration and institutionalization; prevention, diagnostics, treatment, care and support; monitoring and evaluation, and so on. The assessment results will help to develop the new National Program to Provide HIV/AIDS

Related Prevention, Treatment, Care and Support to People Living with HIV/AIDS, and to update technical assistance programs implemented by UN agencies, and the National Monitoring and Evaluation Plan;

- some Ukrainian ministries and institutions (e.g., the Ministry of Family, Youth and Sport, Ministry of Defense, Ministry of Education and Science, State Penitentiary Department of Ukraine) have recognized their responsible role in the development of the National M&E System, as well as the importance of using strategic data in their activities, training of experts, etc.
- oblast working groups on M&E or oblast M&E centers were created and are working in several regions of Ukraine;
- training is actively provided to the specialists at the national and regional levels.

◆ Narrative part to Section A.V. Monitoring and Evaluation[73]

There is still no National Monitoring and Evaluation Unit in Ukraine. In accordance with the goals and objectives of the Committee on Response to HIV/AIDS and Other Socially Dangerous Diseases, the M&E Unit is expected to be included into its composition. However, today an active process of establishment of the national M&E system is going on in Ukraine. This process involves all key stakeholders, i.e., key institutions responsible for data collection on the national and regional levels. Today the M&E system in Ukraine includes the following components:

- routine epidemiological surveillance based on the registration of HIV infection cases;
- sentinel surveillance of HIV spread in certain population groups;
- behavioral, special and operational research;
- sectoral statistical reporting, and so on.

An interim national plan for monitoring and evaluation of HIV/AIDS epidemic response activities for 2008 is being developed now. It will include the strategy for data collection and analysis, behavioral epidemiological surveillance, HIV epidemiological surveillance, a standardized set of indicators, a toolkit for their collection and the strategy for date dissemination and use.

However, despite the absence of the monitoring and evaluation unit, data collection on country level is being currently performed. Key institutions responsible for data collection at the national level include the Ministry of Health of Ukraine with its structural departments, the Ukrainian AIDS Prevention Center, etc. Besides, other stakeholders participate in the process of collection of data on the implementation of the national HIV response program:

<u>At the national level</u>

- key ministries;
- UNAIDS country office in Ukraine;
- ICF International HIV/AIDS Alliance in Ukraine;
- international and donor organizations;
- national NGOs that implement/coordinate prevention, care and support programs at the national level;

[73] The narrative part to this Section is based on the materials of Draft Interim National HIV/AIDS Monitoring and Evaluation Plan for 2007-2008, developed by the national experts.

- research institutions that are directly involved in conducting social studies aimed at gathering data for national indicators and special operational research for the UNGASS reporting.

At the regional (oblast level):

- Oblast State Administrations
- Oblast Coordinating Council on HIV/AIDS (OCC)
- Oblast Working Groups on M&E;
- Oblast M&E Units;
- Departments of Oblast State Administrations, which at the same time are Oblast Departments of sectoral ministries);
- Oblast AIDS Prevention Centers;
- Regional NGOs.

These activities are coordinated by the Working Group on HIV/AIDS Monitoring and Evaluation in Ukraine at the National Council on Response to TB and HIV/AIDS. It was created in April 2007 with the objective of ensuring technical support to the coordination of HIV/AIDS-related monitoring and evaluation plans and activities in order to develop a single national monitoring and evaluation system. Participants in the Working Group activities may include representatives of the authorities, institutions and organizations that are dealing with HIV/AIDS issues in Ukraine, including: national institutions and organizations (ministries, departments, research institutions, national civil society organizations, including those of people living with HIV, etc.), international institutions, agencies and organizations (donor agencies, technical partners, including UN agencies, international non-governmental organizations, etc.).

The Working Group participants work there on a voluntary basis.

All key national stakeholders took part in the process of selection and development of the list of national indicators that includes 26 items. The list of national indicators was coordinated with all national stakeholders and approved by the Order of the Ministry of Health of Ukraine №280 as of 17.05.2006. Twenty-two of them are process indicators, and 4 are outcome indicators. Besides, the State Penitentiary Department of Ukraine, Ministry of Defense, Ministry of Education and Science, Ministry of Family, Youth and Sport developed and introduced sectoral indicators that ensure regular collection of more detailed information at the sectoral level.

In 2006-2007 Ukraine was actively conducting M&E training seminars at the national and regional levels with the involvement of civil society and PLH representatives. Such work was performed by the ICF International HIV/AIDS Alliance in Ukraine, All-Ukrainian Network of PLH within the grant management training sessions; by the USAID funded Health Policy Initiative (HPI) Project, State Social Service for Family, Children and Youth, etc.

Existing M&E Data Collection Mechanism at the Regional (Sub-national) and National Levels

To date, several mechanisms for M&E data collection and submission for assessment and storage exist in Ukraine simultaneously.

Data on implementation of the National Program to Provide Prevention, Treatment, Care and Support to PLHA are collected by all sectoral ministries, and international and Ukrainian NGOs. Regional structural divisions of the sectoral ministries collect the data on program implementation and submit them to their ministries in a special format developed by each ministry individually. The data collected by the ministries are then sent to the Ministry of Health of Ukraine (since September 2007 to the Committee on Response to HIV/AIDS and Other Socially Dangerous Diseases) and are then presented for review by the National Coordinating Council. Regional NGOs collect data in another format that was developed by international and donor organizations that provide grants to these NGOs. International and donor organizations are reporting for their projects or programs within the National Program to the Ministry of Health of Ukraine (since September 2007 to the Committee on Response to HIV/AIDS and Other Socially Dangerous Diseases), and the MOH, in its turn, reports to the National Coordinating Council.

At the same time, regional structural divisions of the sectoral ministries, as well as NGOs, collect M&E data in yet another format and submit them to the Oblast Coordinating Council. OCC, in its turn, submits these data to the National Coordinating Council.

As a rule, the format and indicators by which the M&E data are collected and reported are different in the first and second case, and this can lead to confusion and data duplication. There is no link between the data collected with the first or second method. There is no feedback between the national and regional levels; that is, oblast coordinating councils do not receive M&E information from the National Coordinating Council The same is true for the sectoral ministries and their structural divisions in the regions.

Besides, the sectoral ministries have sectoral indicators and compulsory statistical data (collected and reported to the State Statistics Committee of Ukraine), which can be different from the National Program performance indicators.

All this makes such mechanism unclear and obscure, as there are several parallel flows of unlinked and uncoordinated information.

So the existing mechanism has several obvious drawbacks:

- the National M&E Unit is not reflected in the system;
- Ministry of Health of Ukraine serves as an intermediary agent for other central level ministries' data reporting schemes and this complicates the transparency, comprehensiveness and timeliness of the data receipt, analysis and use;
- the reporting format and procedures for submission of collected data to different institutions are often different, which makes it impossible to compare the data;
- there is a lack of coordination of data collection, analysis and use at both national and regional levels;
- the existing mechanism for the collection and analysis of M&E data is subject to risk of duplication of data reported at the oblast and national levels by some M&E institutions
- there is a lack of information-sharing between the National Council on TB and HIV/AIDS and the oblast coordinating council, as well as between institutions;
- Part of the collected data is not used at all;
- There is no practice of the comprehensive use of collected data as strategic information for the planning of programs and projects, making projections of budget, resources, etc.

Taking all of the above into consideration, the following general issues should be addressed in order to develop an efficient national M&E system:

- strengthening of the central coordination of M&E activities by means of creating and supporting a fully functional National M&E Unit;
- development of an aligned system of national, sectoral and industry M&E indicators, with a clearly defined reporting mechanism and format;
- clearly defined mandates, and reporting and data flow mechanisms of key stakeholders in Ukraine who take an active part in the establishment of the National Monitoring and Evaluation System.

The results of the external assessment of the national HIV epidemic response that was performed in Ukraine by government request in November-December 2007, may help in the solution of these problems. This assessment was carried out for the first time. It was performed by over 30 international experts. The assessment was comprehensive in nature and covered the following key issues: coordination and management of National Program activities; intersectoral collaboration and institutionalization; prevention, diagnostics, treatment, care and support; monitoring and evaluation, and so on. The assessment results will help to develop the new National Program to Provide HIV/AIDS Related Prevention, Treatment, Care and Support to People Living with HIV/AIDS, and to update technical assistance programs implemented by UN agencies, and the National Monitoring and Evaluation Plan.

NATIONAL COMPOSITE POLICY INDEX QUESTIONNAIRE – PART B

I. HUMAN RIGHTS

1. Does the country have laws and regulations that protect people living with HIV against discrimination? (such as general non-discrimination provisions or provisions that specifically mention HIV, focus on schooling, housing, employment, health care etc.)

Yes	No

If «Yes,» specify:

In general Ukrainian legislation does not have regulations on discrimination regarding people living with HIV/AIDS. The central law that declares guarantees and rights of people living with HIV/AIDS in certain areas of social life is the Law of Ukraine «On Prevention of Acquired Immunodeficiency Syndrome (AIDS) and Social Protection of the Population,» which was passed in 1991. Several changes were introduced to this Law (1998 and 2001) since that time. In addition, there are a number of normative and administrative documents of sectoral ministries and institutions that contain certain regulations that protect the rights of people living with HIV/AIDS.

2. Does the country have non-discrimination laws or regulations which specify protections for vulnerable sub-populations?

Yes	No

2.1. If «Yes,» for which sub-populations?

Women	Yes	No
Young people	Yes	No
IDU	Yes	No
MSM	Yes	No
Sex workers	Yes	No
Prison inmates	Yes	No
Migrants/mobile populations	Yes	No
Other (write in) Disabled persons, pensioners	Yes	No

If «Yes,» briefly explain what mechanisms are in place to ensure these laws are implemented:

Violations of rights of women, children, disabled persons, pensioners (not in the context of HIV/AIDS) can be settled through pre-trial procedures (appeals to police, prosecutor's office etc.) or directly in court.

If «Yes,» describe any systems of redress put in place to ensure the laws are having their desired effect:

In Ukraine it is possible to use:

- Creation of several successful precedents regarding the most typical cases of human rights violations of vulnerable groups;
- Appeals to the European Court of Human Rights;
- Appeals to Ombudsman;
- Availability of respective clarifications of the Plenary Session of the Supreme Court of Ukraine (in Ukraine there are still no clarifications on cases of HIV-related human rights violations);
- Dissemination of information among the population about successful precedents through mass media;
- Provision of free legal assistance to victims;
- Advocacy and human rights work of NGOs.

3. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for vulnerable sub-populations?

Yes	No

3.1. If «Yes,» for which sub-populations?

Women	Yes	No
Young people	Yes	No
IDU	Yes	No
MSM	Yes	No
Sex workers	Yes	No
Prison inmates	Yes	No
Migrants/mobile populations	Yes	No
Other (write in)	Yes	No

If «Yes,» briefly describe the content of these laws, regulations or policies and how they pose barriers:

Ukraine has inadequately strict legislation regarding prevention of illicit circulation of narcotic substances, and this presents an obstacle to effective HIV prevention among drug dependent per-

sons. First of all, this concerns registration of IDUs in law enforcement agencies and health care facilities; criminal liability for storing small amounts of drugs for personal use, etc.

Substitution of criminal liability with administrative liability for prostitution in Ukraine can be considered a significant achievement in terms of human rights protection. However, imperfection of Ukrainian legislation regarding these issues poses barriers to prevention of HIV among commercial sex workers and gives opportunities to law enforcement officers to abuse their powers. According to Ukrainian NGOs, such abuse includes violence, illegal arrests, brutal treatment of CSW, etc.

In addition, according to NGOs, the requirement of the Order of the Ministry of Health of Ukraine that individuals with HIV-positive test results sign a special form of familiarization with criminal liability does not comply with UN recommendations on HIV/AIDS and human rights. Moreover, this requirement is the main reason for people being reluctant to have HIV testing, to receive its results and so on.

4. Is the promotion and protection of human rights explicitly mentioned in any HIV policy or strategy?

Yes	No

5. Is there a mechanism for recording, documenting and address cases of discrimination experienced by people living with HIV and/or most-at-risk populations?

Yes	No

If «Yes,» briefly describe this mechanism:

This mechanism is similar to mechanisms of addressing other cases of discrimination: appeals to police, prosecutor's office and courts. Ukraine does not have any special procedures for people living with HIV or most-at-risk populations.

6. Has the Government, through political and financial support, involved most-at-risk populations in governmental HIV-policy design and program implementation?

Yes	No

If «Yes,» describe some examples:

Representatives of IDU community and HIV-servicing organizations, which represent interests of vulnerable populations, were involved by the Government of Ukraine in developing and introducing changes to current Ukrainian legislation and the state policy in general at practically all levels. For example, they participated in the expert teams that developed changes to the laws of Ukraine and the orders of the Ministry of Health that relate to the treatment of people living with HIV and AIDS, as well as in the expert group on substitution therapy.

7. Does the country have a policy of free services for the following:

HIV prevention services	Yes	No
Antiretroviral treatment	Yes	No
HIV-related care and support interventions	Yes	No

If «Yes,» given resource constraints, briefly describe what steps are in place to implement these policies:

- NGOs offer prevention services through mobile, stationary and street stations, as well as outreach activities. At the expense of donor funds (the Global Fund resources above all) medications are procured, which makes it possible to scale up the territory and coverage of target populations with antiretroviral therapy and substitution maintenance therapy, and also to increase the number of NGO projects to provide care and support to people living with HIV.
- In 2006 UAH 9 million were allocated from the State Budget to local budgets to establish new services aimed at providing social services to injecting drug users and members of their families, as well as to implement information and awareness-raising campaigns on prevention of drug use and HIV/AIDS by the state centers of social services for family, children and young (Resolution of the Cabinet of Ministers of Ukraine No. 318 «On approval of procedures for the use of the State Budget subventions to the local budgets for the provision of social services to injecting drug users and members of their families»).
- The network of specialized facilities to provide social services to individual target populations is being expanded at the expense of the State Budget. For example, the State Social Service for Family, Children and Youth at the Ministry of Family, Youth and Sport of Ukraine includes a network of social service centers. As of September 27, 2007, 15 social dormitories for young people aged 15-23 years; 11 social centers for mothers and children (from birth to 18 months old) in difficult life conditions; and 6 centers for HIV-infected children and young people were established and launched on the basis of these centers. In addition, social service centers for family, children and youth have a network of specialized services for working with injecting drug users. Currently the network encompasses 215 services in all regions of Ukraine. Some services were established at the expense of 2006 State Budget subventions. Within the Ministry of Family, Youth and Sport of Ukraine there exists a network of 96 regional shelters for minors, as well as 44 centers for re-socializing drug-dependent youth «Your Victory» (as of August 1, 2007).

8. Does the country have a policy to ensure equal access for women and men to prevention, treatment, care and support? In particular, to ensure access for women outside the context of pregnancy and childbirth?

Yes	No

9. Does the country have a policy to ensure equal access for most-at-risk populations to prevention, treatment, care and support?

Yes	No

9.1. Are there differences in approaches for different most-at-risk populations?

Yes	No

If «Yes,» briefly explain the differences:

The general population of Ukraine and certain politicians, government officials and experts generally treat representatives of populations vulnerable to HIV (IDUs and FSW above all) as marginal people, criminals, and lawbreakers and so on. Such attitudes precondition insufficient access of the target groups to prevention, treatment, care and support because of the lack of funds to support projects these populations; refusal to provide services to such populations and so on.

Non-tolerant attitudes towards MSM, and consequently their unavailability for services, are preconditioned by the fact that MSM are generally treated as people with pathological mental deviations.

10. Does the country have a policy prohibiting HIV screening for general employment purposes (recruiting, assignment/relocation, appointment, promotion, termination)?

Yes	No

11. Does the country have a policy to ensure that AIDS research protocols involving human subjects are reviewed and approved by a national/local ethical review committee?

Yes	No

11.1. If «Yes,» does the ethical review committee include representatives of civil society and people living with HIV?

Yes	No

If «Yes», describe the effectiveness of this review committee:

12. Does the country have the following human rights monitoring and enforcement mechanisms?

Existence of independent national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions, watchdogs, and ombudspersons which consider HIV-related issues within their work

Yes	No

Focal points within governmental health and other departments to monitor HIV-related human rights abuses and HIV-related discrimination in areas such as housing and employment

Yes	No

Performance indicators or benchmarks for
a) compliance with human rights standards in the context of HIV efforts

Yes	No

b) reduction of HIV-related stigma and discrimination

Yes	No

If «Yes» on any of the above questions, describe some examples:

13. Have members of judiciary (including labor courts/employment tribunals) been trained/ sensitized to HIV and AIDS and human rights issues that may come up in the context of their work?

Yes	No

14. Are the following legal support services available in the country?

Legal aid systems for HIV and AIDS casework

Yes	No

Private sector law firms or university-based centers to provide free or reduced-cost legal services to people living with HIV

Yes	No

Programs to educate and raise awareness among people living with HIV concerning their rights

Yes	No

15. Are there programs designed to change societal attitudes of stigmatization associated with HIV and AIDS to understanding and acceptance?

Yes	No

If «Yes,» what types of programs?

Media	Yes	No
School education	Yes	No
Personalities regularly speaking out	Yes	No
Other (write in) NGO-implemented programs, funded by international donor organizations	Yes	No

Overall, how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV and AIDS in 2007 and in 2005?

2007

Poor										Good
0	1	2	3	4	5	6	7	8	9	10

2005

Poor										Good
0	1	2	3	4	5	6	7	8	9	10

■ *Comments on progress made since 2005:*

The situation did not worsen, but no drastic changes occurred in Ukraine. However, there are some achievements:

- On December 12, 2007 the President of Ukraine signed a Decree No. 1208/2007 «On Additional Urgent Measures in Response to HIV/AIDS in Ukraine» that defines responsible institutions and primary steps to improve access of vulnerable populations to services, as well as protection of their rights;
- The Road Map to scale up universal access to HIV/AIDS prevention, treatment, care and support by 2010 was developed, approved and implemented.
- Upon the prior approval of the Security Service of Ukraine (SBU), the State Committee on Drug Control issued a certificate to import the medical narcotic drug methadone to Ukraine. This will stimulate crucial expansion of substitution maintenance therapy programs in 2008.

Overall, how would you rate effort to enforce the existing policies, laws and regulations in 2007 and in 2005?

2007

Poor										Good
0	1	2	3	4	5	6	7	8	9	10

2005

Poor										Good
0	1	2	3	4	5	6	7	8	9	10

■ *Comments on progress made since 2005:*

- A number of normative and legal acts were passed which improved the condition of vulnerable groups to a certain extent;
- Public consultation councils are established at various state executive bodies, and influence their activities;
- Thanks to the increase of donor funding, the number of advocacy and human rights projects is increasing;
- There are several successful precedents for restoration of violated rights of people living with HIV and representatives of target groups.

◆ Narrative section to Part B.I. Human Rights

In general, the Ukraine's HIV/AIDS legislation is rather progressive; it complies with international requirements. For example, the Constitution of Ukraine[74] and Article 2-1 of the Labor Code of Ukraine[75] establish the equity of rights (including labor rights) of all citizens regardless their origin, social and property status, race and nationality, gender, language, political views, religion, type and nature of occupation, place of residence and other conditions. In addition, the Law of Ukraine No. 2866-IV as of September 8, 2005 «On Provision of Equal Rights and Opportunities of Women and Men» declares equity of rights and opportunities of women and men, including those related to protection of labor and health.

In general, the legislation of Ukraine does not contain discriminative regulations regarding people living with HIV/AIDS. The central law that declares and guarantees the rights of people living with HIV/AIDS in certain areas of social life is the Law of Ukraine «On Prevention of Acquired Immune Deficiency Syndrome (AIDS) and Social Protection of the Population,» which was passed in 1991. Several changes were introduced to this Law (1998 and 2001) since that time. In addition, there are a number of normative and administrative documents of sectoral ministries and institutions that contain certain regulations that protect rights of people living with HIV/AIDS. However, these are not systematic.

Despite these facts, a number of studies carried out in Ukraine registered violations of the rights of HIV-infected individuals, as well as cases of discrimination against them. Such violations

[74] Constitution of Ukraine. The Law No. 888-09, redaction as of June 28,1996/Search engine: «The Verkhovna Rada of Ukraine. Legislation»//zakon.rada.gov.ua/cgi-bin/laws/main.cgi.

[75] Labor Code of Ukraine, No. 322-08, redaction as of November 18, 2004/ Search engine: «The Verkhovna Rada of Ukraine. Legislation»//zakon.rada.gov.ua/cgi-bin/laws/main.cgi.

include refusals to provide medical assistance or provision of inadequate assistance; refusals to hire a person or to terminate one's employment; refusals to accept children by educational facilities; violations of confidentiality (disclosure of diagnosis); forcing HIV-infected pregnant women to have abortions, and so on.

In addition, according to NGOs, the Ukrainian legislative requirement that individuals with HIV-positive test results sign a special form of familiarization with criminal liability does not comply with UN recommendations on HIV/AIDS and human rights. Moreover, this requirement is the main reason for people being reluctant to have HIV testing, to receive its results and so on.

There are numerous instances of human rights violations of HIV-infected IDUs; cases of confiscation of ART drugs by the police during arrest; beating, cruel treatment, etc.

These facts are confirmed by representatives of non-governmental organizations who participated in the human rights survey during the preparation of the National Composite Policy Index.

It should be also noted that Ukraine does not have a normative and legal basis that would protect rights of vulnerable populations, namely injecting drug users, female sex workers, men who have sex with men and others. According to NGO representatives, Ukraine has inadequately strict legislation regarding prevention of illicit circulation of narcotic substances, and this presents an obstacle to effective HIV prevention among drug dependent persons. First of all, this concerns registration of IDUs in law enforcement agencies and health care facilities; criminal liability for storing small amounts of drugs for personal use, etc.

Substitution of criminal liability with administrative liability for prostitution in Ukraine can be considered a significant achievement in terms of human rights protection. However, the imperfection of Ukrainian legislation regarding these issues creates barriers to prevention of HIV among commercial sex workers and gives law enforcement officers opportunities to abuse their powers. According to Ukrainian NGOs, such abuse includes violence, illegal arrests, brutal treatment of CSW, etc.

There are also incidents of human rights violations among prison inmates. This is preconditioned by the closedness of Ukraine's penitentiary system, its inconsistency with international norms and gaps in the legislative base.

As a rule, only non-governmental organizations supported by international donors deal with advocacy and human rights protection for people living with HIV/AIDS and representatives of vulnerable communities in Ukraine.

It should be added that a number of programs to reduce HIV/AIDS-related stigma and discrimination are implemented in Ukraine. One of the key drawbacks of these programs is the non-systematic, localized nature of their work – they cover only certain regions and individual target groups.

II. CIVIL SOCIETY PARTICIPATION[76]

1. To what extent has civil society contributed to strengthening the political commitment of top leaders and national policy formulation?

Low					High
0	1	2	3	**4**	5

2. To what extent have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on AIDS or for the current activity plan (e.g. attending planning meetings and reviewing drafts)?

Low					High
0	1	**2**	3	4	5

3. To what extent are the services provided by civil society in areas of HIV prevention, treatment, care and support included:

a) in both the National Strategic plans and national reports?

Low					High
0	1	2	**3**	4	5

b) in the national budget?

Low					High
0	1	**2**	3	4	5

4. Has the country included civil society in a National Review of the National Strategic Plan?

Yes	**No**

If «Yes», when was the Review conducted? Year:_____

[76] Civil society includes among others: Networks of people living with HIV; women's organizations; faith-based organizations; AIDS service organizations; community-based organizations; organizations of vulnerable sub-populations (including MSM, CSW, IDU, prisoners); workers organizations, human rights organizations; etc. Private sector is considered separately.

5. To what extent is the civil society sector representation in HIV-related efforts inclusive of its diversity?

Low					High
0	1	2	3	4	5

List the types of organizations representing civil society in HIV and AIDS efforts:

All-Ukrainian Network of People Living with HIV; All-Ukrainian Harm Reduction Association; Ukrainian Red Cross Society; «Spilnota» (a network of drug users); HIV-service, women's, children's, and faith-based organizations; organizations of vulnerable populations (MSM, CSW, IDUs, prisoners, etc.); professional unions; advocacy groups, etc.6.

16. To what extent is civil society able to access:

a) adequate financial support to implement its HIV activities?

Low					High
0	1	2	3	4	5

b) adequate technical support to implement its HIV activities?

Low					High
0	1	2	3	4	5

Overall, how would you rate the efforts to increase civil society participation in 2007 and in 2005?

2007

Poor										Good
0	1	2	3	4	5	6	7	8	9	10

2005

Poor										Good
0	1	2	3	4	5	6	7	8	9	10

■ *Comments on progress made since 2005:*

NGO representatives who participated in the survey to formulate the National Composite Policy Index note that the role of the civil society sector in planning and implementation of national-level

programs on prevention, care and support is generally increasing; they also note the increased readiness of government bodies to cooperate with NGOs. However, regional and local level NGOs still lack mobilization and activity, and require considerable capacity-building.

There is a number of obstacles which hinder more active NGO involvement in HIV/AIDS related services and their scale up, including the lack of personal commitment of the Head of National Council on TB and HIV/AIDS and deputy ministers of relevant ministries, as well as the lack of social order (delegation of functions in relation to HIV/AIDS from government bodies to NGOs); that is, of government funding of services provided by non-governmental sector.

Narrative section to Part B.II. Civil Society Participation

During 2006-2007 representatives of civil society became actively involved in HIV policy and strategy development. The two largest non-governmental organizations of Ukraine are the principal recipients and administrators of the Global Fund's money. These are ICF International HIV/AIDS Alliance in Ukraine and NGO All-Ukrainian Network of People Living with HIV. This means that these organizations, along with their governmental and non-governmental partners, implement prevention, treatment, care and support programs.

Non-governmental organizations and people living with HIV actively participate in the development of the national HIV strategy and policy, namely:

- Participation in working groups which prepared Ukraine's proposal to the Global Fund to continue its funding;
- Participation in national consultations on the development of the Road Map to scale up universal access to HIV/AIDS prevention, treatment, care and support in Ukraine by 2010;
- Analysis and finalization of the current National Program to Provide HIV Prevention, Support and Treatment to People Living with HIV/AIDS for 2004-2008 and in planning events for 2008;
- Initiation of an extended meeting on the effective response to HIV/AIDS in Ukraine chaired by the President of Ukraine V. Yushchenko. The meeting was initiated by ICF International HIV/AIDS Alliance in Ukraine, All-Ukrainian Network of People Living with HIV, and other partner organizations;
- Participation in drafting the Decree of the President of Ukraine No. 1208/2007 «On additional urgent measures to respond to HIV/AIDS in Ukraine,» signed on December 12, 2007;
- Influence and pressure on the Government to issue a certificate regarding the import of medical drug methadone to Ukraine;
- Participation in the work of the National Council on TB and HIV/AIDS. The size of civil society representation in the National Council consists of 9 persons out of 20 (45%);
- Participation in the work of the intersectoral working group at the MoH of Ukraine on issues of substitution maintenance therapy implementation;
- Participation in activities to curb corruption in the area of government procurements, including ART drugs;
- Participation in the National Working Group on HIV/AIDS' epidemic monitoring and evaluation, etc.

III. PREVENTION

1. Has the country identified the districts (or equivalent geographical/decentralized level) in need of HIV prevention programs?

Yes	No

If «No,» how are HIV prevention programs being scaled-up?

If «Yes,» to what extent have the following HIV prevention programs been implemented in identified districts[77] in need?

Check the relevant implementation level for each activity or indicate N/A if not applicable

HIV prevention programs	*The service is available in*		
	All districts in need	*Most districts in need*	*Some districts in need*
Blood safety		x	
Universal precautions in health care settings		x	
Prevention of mother-to-child transmission of HIV		x	
IEC on risk reduction		x	
IEC on stigma and discrimination reduction			x
Condom promotion			x
HIV testing and counseling		x	
Harm reduction for injecting drug users		x	
Risk reduction for men who have sex with men			x
Risk reduction for sex workers			x
Programs for other most-at-risk populations			x
Reproductive health services including STI prevention and treatment			x
Programs for out-of-school young people			x
HIV prevention in the workplace			x
Other programs (write in): Harm reduction for prison inmates			x

[77] Districts or equivalent geographical/decentralized levels in urban and rural areas

Overall, how would you rate efforts in the implementation of HIV prevention programs in 2007 and in 2005?

2007

Poor										Good
0	1	2	3	4	5	6	7	8	9	10

2005

Poor										Good
0	1	2	3	4	5	6	7	8	9	10

■ *Comments on progress made since 2005:*

The greatest achievement of civil society in 2006-2007 can be considered the fact that two largest non-governmental organizations of Ukraine are the principal recipients and administrators of money granted by the Global Fund to Fight AIDS, Tuberculosis and Malaria. These are ICF International HIV/AIDS Alliance in Ukraine and NGO All-Ukrainian Network of People Living with HIV. This means that these organizations, along with their governmental and non-governmental partners, implement prevention, treatment, care and support programs.

However, there is no progress because of:

- The lack of political commitment to respond to HIV at the state level and at the policy-maker level;
- The lack of state budget funding – the majority of funds is provided by donor organizations;
- The lack of a common vision for prevention strategy between the state and civil society;
- The country lacks a common, systematic and comprehensive response to the epidemic, where active and coordinated efforts of governmental and non-governmental organizations would complement and reinforce each other. Today certain issues at the national level are being settled in a non-systemic manner;
- Poor involvement of civil society in all stages of development, approval and implementation of the state strategy and programs.

IV. TREATMENT, CARE AND SUPPORT

1. Has the country identified the districts (or equivalent geographical/decentralized level) in need of HIV and AIDS treatment, care and support services?

Yes	No

If «No,» how are HIV and AIDS treatment, care and support services being scaled-up?

If «Yes,» to what extent have the following HIV and AIDS treatment, care and support services been implemented in the identified districts[78] in need?

[78] Districts or equivalent geographical/decentralized levels in urban and rural areas

Check the relevant implementation level for each activity or indicate N/A if not applicable

HIV and AIDS treatment, care and support services	***The service is available in***		
	All districts in need	***Most districts in need***	***Some districts in need***
Antiretroviral therapy		x	
Nutritional care			x
Pediatric AIDS treatment	x		
Sexually transmitted infection management			x
Psychosocial support for people living with HIV and their families		x	
Home-based care			x
Palliative care and treatment of common HIV-related infections			x
HIV testing and counseling for TB patients		x	
TB screening for HIV-infected people		x	
TB preventive therapy for HIV-infected people		x	
TB infection control in HIV treatment and care facilities		x	
Cotrimoxazole prophylaxis in HIV-infected people		x	
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)		x	
HIV treatment services in the workplace or treatment referral systems through the workplace			x
HIV care and support in the workplace (including alternative working arrangements)			
Other programs (write in)			

Overall, how would you rate the efforts in the implementation of HIV treatment, care and support programs in 2007 and in 2005?

2007

Poor										Good
0	1	2	3	4	**5**	6	7	8	9	10

2005

Poor										Good
0	1	**2**	3	4	5	6	7	8	9	10

■ *Comments on progress made since 2005:*

In comparison to 2005, in the following areas one could observe progress in treatment, care and support of people living with HIV in 2006-2007:

- Significant expansion of ART services. As of November 2007, 1,993 patients are receiving ART at the expense of the state, while the Global Fund financing is used to treat 5,019 patients (for reference, in October 2005 only 159 HIV-infected individuals were receiving ART owing to the state support, and 2,601 patients were supported by the Global Fund).
- The number of HIV-infected pregnant women receiving ART to prevent mother-to-child transmission is also increasing. Since the beginning of the Global Fund program, such therapy is provided to 6,473 women.
- The number of injecting drug users on substitution maintenance therapy is growing. As of November 2007, SMT was provided to 536 IDUs. Owing to advocacy efforts of ICF International HIV/AIDS Alliance in Ukraine, All-Ukrainian Network of People Living with HIV and other partners, the State Drugs Control Committee, upon the preliminary approval of the Security Service of Ukraine (SBU), issued a certificate to import the medical narcotic drug methadoneto Ukraine. This will stimulate crucial expansion of substitution maintenance therapy programs in 2008.
- The following documents were developed, approved and implemented:
  - Protocol for Voluntary HIV Testing and Counseling (approved by the MoH Order No. 415 as of August 19, 2005);
  - Clinical Protocol for Antiretroviral Treatment and Medical Observation for Children with HIV Infection (approved by the MoH Order No. 182 as of April 13, 2007),
  - Clinical Protocol for Diagnostics and Treatment of opportunistic Infections and General Symptoms in HIV-infected Adults and Adolescents (approved by the MoH Order No. 182 as of April 13, 2007),
  - Clinical Protocol on Provision of Palliative Support, Symptomatic and Pathogenic Therapy to People with HIV (approved by the MoH Order No. 368 as of July 3, 2007),
  - Clinical Protocol for Antiretroviral Therapy of HIV Infection in Adults and Adolescents (approved by the MoH Order No. 658 as of October 4, 2006),
  - Clinical Protocol for Treatment of Opportunistic Infections and HIV-associated Diseases in Children with HIV/AIDS.
- According to the Ministry of Health of Ukraine Order No. 5 as of January 27, 2006, a Treatment Clinic for HIV-infected Children was established on the basis of Ukrainian Children's Specialized Hospital «Okhmatdyt».
- An HIV/AIDS diagnostics reference laboratory was established at the Ukrainian AIDS Center (the Order of the MoH of Ukraine No. 230 as of April 17, 2006 «On the Establishment of Reference Laboratory to Diagnose HIV/AIDS at Ukrainian AIDS Center»).
- Owing to activities implemented within the framework of the Global Fund grant, access to treatment of opportunistic infections has also increased. Such OI include herpes, cytomegalovirus infection, bacterial infections, pneumocystic pneumonia, and many others.
- Regional coverage of HIV-infected individuals and representatives of the most-at-risk populations with care and support services is growing. Such services are provided by both governmental (centers of social services for family, children and youth) and non-governmental organizations (All-Ukrainian Network of People Living with HIV, Ukrainian Red Cross Society). Key components of non-medication care and support include: follow up of mother-to-child prevention programs; centers for comprehensive assistance to HIV-infected children, PLWH and representatives of most-at-risk populations (community NGO centers, daycare centers for HIV-infected children); care

and support for people in prisons; home-based care (medical and non-medical); social support for families with HIV-infected members, and so on.

Within the project «Provision of Care and Support to People Living With HIV/AIDS,» the charitable organization All-Ukrainian Network of People Living with HIV covered 22 regions of Ukraine (Donetsk, Odessa, Dnipropetrovsk, Mykolaiv, Kherson, Cherkasy, Zaporizhya, Poltava, Luhansk, Kharkiv, Ivano-Frankivsk, Vinnytsia, Kyiv, Lviv, Khmelnytsky, Chernihiv, Kirovohrad, Chernivtsi, Ternopil, Sumy and Zakarpatya oblasts of Ukraine, Autonomous Republic of Crimea and the cities of Kyiv and Sevastopol).

Areas of activity: community centers; complex centers; children's centers; non-medical care and support to people living with HIV; self-help groups; care and support of PLWH in penitentiary institutions; medical and social support of ART in children and adults; medical and social support of prevention of mother-to-child transmission; social entrepreneurship of PLWH; implementation of recovery and rehabilitation program for the HIV-infected; therapeutic summer camps. Within this project the organization provided grants to 41 partner organizations. Within the project «Provision of Care and Support to People Living With HIV/AIDS,» NGOs received grants (1st round) for 2007-2008 to work in the following areas:

- Medical, social and psychological support of antiretroviral therapy (ART) for adults – 28 projects,
- Medical, social and psychological support of antiretroviral therapy (ART) for children – 17 projects;
- Nursing home-based care for PLWH – 4 projects (3 regional, one national, 7 cities);
- Non-medicated home-based care for PLWH – 10 projects;
- Community centers for PLWH and their immediate environment – 14 projects;
- Medical, social and psychological support for HIV-infected pregnant women, women at childbirth and children younger than 18 months born to HIV-positive mothers – 9 projects;
- Care and support of children born to HIV-infected parents and support for their immediate environment – 11 projects;
- Care and support for HIV-infected inmates of penitentiary facilities – 8 projects;
- Development of a PLWH self-help movement – 13 projects;
- Therapeutic camps for PLWH, IDUs and other vulnerable populations – one project at the national level;
- Rehabilitation of children living with HIV to facilitate treatment process – 8 projects.
- In August the project «Support for HIV and AIDS Prevention, Treatment and Care for Most Vulnerable Populations in Ukraine» was launched in Ukraine with the support of the Global Fund to Fight AIDS, Tuberculosis and Malaria (Round 6). Within this project it is planned to support both innovative initiatives and areas of activity that contributed to scaling up of care and support programs for PLWH within Round 1 grant implementation (2007-2008). According to results of Round 6 open competitions in the area of care and support of people living with HIV/AIDS, 28 organizations-winners from 15 regions of Ukraine were selected and received financial assistance.
- The network of specialized facilities that provide social services to individual target populations is being expanded. For example, the State Social Service for Family, Children and Youth at the Ministry of Family, Youth and Sport of Ukraine operates a network of social service centers. As of September 27, 2007, 15 social dormitories for young people aged 15-23 years; 11 social centers for mothers and children (in age from birth to 18 months) in difficult life conditions; and 6 centers for HIV-infected children

and young people were established and launched on the basis of these centers. Within the Ministry of Family, Youth and Sport of Ukraine there exists a network of 96 regional shelters for minors, as well as 44 centers for re-socialization of drug dependent youth «Your Victory» (as of August 1, 2007)..

- Since 2007 a network of facilities for the social protection of homeless people and persons released from imprisonment has operated within the Ministry of Labor and Social Policy of Ukraine. In these facilities people receive HIV/STI-related counseling, social and medical assistance, etc.
- With the support of UNICEF, the Ministry of Health of Ukraine, in cooperation with the Ministry on Family, Youth and Sport of Ukraine and the State Social Service for Family, Children and Youth, is developing a network of youth-friendly clinics where young people can receive counseling and social and medical assistance on reproductive health issues, sexually transmitted infections, HIV/AIDS and so on.

7. What percentage of the following HIV programs or services is estimated to be provided by civil society?

Prevention for youth	<25%	25-50%	50-75%	>75%
Prevention for vulnerable sub-populations: IDU	<25%	25-50%	50-75%	>75%
MSM	<25%	25-50%	50-75%	>75%
Sex workers	<25%	25-50%	50-75%	>75%
Counseling and testing	<25%	25-50%	50-75%	>75%
Clinical services (opportunistic infections, antiretroviral therapy)	<25%	25-50%	50-75%	>75%
Home-based care	<25%	25-50%	50-75%	>75%
Programs for orphans and other vulnerable children	<25%	25-50%	50-75%	>75%

8. Does the country have a policy or strategy to address the additional HIV and AIDS-related needs of orphans and other vulnerable children (OVC)?

Yes	No

3.1. If «Yes,» is there an operational definition for OVC in the country?

Yes	No

3.2. If «Yes,» does the country have a national action plan specifically for OVC?

Yes	No

3.3. If «Yes,» does the country have an estimate of OVC being reached by existing interventions?

Yes	No

If «Yes,» what percentage of OVC is being reached?
_____% (write in).

Annex 3: National Funding Matrix – 2005-2006

Cover Sheet

Country:	***Ukraine***
Contact Person at the National AIDS Authority/Committee (or equivalent): Name: Professor Vasyl Petrenko	Title: Chairperson, Committee on HIV/AIDS and other social dangerous diseases
Contact Information for the AIDS National Authority / Committee (or equivalent):	
Address: 7, Hrushevskogo Str., Kyiv, 01021, Ukraine	Email: aids@moz.gov.ua
Telephone: +38 044 253 8386	Fax: +38 044 253 6963
Reporting Cycle: 2005 calendar year ☑ 2006 calendar year ☑	or fiscal year. For a fiscal year reporting cycle, please provide the start and end month/year:___ /___ to ___/___
Local currency: Ukrainian Hryvna (UAH)	
Average exchange rate with US dollars during the reporting cycle: 2005: 1 USD = 5,12UAH 2006: 1 USD = 5,05 UAH	
Methodology:	
National AIDS Spending Assessment. ***The complete NASA report can be provided by the Committee on HIV/AIDS and other Social Dangerous Diseases, by Ministry of Health of Ukraine, or by the UNAIDS Country Office in Ukraine.***	
Unaccounted expenditures:	
Detailed data on spending by sub-categories in some areas are not included. The lack of data in certain categories does not necessarily mean the absence of relevant expenses. Some data were presented in aggregated form, as they include several subcategories according to NASA classification. i.e. salaries for medical personnel that provide different treatment and prevention services (ART, OI prevention and treatment, VCT etc.) were accounted in the categories «in-patient care» and «out-patient care.» Expenditures by health care facilities require further disaggregation. Expenditures from international sources are underestimated, as not all international donor organizations were included in the NASA survey and not all organizations were able to provide the requested information. It is estimated that approximately 85%-95% of total donor spending on HIV/AIDS is included.	
Budget Support: Is budget support from an international source (e.g. a bilateral donor) included under the Central/National and/or Subnational subcategories under Public Sources of financing?	

Yes ___✓___

No

2005-2006 National Funding Matrix

Calendar year: 2005 Average UAH rate in 2005 USD 100 = UAH 512, 47	Funding sources													
Spending categories		Public sources				International sources						Private sources		
TOTAL (USD)	Total (USD)	Total public	National budget	Local budgets	WB loan	Total international	Bilateral	Multilateral				Total private	NGOs	Consumer / Out-of-pockets
								UN Agencies	GFATM	Development banks (non-reimbursable)	Other international			
	40 004 057	16 888 977	5 994 981	10 749 852	144 145	22 525 011	6 727 763	2 162 289	12 960 857	-	674 102	590 069	590 069	-
Prevention	7 625 664	2 321 894	356 564	1 949 587	15 744	5 119 939	1 433 287	985 334	2 701 319	-	-	183 830	183 830	-
1.1. Mass media	208 414	24 584	8 840	-	15 744	-	-	-	-	-	-	183 830	183 830	-
1.2. Community mobilization	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1.3. Voluntary counseling and testing	373 144	373 144	-	373 144	-	-	-	-	-	-	-	-	-	-
1.4. Programmes for vulnerable and specific populations	394 484	-	-	-	-	394 484	173 182	21 328	199 975	-	-	-	-	-
1.5. Youth in school	1 358 232	952 795	114 346	838 449	-	405 437	-	405 437	-	-	-	-	-	-
1.6. Youth out of school	169 043	114 346	114 346	-	-	54 697	-	54 697	-	-	-	-	-	-
1.7. Prevention programmes for PHLWA	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1.8. Programmes for CSWs and their clients	234 345	-	-	-	-	234 345	43 569	-	190 776	-	-	-	-	-
1.9. Programmes for MSMs	365 483	-	-	-	-	365 483	321 489	-	43 994	-	-	-	-	-
1.10. Harm reduction programmes for IDUs	2 574 263	-	-	-	-	2 574 263	370 046	19 005	2 185 212	-	-	-	-	-
1.11. Workplace activities	21 000	-	-	-	-	21 000	-	21 000	-	-	-	-	-	-
1.12. Condom social marketing	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1.13. Public and commercial sector condom provision	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1.13. Female condoms	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1.14. Microbicides	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1.15. Improving management of STIs	225 512	-	-	-	-	225 512	-	225 512	-	-	-	-	-	-
1.16. PMTCT	836 731	-	-	-	-	836 731	525 000	238 355	73 376	-	-	-	-	-
1.17. Blood safety	737 994	737 994	-	737 994	-	-	-	-	-	-	-	-	-	-
1.18. Post-exposure prophylaxis	7 986	-	-	-	-	7 986	-	-	7 986	-	-	-	-	-
1.19. Safe injections	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1.20. Male Circumcision	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1.21. Universal precautions	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1.99. Others / Not-elsewhere classified	119 031	119 031	119 031	-	-	-	-	-	-	-	-	-	-	-
Care and Treatment	15 774 154	11 622 661	3 568 684	8 053 977	-	4 128 251	-	-	4 041 453	-	86 798	23 242	23 242	-
2.1 Out-patient care	2 563 001	2 563 001	-	2 563 001	-	-	-	-	-	-	-	-	-	-
2.2. Provider-initiated testing	2 671 786	2 671 786	2 671 786	-	-	-	-	-	-	-	-	-	-	-
2.3. Opportunistic Infection Prophylaxis	74 925	-	-	-	-	74 925	-	-	74 925	-	-	-	-	-
2.4. ARV-therapy	2 416 456	309 706	309 706	-	-	2 106 750	-	-	2 019 952	-	86 798	-	-	-
2.5. Nutritional support	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2.6. Laboratory monitoring	561 879	5 181	5 181	-	-	556 698	-	-	556 698	-	-	-	-	-
2.7. Dental care	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2.8. Psychological care	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2.9. Palliative care	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2.10. Home based care	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2.11. Additional/informal providers	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2.12. In-patient Care	5 117 832	5 117 832	-	5 117 832	-	-	-	-	-	-	-	-	-	-
2.13. Opportunistic infection treatment	1 056 115	907 445	534 301	373 144	-	125 428	-	-	125 428	-	-	23 242	23 242	-
2.99 Others / Not-elsewhere classified	1 312 161	47 711	47 711	-	-	1 264 451	-	-	1 264 451	-	-	-	-	-
Orphans and Vulnerable Children	1 175 180	271 626	271 626	-	-	680 426	-	559 326	-	-	121 100	223 129	223 129	-
3.1. Education	-	-	-	-	-	-	-	-	-	-	-	-	-	-
3.2. Basic health care	-	-	-	-	-	-	-	-	-	-	-	-	-	-
3.3. Family/Home Support	70 082	-	-	-	-	70 082	-	-	-	-	70 082	-	-	-
3.4. Community-based support	274 147	-	-	-	-	51 018	-	-	-	-	51 018	223 129	223 129	-
3.5. Administrative costs	-	-	-	-	-	-	-	-	-	-	-	-	-	-

3.9 Others / Not-elsewhere classified	830 952	271 626	271 626	-	-	559 326	-	559 326	-	-	-	-	-	-
Programme Management and Administration Strengthening	7 818 718	2 672 796	1 798 107	746 288	128 401	5 005 601	865 683	107 959	3 740 852	-	291 107	140 321	140 321	-
4.1. Programme Management	3 428 887	2 163	-	-	2 163	3 329 966	865 683	98 000	2 361 364	-	4 919	96 758	96 758	-
4.2. Planning and coordination	9 959	-	-	-	-	9 959	-	9 959	-	-	-	-	-	-
4.3. Monitoring and Evaluation	806 041	126 238	-	-	126 238	679 803	-	-	679 803	-	-	-	-	-
4.4. Operations research	18 208	-	-	-	-	18 208	-	-	18 208	-	-	-	-	-
4.5. Sero-Surveillance	166 581	-	-	-	-	166 581	-	-	166 581	-	-	-	-	-
4.6. HIV drug resistance surveillance	-	-	-	-	-	-	-	-	-	-	-	-	-	-
4.7. Drug supply system	-	-	-	-	-	-	-	-	-	-	-	-	-	-
4.8. Information technology	-	-	-	-	-	-	-	-	-	-	-	-	-	-
4.9. Supervision of personnel	-	-	-	-	-	-	-	-	-	-	-	-	-	-
4.10. Upgrading laboratory infrastructure	664 155	149 258	-	149 258	-	514 897	-	-	514 897	-	-	-	-	-
4.11. Construction of new health centers	72 981	29 418	29 418	-	-	-	-	-	-	-	-	43 563	43 563	-
4.99 Others / Not-elsewhere classified	2 651 907	2 365 719	1 768 689	597 030	-	286 188	-	-	-	-	286 188	-	-	-
Incentives for Human Resources	11 661	-	-	-	-	11 661	11 661	-	-	-	-	-	-	-
5.1. Monetary incentive for physician	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5.2. Monetary incentive for nurses	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5.3. Monetary incentive for other staff	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5.4. Formative education and build-up of an AIDS workforce	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5.5. Training	11 661	-	-	-	-	11 661	11 661	-	-	-	-	-	-	-
5.9 Others / Not-elsewhere classified	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Social Protection and Social Services excluding Orphans and Vulnerable Children	1 225 000	-	-	-	-	1 225 000	1 225 000	-	-	-	-	-	-	-
6.1. Monetary benefits	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6.2. In-kind benefits	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6.3. Social services	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6.4 Income generation	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6.9 Others / Not-elsewhere classified	1 225 000	-	-	-	-	1 225 000	1 225 000	-	-	-	-	-	-	-
Community development & Enhanced Environment to reduce vulnerability	5 981 943	-	-	-	-	5 962 395	2 839 958	499 670	2 447 670	-	175 097	19 547	19 547	-
7.1. Advocacy and strategic communication	125 695	-	-	-	-	125 695	15 415	60 260	-	-	50 020	-	-	-
7.2. Human rights	75 039	-	-	-	-	75 039	-	-	-	-	75 039	-	-	-
7.3. AIDS specific institutional development	1 063 990	-	-	-	-	1 063 990	574 543	439 410	-	-	50 038	-	-	-
7.4 AIDS specific programs involving women	-	-	-	-	-	-	-	-	-	-	-	-	-	-
7.9 Others / Not-elsewhere classified	4 717 218	-	-	-	-	4 697 670	2 250 000	-	2 447 670	-	-	19 547	19 547	-
Research excluding operations research	391 737	-	-	-	-	391 737	352 174	10 000	29 563	-	-	-	-	-
8.1. Biomedical	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8.2. Clinical	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8.3. Epidemiological	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8.4. Social science	10 000	-	-	-	-	10 000	-	10 000	-	-	-	-	-	-
8.5. Behavioral	29 563	-	-	-	-	29 563	-	-	29 563	-	-	-	-	-
8.6. Economic	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8.7. Research capacity strengthening	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8.8. Vaccine-related research	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8.9.Others / Not-elsewhere classified	352 174	-	-	-	-	352 174	352 174	-	-	-	-	-	-	-

Calendar year: 2006 Average UAH rate in 2006 USD 100 = UAH 505	Funding sources													
Spending categories	Total (USD)	Public sources				International sources						Private sources		
								Multilateral						
TOTAL (USD)		Total public	National budget	Local budgets	WB loan	Total international	Bilateral	UN Agencies	GFATM	Development banks (non-reimburable)	Other international	Total private	NGOs	Consumer / Out-of-pockets
	55 737 389	28 146 178	10 955 981	16 798 393	391 804	27 270 932	4 530 779	1 730 464	20 138 037	-	871 653	320 279	320 279	-
Prevention	17 290 414	7 746 369	4 673 192	3 051 701	21 476	9 320 600	1 655 744	1 028 932	6 557 776	-	78 148	223 446	223 446	-
1.1. Mass media	419 980	196 535	166 317	13 743	16 476	-	-	-	-	-	-	223 446	223 446	-
1.2. Community mobilization	137 880	44 515	44 515	-	-	93 365	-	35 413	-	-	57 952	-	-	-
1.3. Voluntary counseling and testing	714 530	714 530	-	714 530	-	-	-	-	-	-	-	-	-	
1.4. Programmes for vulnerable and specific populations	912 357	-	-	-	-	912 357	30 859	425 994	455 504	-	-	-	-	-
1.5. Youth in school	4 774 812	3 032 158	2 116 832	915 327	-	1 742 654	27 129	58 234	1 657 291	-	-	-	-	-
1.6. Youth out of school	293 037	143 129	143 129	-	-	149 908	-	149 908	-	-	-	-	-	-
1.7. Prevention programmes for PHLWA	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1.8. Programmes for CSWs and their clients	1 125 432	-	-	-	-	1 125 432	228 448	-	896 984	-	-	-	-	-
1.9. Programmes for MSMs	209 644	-	-	-	-	209 644	52 648	-	156 996	-	-	-	-	-
1.10. Harm reduction programmes for IDUs	5 931 641	1 579 545	1 565 802	13 743	-	4 352 096	863 433	152 510	3 315 957	-	20 196	-	-	-
1.11. Workplace activities	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1.12. Condom social marketing	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1.13. Public and commercial sector condom provision	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1.13. Female condoms	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1.14. Microbicides	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1.15. Improving management of STIs	193 831	-	-	-	-	193 831	-	193 831	-	-	-	-	-	-
1.16. PMTCT	529 425	5 000	-	-	5 000	524 425	439 988	13 043	71 394	-	-	-	-	-
1.17. Blood safety	1 417 505	1 400 617	6 257	1 394 360	-	16 888	13 239	-	3 649	-	-	-	-	-
1.18. Post-exposure prophylaxis	220 142	220 142	220 142	-	-	-	-	-	-	-	-	-	-	-
1.19. Safe injections	289 406	289 406	289 406	-	-	-	-	-	-	-	-	-	-	-
1.20. Male Circumcision	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1.21. Universal precautions	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1.99. Others / Not-elsewhere classified	120 792	120 792	120 792	-	-	-	-	-	-	-	-	-	-	-
Care and Treatment	23 289 051	18 033 570	5 718 096	12 315 474	-	5 255 481	1 108 772	-	4 094 896	-	51 812	-	-	-
2.1 Out-patient care	4 598 869	4 598 869	-	4 598 869	-	-	-	-	-	-	-	-	-	-
2.2. Provider-initiated testing	1 622 401	1 562 673	1 562 673	-	-	59 728	59 728	-	-	-	-	-	-	-
2.3. Opportunistic Infection Prophylaxis	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2.4. ARV-therapy	5 351 715	2 208 444	2 208 444	-	-	3 143 271	-	-	3 143 271	-	-	-	-	-
2.5. Nutritional support	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2.6. Laboratory monitoring	1 143 202	394 200	394 200	-	-	749 001	-	-	749 001	-	-	-	-	-
2.7. Dental care	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2.8. Psychological care	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2.9. Palliative care	51 812	-	-	-	-	51 812	-	-	-	-	51 812	-	-	-
2.10. Home based care	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2.11. Additional/informal providers	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2.12. In-patient Care	7 002 076	7 002 076	-	7 002 076	-	-	-	-	-	-	-	-	-	-
2.13. Opportunistic infection treatment	2 751 000	1 499 331	784 801	714 530	-	1 251 669	1 049 045	-	202 624	-	-	-	-	-
2.99 Others / Not-elsewhere classified	767 976	767 976	767 976	-	-	-	-	-	-	-	-	-	-	-
Orphans and Vulnerable Children	900 832	330 693	330 693	-	-	570 139	330 192	132 385	-	-	107 562	-	-	-
3.1. Education	15 001	-	-	-	-	15 001	-	15 001	-	-	-	-	-	-
3.2. Basic health care	6 521	-	-	-	-	6 521	-	6 521	-	-	-	-	-	-

3.3. Family/Home Support	549 117	330 693	330 693	-	-	218 424	-	110 862	-	-	107 562	-	-	-
3.4. Community-based support	-	-	-	-	-	-	-	-	-	-	-	-	-	-
3.5. Administrative costs	-	-	-	-	-	-	-	-	-	-	-	-	-	-
3.9 Others / Not-elsewhere classified	330 192	-	-	-	-	330 192	330 192	-	-	-	-	-	-	-
Programme Management and Administration Strengthening	10 496 613	1 806 454	14 832	1 429 059	362 563	8 627 187	-	236 000	8 194 671	-	196 515	62 972	62 972	-
4.1. Programme Management	2 595 563	-	-	-	-	2 595 563	-	168 000	2 427 563	-	-	-	-	-
4.2. Planning and coordination	79 848	-	-	-	-	79 848	-	-	-	-	79 848	-	-	-
4.3. Monitoring and Evaluation	225 784	851	851	-	-	224 933	-	30 000	78 265	-	116 668	-	-	-
4.4. Operations research	38 000	-	-	-	-	38 000	-	38 000	-	-	-	-	-	-
4.5. Sero-Surveillance	92 077	-	-	-	-	92 077	-	-	92 077	-	-	-	-	-
4.6. HIV drug resistance surveillance	-	-	-	-	-	-	-	-	-	-	-	-	-	-
4.7. Drug supply system	13 073	13 073	-	-	13 073	-	-	-	-	-	-	-	-	-
4.8. Information technology	-	-	-	-	-	-	-	-	-	-	-	-	-	-
4.9. Supervision of personnel	-	-	-	-	-	-	-	-	-	-	-	-	-	-
4.10. Upgrading laboratory infrastructure	994 437	614 748	13 980	285 812	314 956	379 689	-	-	379 689	-	-	-	-	-
4.11. Construction of new health centers	-	-	-	-	-	-	-	-	-	-	-	-	-	-
4.99 Others / Not-elsewhere classified	6 457 831	1 177 781	-	1 143 248	34 533	5 217 078	-	-	5 217 078	-	-	62 972	62 972	-
Incentives for Human Resources	226 550	183 327	183 327	-	-	43 223	-	-	-	-	43 223	-	-	-
5.1. Monetary incentive for physician	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5.2. Monetary incentive for nurses	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5.3. Monetary incentive for other staff	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5.4. Formative education and build-up of an AIDS workforce	212 924	183 327	183 327	-	-	29 597	-	-	-	-	29 597	-	-	-
5.5. Training	13 626	-	-	-	-	13 626	-	-	-	-	13 626	-	-	-
5.9 Others / Not-elsewhere classified	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Social Protection and Social Services excluding Orphans and Vulnerable Children	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6.1. Monetary benefits	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6.2. In-kind benefits	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6.3. Social services	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6.4 Income generation	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6.9 Others / Not-elsewhere classified	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Community development & Enhanced Environment to reduce vulnerability	2 971 881	3 307	3 307	-	-	2 934 713	1 436 070	283 147	821 104	-	394 392	33 861	33 861	-
7.1. Advocacy and strategic communication	945 867	-	-	-	-	912 006	696 673	58 157	-	-	157 176	33 861	33 861	-
7.2. Human rights	701 317	-	-	-	-	701 317	520 706	-	-	-	180 611	-	-	-
7.3. AIDS specific institutional development	503 594	3 307	3 307	-	-	500 287	218 691	224 990	-	-	56 605	-	-	-
7.4 AIDS specific programs involving women	-	-	-	-	-	-	-	-	-	-	-	-	-	-
7.9 Others / Not-elsewhere classified	821 104	-	-	-	-	821 104	-	-	821 104	-	-	-	-	-
Research including operations research which is included under	562 049	42 459	32 535	2 158	7 766	519 590	-	50 000	469 590	-	-	-	-	-
8.1. Biomedical	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8.2. Clinical	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8.3. Epidemiological	92 077	-	-	-	-	92 077	-	-	92 077	-	-	-	-	-
8.4. Social science	34 538	34 538	24 614	2 158	7 766	-	-	-	-	-	-	-	-	-
8.5. Behavioral	251 924	7 921	7 921	-	-	244 003	-	-	244 003	-	-	-	-	-
8.6. Economic	13 811	-	-	-	-	13 811	-	-	13 811	-	-	-	-	-
8.7. Research capacity strengthening	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8.8. Vaccine-related research	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8.9. Others / Not-elsewhere classified	169 700	-	-	-	-	169 700	-	50 000	119 700	-	-	-	-	-

UKRAINE: NATIONAL REPORT
ON MONITORING PROGRESS TOWARDS THE UNGASS DECLARATION OF COMMITMENT ON HIV/AIDS

Reporting period: January 2006 – December 2007

The publication of this report was made possible with support from UNAIDS and the International HIV/AIDS Alliance in Ukraine.

Signed to print 26.05.08. Format 60x90/8

Garniture Pragmatica. Circulation in 500 copies.

Publisher and Printing Office Attributes

LTD “Agency “Ukraine”

Kiyv, O.Gonchara St., 55, ap. 60

Tel.: 8 (044) 246-41-69, 489-64-14

UKRAINE'S NATIONAL REPORT ON MONITORING PROGRESS TOWARDS THE UNGASS DECLARATION OF COMMITMENT ON HIV/AIDS REPRESENTS A SYSTEMATIC OVERVIEW OF THE STATUS OF THE NATIONAL RESPONSE TO HIV/AIDS IN UKRAINE FOR THE PERIOD JANUARY 2006 TO DECEMBER 2007. THROUGH SUBMISSION OF THIS REPORT, UKRAINE IS FULFILLING ITS REPORTING REQUIREMENTS ON THE IMPLEMENTATION OF ITS NATIONAL COMMITMENTS, AS OUTLINED IN THE UNGASS DECLARATION OF COMMITMENT

Альянс
Міжнародний Альянс з ВІЛ/СНІД в Україні

UNAIDS
JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS
UNHCR UNICEF WFP UNDP UNFPA UNODC ILO UNESCO WHO WORLD BANK