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Overview of existing HIV counseling training resources in Ukraine

REPORT

October 29, 2014

Prepared by Olena Nechosina, RESPOND Project Consultant

The USAID RESPOND Project funded under the U.S. President's Emergency Plan for AIDS Relief is aimed at reducing the HIV transmission among key populations in Ukraine. The project is implemented by Pact, Inc. in partnership with FHI360.

This publication is made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents do not necessarily reflect the views of USAID or the United States Government.

RESPOND: Quality of Services - Network and Organizational Strengthening - Data for Decision Making

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REPORT

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Table of contents

1. Introduction
2. Goal and objectives of the review
3. Terminology and definitions used in the report
4. The system of HIV counseling and testing in Ukraine:
 - 4.1. Regulatory framework for HIV counseling and testing and training of relevant specialists
 - 4.1.1. VCT algorithm and contents.
 - 4.1.2. Counseling sites.
 - 4.1.3. VCT counselor.
 - 4.1.4. VCT supervision, monitoring and evaluation.
 - 4.2. Recommendations concerning external evaluation and prospects for adopting a new VCT protocol.
5. Comparative analysis of HIV counseling training resources
 - 5.1. Organization of training of physicians and other workers that can provide VCT.
 - 5.1.1. Advanced training of physicians and other specialists.
 - 5.1.2. Workshops, seminars and other training events.
 - 5.2. Overview of HCT training resources.
 - 5.2.1. Chronological overview of HCT training resources.
 - 5.2.2. Overview of training programs by various types of target groups.
 - 5.2.3. Percentage of teaching time devoted to the topic “Counseling” in training programs.
 - 5.2.4. Organizational aspects of HCT training activities.
 - 5.3. Overview of training programs related to treatment of PLHIV and building adherence

Conclusions and recommendations

Annexes:

- Annex 1. List of HIV counseling training resources: Training programs
- Annex 2. List of HIV counseling training resources: Training manuals
- Annex 3. List of individuals and organizations that provided information on training resources
- Annex 4. List of regulatory documents on HIV counseling and testing.

1. Introduction

HIV counseling and testing is a key component in prevention, treatment and care programs targeting PLHIV and AIDS patients. According to external experts¹, “Ukraine’s HIV counseling and testing system is one of the most developed HIV/AIDS prevention components, however, the effectiveness and quality of service are still erratic and insufficient to ensure early detection of HIV-positive individuals and their timely involvement in HIV services”. Important issues related to the organization of laboratory diagnostics and the health system also include HIV counseling in order to ensure effective and quality communication process between doctor and patient, and motivate the latter to undergo examination and further treatment. Therefore, training of health workers in HIV counseling is an important area of the HIV/AIDS public policy. In recent years, training on HIV becomes increasingly important not only for infectious disease specialists, but also for other health professionals of different specialties and levels of health care. Ukraine has gained considerable experience and developed various training resources related to HIV counseling; a significant number of professionals were trained in the system of post-graduate education and in training format. However, the development of the epidemic process and the system of HIV/AIDS prevention services, as well as the availability of new evidence-based international practices, requires continuous revision and improvement of the national HIV training system.

Project USAID RESPOND (“Improving HIV/AIDS services for MARPs in Ukraine”) is intended to assist the Government of Ukraine in reducing HIV transmission among the most at-risk populations and their sexual partners by improving the continuity of prevention, care, treatment and other support services provided by local organizations.

Specifically, the project plans to provide technical assistance in organizing HIV counseling and testing, developing the revised training program in line with international guidelines, modern requirements and the VCT protocol. It is proposed that the revised training program be based on a modular course in HIV counseling² (developed by UNICEF, FHI 360, WHO, hereinafter referred to as the modular course in HIV counseling).

The modular course in HIV counseling comprises the following components:

- Voluntary counseling and testing
- Provider-initiated counseling and testing
- Treatment and care counseling

The revised training course will be developed and adapted based on long and extensive experience of partners in HIV counseling and testing training and best Ukrainian practices. To this end, existing training programs on HIV counseling and testing were reviewed.

Conclusions and recommendations of the report will be presented at a meeting of the working group on HIV counseling and testing.

¹ HIV counseling and testing in Ukraine. Evaluation report, April 2013.

² http://www.unicef.org/eapro/HIV_handbook.pdf

2. Goal and objectives of the review

Goal of the review: to analyze existing HIV counseling and testing training resources for healthcare providers in order to develop a revised training program in line with modern requirement and national protocols.

The subject matter of the review deals with HIV counseling training resources, i.e. training programs and manuals. A list of training resources is available in Annexes 1 and 2.

The following resources were analyzed:

11 HIV counseling training programs, including 8 relating to VCT and HCT, 3 programs related to treatment of PLHIV.

7 training manuals on HCT

Information was gathered for care providers on all existing training resources (training programs and manuals) on HIV counseling. To this end, interviews were conducted with representatives of partner organizations; information was also collected from public sources.

In order too take into account key recommendations of independent experts on improving the HCT system in Ukraine the latest evaluation report on the National Program 2009-2013 was analyzed.

Also, the current regulatory framework on HIV counseling and testing and the public advanced training system was analyzed.

A comparative analysis of existing training resources dealt with several aspects: the goal and the target group, a proportion of topic related to counseling, the status of training programs and their viability.

Based on the results of the analysis, conclusions and recommendations were brought up for discussion by the VCT working group in order to develop an updated training program on HIV counseling.

The review was conducted in 2014 (in August – collection of information, interviews with partners (see Annex 3), in September – analysis of information and writing of the report).

Limitations:

This report does not analyze the effectiveness and practice of using various forms and methods of training; it only analyzes the formats of the sessions contained in training programs.

The main focus of the review is placed on topics related to VCT and HCT. Also, a brief overview of only 3 training programs that include topics dealing with counseling on treatment of PIHIV and treatment adherence is offered.

3. terminology and definitions used in the report

It is noteworthy that HIV terminology is introduced and used very rapidly and different definitions are adopted in various training resources. Therefore, this section lists basic definitions that are used in the report.

The WHO methodological guidelines contain the following definitions and methodology for implementing relevant models.

HCT – HIV counseling and testing

VCT – voluntary counseling and testing (is a type of HCT). WHO documents also use the notion “client-initiated counseling and testing” that means that a client actively seeks the services of a facility that provides counseling and testing³.

PICT – provider-initiated counseling and testing, is a type of HCT. It refers to counseling and testing as a standard procedure that a health worker recommends to a patient who contacted the healthcare facility. The main goal is to help make specific clinical decisions and/or prescribe medical interventions, for which the patient’s HIV status should be known.⁴

The modular course in HIV counseling and testing (developed by UNICEF, FHI 360, WHO) uses the following definitions:

HIV counseling is conducted in order to prevent HIV transmission through the provision of information about risks, to help clients develop their individual safe behavior skills, to provide psychological support for people living with HIV and affected by the epidemic with a view to improving their emotional, psychological, social and spiritual condition, and supporting adherence to treatment. There are the following types of HIV counseling: prophylactic counseling to reduce the risk of HIV transmission, pretest and posttest counseling, continuous counseling of people affected by HIV, treatment counseling, and pediatric counseling.

The existing VCT guidelines (protocol), approved by MOH order #415 of 08.19.2005, registered with the Ministry of Justice of Ukraine on November 22, 2005 (under # 1404/11684) (hereinafter referred to as the VCT protocol) uses the following definitions:

VCT refers to voluntary counseling that includes advice on medical, psychological, legal and other issues, medical, social and other assistance provided by public and municipal health and other public and municipal institutions, organizations and institutions, health facilities of other forms of ownership, associations of citizens, and HIV testing at public and municipal health facilities with special equipped laboratories accredited under the procedure established by the Cabinet of Ministers of Ukraine.

In recent years, the term “HIV counseling and testing” has been used in regulatory documents, including the draft new national program and a new edition of the Standard regulations on Trust offices.

Therefore, this report will be use the terms “HTC” and “HIV counseling”. The term “HIV counseling” reflects a variety of counseling topic depending on clients’ HIV status and needs. The term “HTC” summarizes various models of HIV counseling and testing, namely (client-initiated) voluntary counseling and testing and provider-initiated counseling and testing. Analysis of each training resource will use the terms used in a particular training resource.

³ Guidance on provider-initiated HIV testing and counselling in health facilities, WHO, 2007
http://whqlibdoc.who.int/publications/2007/9789244595565_rus.pdf?ua=1

⁴ Ibid.

4. The system of HIV counseling and testing in Ukraine

4.1. Regulatory framework for HIV counseling and testing and training of relevant specialists

HIV counseling and testing is an integral component of the HIV/AIDS response and national programs. *The Law of Ukraine “On preventing the spread of diseases caused by the human immunodeficiency virus (HIV), and legal and social support for people living with HIV”*⁵ (hereinafter referred to as the Law) defines the following among state guarantees: “accessible and appropriate quality HIV testing, including anonymous testing, *provision of pretest and posttest counseling*, and ensuring the safety of testing for the client and staff conducting testing”, and specifies requirements for the HIV detection conditions and procedure.

Under Article 6 of the Law an individual shall be entitled to “receive testing to detect HIV” (hereinafter referred as testing), including *qualified pretest and posttest counseling* provided according to an appropriate testing protocol⁶, approved by the central executive body that formulates the national health policy”. Article 7 of the Law also prescribes mandatory posttest counseling and defines its contents if the HIV test result is positive: “Qualified posttest counseling is a mandatory component of HIV testing, during which the individual who has tested positive should be informed about preventive measures to maintain his/her health, prevent a further spread of HIV, about guarantees ensuring the rights and freedoms of people living with HIV, as well as about criminal responsibility for knowingly putting another person at risk of infection and/or HIV infection.

In addition, the law defines the right of people living with HIV “to be informed about the services related to the provision of necessary psychological, social and legal support, and to voluntarily receive such support in a manner that does not result in the disclosure of their HIV status”.

Thus, the law mandates the provision of *qualified HIV counseling* during HIV testing for HIV-positive individuals as well.

As noted above, *the HIV counseling and testing guidelines are defined in the relevant protocol, approved by the Ministry of Health on 08.19.2005, #415*, as amended by MOH order #114 of 02.14.2012⁷.

According to the Protocol, *the goal of VCT* is “to provide voluntary counseling on the routes of HIV transmission and HIV prevention, assist clients in making a voluntary informed decision about HIV testing, determine the client’s HIV status, support further safe behavior, and provide timely medical care: screening for tuberculosis, sexually transmitted infections (STIs), opportunistic infections and their treatment, timely initiation of antiretroviral therapy (ART), prevention of mother to child HIV transmission, family planning services and comprehensive support (including peer support).”

4.1.1. VCT algorithm and contents.

The protocol defines the procedure, form and contents of pretest and posttest counseling. It includes *group counseling/information provision* and *individual pretest counseling*. Group counseling does not establish individual risks and individual consequences of the positive test result. The protocol provides the contents/algorithm for counseling at all stages of the procedure (pre- and posttest counseling, in particular for different results), in various forms (group and individual), and takes into account specific target groups⁸.

⁵ <http://zakon4.rada.gov.ua/laws/show/1972-12>

⁶ The VCT procedure (protocol), approved by MOH order #415 of 08.19.2005, registered with the Ministry of Justice of Ukraine on November 22, 2005 under # 1404/11684

⁷ <http://zakon4.rada.gov.ua/laws/show/z1001-12>

⁸ The contents of counseling is available in Annex 1 to the Protocol and it includes information on counseling such groups as pregnant women, couples, parents and representatives of children born to HIV-positive mothers, adolescents,

The Protocol also establishes *requirements for the organization of HCT process*, including requirements for recordkeeping, which will ensure confidentiality, for *consulting sites, for VCT consultants and supervision*.

The HCT process/algorithm can be implemented by a different number of people (in theory, both by one person who provides pre- and posttest counseling and HIV testing, and by several persons).

4.1.2. Counseling sites.

Pre- and posttest counseling can be provided either in *stand-alone VCT sites* (trust offices, associations of citizens, syringe exchange points, mobile VCT services for hard to reach populations and rural areas, etc.) or at *health facilities* (prenatal clinics, STIs, substance abuse, TB clinics, territorial polyclinics, AIDS centers, blood transfusion stations) if they meet the principles of VCT (see Section 3 of the Procedure). Counseling sites can be *stationary* or *mobile*. When arranging and locating counseling sites, including setting visiting hours, one should take into account the needs of potential clients (pregnant women, young people, PWIDs, CSWs, MSM).

Under Article 6 of the Law, HIV testing, pretest and posttest counseling, preparation and issuance of a conclusion on the results of such testing can be done by health facilities regardless of ownership and subordination, by social support services and other organizations working to prevent HIV and appropriately licensed to carry out such activity and having a legally accredited medical laboratory (hereinafter referred to as the institution that conducted testing).

4.1.3. VCT counselor.

HIV pretest and posttest counseling can be provided by a *worker* of a public, municipal *health facility, other public or municipal facility*, institution or organization, as health facility with other form of ownership, a *representative of an association of citizens who is appropriately trained* to conduct such counseling (paragraph 1.1 of the Protocol).

According to paragraph 5.3 of the Protocol, pretest and posttest counseling can be provided by “health professionals (physicians and nurses), psychologists, social workers, appropriately trained representatives of associations of citizens working in the area of HIV/AIDS (including PLHIV groups).

The protocol defines the main principles of counseling, general requirements for the counselor’s skills and professional behavior, and recommendations to prevent emotional exhaustion (occupational burnout) among counselors.

Special training of counselors consists of a list of topics that the counselor is required to learn as part of the Protocol and 24 hours of training sessions (see Annex 2 of the Protocol)

1. An overview of the HIV/AIDS epidemic in the world, Eurasia and specifically its development in Ukraine. The national strategy for combating HIV/AIDS in Ukraine. Ukraine’s legislation on VCT.
2. VCT as the entry point to prevention and medical care. The main goal, objectives and principles of VCT. The VCT procedure. The system of interaction (sections 2, 3, 4, 5.5 of the VCT procedure)
3. The procedure for ensuring confidentiality of VCT services. Requirements for counselors and counseling sites. Skills of an effective counselor. Preventing emotional exhaustion (the “burnout” phenomenon) and professional stress among counselors (sections 5.1, 5.3 and 5.4 of the VCT procedure)

provision and does not have a high quality indicator to measure the level of registration of HIV-positive persons and coverage with services. At the same time, late registration is a serious problem, especially among MARPs.

The report *repeatedly mentions a lack of quality of HCT counseling* and an *“imperfect system of assessing outcomes of each stage and the overall process*, which reduces the efficiency of HCT service delivery.” Since the effectiveness of HCT greatly depends on one of the 2 the approaches i.e. the client seeks counseling voluntarily (VCT) or counseling is offered by the provider, the use of the first approach (VCT) implies efforts to reduce personal barriers for the client (including through counseling).

In many instances, the level of *HCT service provision does not meet clients’ needs*. This is due to the lack of coverage of certain populations, and the incompleteness of services per se. First of all, it has to do with *low motivation of clients* to receive the whole package of services, and if necessary, to seek other services. At public health facilities, HCT is mainly provided by physicians, and there are still *problems associated with confidentiality*. Therefore it is necessary to guarantee the basic principles of VCT (including confidentiality), which is possible to achieve by instituting a quality assurance system with elements of continuous supervision and evaluation of service quality.

Most recommendations relate to HIV testing, however, some of the recommendations concern counseling:

- Adopt new national HCT guidelines,... including *define quality assurance procedures and set standards of counseling quality*.
- Ensure increased involvement of MARPs and bridge groups in HCT services *by removing personal* and systemic *barriers*, by *building individual motivation for services*, and implement the provider-initiated counseling and testing approach.

One of the key recommendations concerning external evaluation is *to develop a new VCT protocol* that will consider both the national HIV counseling and testing context, and new international approaches and practices (e.g., provider-initiated HCT). With the support of the WHO Country Office in Ukraine has drafted a new HCT protocol, but it has not yet gained official status and the prospects for its adoption is unclear in the near future. Some important issues relating to HCT are regulated through amendments to existing regulatory documents.

5. Comparative analysis of HIV counseling training resources.

The section analyzes training resources not only related to HCT, but also counseling advice on treatment of PLHIV according to the definition of “HIV counseling”.

The subject matter of the review deals with HIV counseling training resources, i.e. training programs and manuals. A list of the training resources mentioned in the review is available in Annex 1.

5.1. Organization of training of physicians and other workers that can provide VCT.

As required by the Protocol, health workers, other public state and municipal institutions, organizations of all forms of ownership can act as VCT counselors. The Protocol also states both medical professionals (physicians and nurses) and specialists of other specialties (psychologists, social workers, etc.) can provide VCT.

In addition, the Protocol defines different methods of training – both through educational establishments (including postgraduate education and advanced training as one of its types) and through other activities organized by international technical assistance projects (training events, seminars, etc.).

5.1.1. Advanced training of physicians and other specialists.

The guidelines for *advanced training* of specialists of different professions are regulated by orders of relevant ministries. For example, advanced training of physicians is ensured by MOH order #166 of 22.07.93 (registered with the Ministry of Justice of Ukraine on August 27, 1993, under #113) “On further improvement of the system of postgraduate training of physicians (pharmacists)”¹¹, advanced training of nurses is regulated by MOH order #198 of 07.09.93 (registered with the Ministry of Justice of Ukraine on December 31, 1993, under #206) “On advanced training of junior specialists with medical and pharmaceutical education”¹². Advanced training of psychologists is mandated by orders of the Ministry of Education and Science, and that of social workers by orders of the Ministry of Social Policy¹³. Advanced training is provided by various educational establishments that issue certificates for further appraisal of the employee. The above-mentioned orders also establish requirements to a training format – courses of specialization or thematic cycles of improvement, and the duration and training contents.

Let us look at the system of training of doctors (pharmacists). Postgraduate training is provided in three ways:

Specialization is the obtaining by a physician or pharmacist of one of the medical and pharmaceutical professions listed in the relevant nomenclatures. It takes place in an internship at continuing education institutes (faculties) and medical (pharmaceutical) departments of medical (pharmaceutical) institutes, as well as basic health facilities.

Skills upgrade is further improvement of professional knowledge and skills of a physician or pharmacist to maintain the current level of training. Physicians upgrade their skills at continuing education institutes (faculties) where they are sent by health authorities to undergo a cycle of thematic advanced training, or under direct contracts with institutions of other sectoral ministries. Thematic advanced training involves upgrading skills in specific sections of the relevant specialty. If necessary, physicians (pharmacists) are sent to undergo thematic advanced training in between requalification cycles.

Information and internship courses refer to a type of advanced training of physicians, which enables them to identify relevant theoretical issues and acquire practical skills in the relevant section of their specialty. Information courses are conducted at R&D and medical institutes, multidisciplinary and specialized healthcare, sanitary-epidemiological and pharmaceutical

¹¹ <http://zakon4.rada.gov.ua/laws/show/z0113-93>

¹² <http://zakon2.rada.gov.ua/laws/show/z0206-93>

¹³ http://www.mlsp.gov.ua/labour/control/uk/publish/article?art_id=161046&cat_id=161043

establishments, as well as institutes (faculties) of continuing education for physicians (pharmacists).

Postgraduate training can include *fulltime, distance and hybrid learning*, and in the format of *field cycles* (thematic improvement through visits to local training facilities at the request of health facilities) and *intermittent advanced training courses* at local training facilities with partial absence from the workplace for one or two days per month.

As noted above, the guidelines for advanced training of specialists of different professions are regulated by orders of relevant ministries. The fundamental principles of postgraduate education are formulated in the Law of Ukraine “On Education”. However, as part of comprehensive reforms, the Ministry of Education drafted the bill “On postgraduate education”¹⁴, which was brought forward for public discussion but the prospects for adoption are unknown.

Government orders for advanced training are executed in accordance with the Law of Ukraine “On creating and placing governmental orders for training of specialists, scientific, teaching and worker Staff, advanced training and retraining”¹⁵, under the Procedure for creating government orders for training of specialists, scientific, teaching and worker staff, advanced training and retraining (approved by Cabinet of Ministers directive #306 of April 15, 2013)¹⁶ and the Procedure for placing government orders (approved by Cabinet of Ministers directive #363 of May 20, 2013)¹⁷.

In accordance with these regulatory documents, government customers (central and local executive authorities which are spending units) determine the volume of training needs of specialists of various fields of knowledge and specialization to be funded from the budget. Performers of government orders can be public or municipal educational establishments that have been awarded a government contract on a competitive basis.

Thus, annually, the Cabinet of Ministers of Ukraine determines the volume of orders for the relevant year in terms of budget spending, educational levels and sectors (for example, see order volumes for 2014¹⁸), after which each state customer approves the order details for the sector (e.g. see order volumes by the Ministry of Health for 2014¹⁹).

5.1.2. Workshops, seminars and other training events.

According to the VCT Protocol counselors can receive training from international organizations and projects. Typically, such training programs are implemented in various forms – workshops, seminars, working meetings, conferences etc. There are well-known and generally accepted approaches to developing training programs and materials, however, each organization may have its own requirements for their design. In addition, the conduct of workshops and other training activities largely depends on the individual style of the trainer.

Upon completion of a training event participants normally receive certificates from the organization that conducted the event, or from the organization that funded the event. Formally, certificates cannot be officially recognized during a performance appraisal of a specialist of a budget institution, however, there are examples where such certificates have added points to the overall rating during the appraisal.

5.2. Overview of HCT training resources.

Given that HIV counseling encompasses a wide range of topics from pretest and preventive treatment to support for treatment adherence, it would be useful to analyze HCT training programs and other HIV treatment support programs separately.

¹⁴ <http://mon.gov.ua/ua/pr-viddil/1312/1390288033/1402407744/>

¹⁵ <http://zakon2.rada.gov.ua/laws/show/5499-17>

¹⁶ <http://zakon2.rada.gov.ua/laws/show/306-2013-%D0%BF/paran12#n12>

¹⁷ <http://zakon2.rada.gov.ua/laws/show/363-2013-%D0%BF/paran7#n7>

¹⁸ <http://zakon2.rada.gov.ua/laws/show/212-2014-%D0%BF/page>

¹⁹ http://www.moz.gov.ua/ua/portal/dn_20140723_0516.html

Training programs mentioned in this report can be divided into two types depending on their formal status – course of thematic improvement courses and workshops (training events).

5.2.1. Chronological overview of HCT training resources.

HIV counseling and testing are one of the key components of prevention, which has been implemented in Ukraine since the onset of the epidemic. As a service, HCT has a certain history of development, including new models and approaches (rapid tests, mobile laboratories), the extent of its implementation (AIDS centers, trust offices and integration into the overall healthcare network). Therefore, the development of the HCT service and the extent of its implementation require appropriate staffing – both training of new professionals and upgrading/updating the existing knowledge of VCT counselors.

Since the onset of the HIV epidemic the first international technical assistance projects has been paying attention to HIV counseling and testing. Thus, as part of the USAID program “Prevention of mother to child HIV transmission in Ukraine”, which was implemented by AINA between 2000 and 2008, a standardized training course on mother to child HIV transmission was developed and implemented, one of the elements of which was HIV counseling and testing of pregnant women, and also other issues related to HIV counseling for this category of clients²⁰. This project had a significant impact on the development of program to prevent mother to child transmission in Ukraine. However, this review mentions it only historically without its inclusion in the analysis.

One of the first large-scale HCT training programs for VCT was implemented by the USAID Sunrise Project (2004-2011). 12 VCT trainers were trained, and several hundred health medical and social workers were trained (who work at centers of social services for children, families and youth, and in NGOs)²¹. *PATH*, an international organization, was responsible for developing the program and conducting the training events. The project developed a training module called “*HIV counseling*”²² and published the manual “HIV voluntary counseling and testing”²³ and working cards for counselors. Incidentally, the counselor working cards were mentioned by almost all interviewees as very useful and relevant both training of counselors and for their future counseling work.

The training program “*HIV counseling*” consists of 7 modules, each of which can be used as a separate training session, or as part of a training course. Three training modules are devoted to counseling: counselor skills, types of counseling and prevention of occupational burnout. A separate module covers specific aspects of counseling of different clients. There are also modules on basic issues related to HIV infection and epidemic development.

Trainers trained by *PATH* is still involved in conducting HCT training events.

However, the expansion of VCT (introduction of a 5% coverage indicator for the general population, creation of a network of trust offices, etc.) requires that HCT topics be included in the formal system of postgraduate training.

In 2007, specialists of the Department of Virology of *the National Medical Academy of Postgraduate Education (NMAPE)*, with the support of the USAID project “*Health Policy Initiative*” (implemented by Constella Futures) developed the *thematic improvement cycle “HIV voluntary counseling and testing”*²⁴ (the program was revised in 2011). The training program was designed for physicians, mostly virologists and laboratory assistants. The main focus of the program

²⁰ http://www.aiha.com/en/WhatWeDo/Mother-to-ChildHIV_GTP.asp

²¹ http://www.aidsalliance.org.ua/ru/library/our/finalreport/pdf/sun12_preview.pdf

²² [HTC resources/review PATH training.doc](#)

²³ [HTC resources/review book VCT PATH 2008.doc](#)

²⁴ [HTC resources/review TU VCT.doc](#)

is placed on HIV infection and laboratory diagnosis; it also includes topics dealing with pretest and posttest counseling. Advanced training courses as part of this cycle are still taught to meet government orders (see subsection 5.1.1). This program can be commissioned from other off-budget sources (including international projects).

In 2007, the manual “*Basic issues of HIV voluntary counseling and testing*”²⁵ was published (with the support of the USAID project “Health Policy Initiative” (it was implemented by Constella Futures)²⁶

As per WHO/Ukraine recommendations, the introduction of a new HCT model is becoming imperative i.e. provider-initiated counseling and testing. Specific aspects of provider-initiated HIV counseling and testing were identified in the “*Methodological guidelines for health workers to provide HIV counseling and testing*”²⁷. In order to promote this model seminars and meetings were conducted, including at the regional level.

Due to the widespread use of rapid tests in HCT practices, a series of training programs on this subject were developed and implemented, including the thematic improvement cycle “HIV counseling and testing using rapid tests” (NMAPE) (in 2011).

A lot of work to introduce rapid testing has also been done by the Clinton Foundation. Since 2008, the Foundation and with the Hromashevskiy Institute for Infectious Diseases have been conducting regular training events for HCT practitioners (physicians, nurses and laboratory assistants).

To organize HIV rapid testing by mobile clinics (as a component of HIV prevention projects among MARPs) the training course “*HIV voluntary counseling and rapid testing*”²⁸ and the manual “*HIV counseling and rapid testing as part of prevention projects for MARPs*”²⁹ were developed.

The above training course (including for mobile clinics) was developed by specialists of the *Alliance* as part of rapid testing technical assistance projects implemented by the Global Fund.

Training is conducted regularly when specialists are required for new projects or when the knowledge of already working specialists needs to be upgraded. The continuation of such training activities will depend on whether funding is approved by the GF (second phase).

Recent trends in the development of HIV prevention programs, including HCT ones, involve the decentralization of services, including to the primary health care level. To train family physicians the thematic improvement cycle “*HIV counseling and HIV testing for family physicians*”³⁰ was designed. The cycle was developed by experts of the departments of virology, family Medicine and outpatient care (NMAPE) as part of the *USAID project “Financing and management in health care”* (HFG Ukraine Project, which was implemented by Abt Associates Inc.). In 2013, training was provided to family physicians in Chernihiv oblast (with the support of the project). In the future, training will be provided by request. Also, as part of this project a series of workshops for nurses were held to improve their rapid testing skills.

To meet program needs of youth, including most at-risk adolescents, a series of UNICEF-supported training activities were carried out in Ukraine, including for specialists of Youth Friendly Clinics. Also, two publications “Adolescents at risk of HIV infection: Book for Trainers” (2012) and a translation of the WHO recommendations “HIV and adolescents: guidance on HIV counseling and testing and care for adolescents living with HIV” (2013) were published. With the

²⁵ [HTC resources/review book VCT 2007.doc](#)

²⁶ [HTC resources/review book VCT 2007.doc](#)

²⁷ [HTC resources/review book KiT MOH 2011.doc](#)

²⁸ [HTC resources/review Alliance training.doc](#)

²⁹ [HTC resources/review book express tests Alliance 2012.doc](#)

³⁰ [HTC resources/review TU VCT family doctors.doc](#)

support of UNICEF, trainers were trained to work with most at-risk adolescents, including on issues of HIV counseling and testing.

Training in HCT is provided at the regional level at the request of regional AIDS centers, inter-regional resource centers based at NGOs and other organizations. As a rule, these training activities depend on the availability of resources (mainly international projects) and use existing training programs.

5.2.2. Overview of training programs by various types of target groups.

As noted above, the HCT training programs were developed on the basis of needs and new models of HIV counseling and testing. The table below gives information on the target audience and the goals of the training programs. According to the interviewees, the target audience of each training program was determined based on the needs of the customer (both government and those of donor organizations) or the specifics of a particular project (e.g. training of family physicians and health workers who will work in mobile clinics).

Therefore, depending on the target audience, training programs can be divided into the following groups:

- Uniform professional groups (composed of experts with one specialization and qualification level, such as family physicians, psychologists or a group of psychologists).
- Professional groups with different specializations (e.g., infectious disease specialists, virologists, family physicians, etc.).
- Professional groups with different skill levels (e.g., physicians and nurses, or social workers and social care assistants).
- Combined professional groups (composed of specialists in various disciplines, for example, health and social workers. One type of such groups is a team of different specialists if they perform different stages of the HCT algorithm and interact with one another).

Training program	Target audience	Program goal	Type
Workshop “HIV/AIDS counseling” (PATH)	Health workers, social workers, volunteers; also can be used to train trainers	To review and revise counselors’ knowledge of HIV. To discuss today’s importance of HIV testing and advantages of knowing one’s own HIV status To improve professional HIV counseling skills.	Combined professional group
Thematic improvement “HIV voluntary counseling and testing”	Virologists, specialists in virology from HIV diagnostic laboratories, laboratory assistants at health facilities, healthcare managers who are involved in the organization of VCT and trust offices, general physicians and	To improve theoretical and practical knowledge of HIV/AIDS and the HIV voluntary counseling and testing procedure; To learn simple and rapid tests and methodology and principles of VCT, pretest and posttest	Professional group with different specializations

	physicians from specialized services who work at VCT sites and offices	counseling, supervision, and HIV monitoring and evaluation	
Thematic improvement “HIV counseling and rapid testing”	Health workers involved in HCT service delivery, healthcare managers who will organize HCT service delivery, medical psychologists, physicians (specialists) –virologists from HIV diagnostic laboratories, laboratory assistants (clinical lab diagnostics), general physicians and physicians from specialized services who are working or will work at HCT sites and offices .	To improve theoretical and practical training of physicians on HIV/AIDS, the HCT procedure and role in the prevention of the epidemic; To learn simple/rapid tests and the HCT methodology and principles, specificity of HCT delivery to certain MARPs and different social groups.	Professional group with different specializations
Workshop “Provider-initiated HIV counseling and rapid testing” (Clinton Foundation)	Health workers who provide HIV counseling and rapid testing – physicians, nurses, laboratory assistants.	To build health workers’ practical skills at using rapid tests according to the screening algorithm.	Professional group with different skill levels
Workshop “HIV voluntary counseling and rapid testing” (Alliance)	Physicians, nurses, medical laboratory assistants, who will be engaged by HIV prevention staff to provide rapid testing	To gain and improve VCT and rapid testing skills as part of the HIV prevention project implemented by NGO.	Professional group with different skill levels
Thematic improvement “HIV counseling and testing for family physicians”	General practitioners/family physicians	To improve theoretical and practical training of family physicians in HCT and to improve practical skills at HIV counseling and rapid testing.	Uniform professional group with different specializations

Depending on the goals and objectives of training, it is advisable to form a specific group structure – uniform or combined. However, the group structure is also affected by the selected training format – training or advanced training. The training format allows forming combined professional groups more freely, while the advanced training format usually requires uniform professional groups composed of specialists with the same skill level (required by regulatory documents and follow-up certification). It is logical to assume that the main criterion for the

formation of a training group should be the goal and objectives of the training program (e.g., developing specific professional skills or implementing a process involving various professionals).

5.2.3. Percentage of teaching time devoted to the topic “Counseling” in training programs.

One of the state guarantees in the area of HIV is to provide skilled counseling during HIV testing, but one of the main HCT problems in Ukraine is poor quality of counseling. Let us look at the training programs in terms of the percentage of teaching time allocated for the topic “Counseling”, and what methods are used to build counseling skills.

The table below gives provides information on the contents of the training programs, specifically on the topic of counseling.

Training program	Program goal	Topic “Counseling” and teaching methods	Teaching methods	Estimated percentage of time in the overall training program
Workshop “HIV/AIDS counseling” (PATH)	To review and revise counselors’ knowledge of HIV. To discuss today’s importance of HIV testing and advantages of knowing one’s own HIV status To improve professional HIV counseling skills.	<i>Module 4.</i> Counseling skills <i>Module 5.</i> HIV counseling (pre-, posttest, counseling of pregnant women) <i>Module 6.</i> Clients’ care and social support needs (Counseling on “difficult issues” <i>Module 7.</i> Prevention of occupational burnout and stress	Slide demonstration with trainer’s comments Working in small groups to discuss results Brain-storming session Working in small groups Role-playing Individual work	About 60% of the entire program (4 of 7 modules), but there may be changes depending on the format of a specific workshop.
Thematic improvement “HIV voluntary counseling and testing”	To improve theoretical and practical knowledge of HIV/AIDS and the HIV voluntary counseling and testing procedure; To learn simple and rapid tests and methodology and principles of VCT, pretest and posttest counseling, supervision, and HIV monitoring and evaluation	VCT procedure. VCT basic principles, VCT protocol and organization of VCT services Pretest and posttest counseling Supervision, VCT monitoring and evaluation	Teaching hours for the entire module which also includes VCT organizational aspects: Lecture hours – no longer than 2 hours Practice hours – no longer than 20 hours Seminar hours – no longer than 10 hours Total – no longer than 34 hours.	About 45% of the entire VCT cycle time, including organizational issues, algorithm as a whole and counseling. One can assume that half the teaching time is devoted to the topic of counseling.

Thematic improvement “HIV counseling and rapid testing”	To improve theoretical and practical training of physicians on HIV/AIDS, the HCT procedure and role in the prevention of the epidemic; To learn simple/rapid tests and the HCT methodology and principles, specificity of HCT delivery to certain MARPs and different social groups.	VCT procedure. Pretest and posttest counseling Supervision, VCT monitoring and evaluation	Teaching hours for the entire module which also includes VCT organizational aspects: Lecture hours– no longer than 10 hours Practice hours – no longer than 26 hours Seminar – no longer than 4 hours Total – no longer than 40 hours.	About 50% of the entire VCT cycle time is devoted to the VCT procedure, including organizational issues, algorithm as a whole and counseling. One can assume that half the teaching time is devoted to the topic of counseling.
Workshop “HIV voluntary counseling and rapid testing” (Alliance)	To gain and improve VCT and rapid testing skills as part of the HIV prevention project implemented by NGO.	Topic 3. HIV counseling (90 minutes) Topic 4. Requirement for the counselor. Counseling skills. (105 minutes) Topic 10. Pretest counseling (105 minutes) Topic 11. Special aspects of counseling of different categories of clients (60 minutes) Topic 12. Special aspects of posttest counseling (30 minutes) Topic 13. Practicing posttest counseling skills in case of the positive and negative result (90 minutes)	Interactive training that includes presentations, working in groups, role-playing, etc.	About 45% of the entire training time (8 astronomical hours with 18.5).
Thematic	To improve	HIV counseling	Teaching hours	About 45% of the

improvement “HIV counseling and testing for family physicians”	theoretical and practical training of family physicians in HCT and to improve practical skills at HIV counseling and rapid testing.	and testing. VCT as an effective HIV prevention tool. Special aspects of provider-initiated counseling and testing Pretest and posttest counseling Supervision, VCT monitoring and evaluation	for the entire module which also includes VCT organizational aspects: Lecture hours – 2 hours Practice – 13 hours Seminar – 20 hours Total – 35 teaching hours.	entire cycle time.
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Almost all training programs are aimed at trainees’ acquiring and/or improving their HCT skills. As the table shows, all the training programs cover topics on various aspects of counseling for almost half the teaching time, including pretest and posttest counseling, special aspects of counseling of different categories of clients, as well as general counseling skills and prevention of vocational burnout. Almost every training program allocates time for skill practice, however, it is difficult to assess the sufficiency of these practical classes because it is not clear what basic counseling experience/skills trainees have.

5.2.4. Organizational aspects of HCT training activities.

As was noted in the chronological overview, the first large-scale HCT training programs were introduced with the support of international technical assistance projects in 2004, mostly USAID projects, as well as the Global Fund. It is important to ensure the viability of training programs, which may include the following aspects:

- (1) the existence of a training program that meets relevant HCT requirements, current trends and needs, and has appropriate certification status;
- (2) the availability of instructors/trainers with an appropriate level of training and experience;
- (3) demand for training, which includes understanding the number of training needs and topics (including in the context of different specialists);
- (4) the availability of resources adequate to meet training needs.

As to the first aspect of sustainability, it is safe to say that currently there are a number of quality training programs in Ukraine, which generally meet the existing VCT protocol and different HCT models (including provider-initiated counseling, and rapid testing). Overall. The existing programs do not overlap with one another, target different audiences, have different focuses of training. All programs include sessions to build practical skills, but their percentage is less than half the duration of each training course. Almost all training programs are supported with relevant manuals.

Some training programs have been institutionalized and incorporated into the advanced training system for physicians (3 cycles of thematic improvement), however, there are no such programs for other professionals including nurses, psychologists, social workers and others.

As far as the availability of HCT instructors/trainers is concerned, this issue has not been explored, yet almost all the respondents mentioned that there were human resources as instructors/trainers and researchers who received training as part of the PATH training course.

As to the demand for training, the issue has not been studied either. However, according to expert assessments, the problem of poor quality counseling has been repeatedly emphasized, but this can be resolved, including through systematic and quality training. In addition, HCT services in Ukraine are constantly evolving, new service delivery models are developed, and healthcare reform has been announced – these and other factors may indicate the need for large-scale HCT training. One can also assume that there is demand for such training, but it is not clear how large it is.

It is most likely that the demand for HCT training depends on specific objectives (of a region or a target group) and the availability of resources (international projects in the first place). In recent years, decentralization of health services has been discussed, which is why training of primary care physicians has become important. For example, the USAID project “Healthcare financing and management”, which is implemented in Chernihiv oblast, supported various forms of training – a cycle of thematic improvement for physicians and workshops for nurses. Also, the Clinton Foundation in Ukraine provides training in 16 oblasts to meet the needs and demand in each region (both for training new staff and updating the knowledge of those who have already been trained).

As to the availability of training resources, it should be noted that a vast majority of training programs in the format of training sessions depends on project funding. Typically, international technical assistance projects plan a closed cycle – from training program design to conduct of a limited number of training events (in some pilot areas or for specific target groups, or in a quantity necessary for the implementation of other project tasks).

Thematic improvement cycles are implemented both at the expense of the budget³¹ in the overall system of training and on a self-financing basis (usually at the expense of international projects).

Therefore, if need arises and if a sponsor/donor is available, it is possible to commission HCT training in the format of training sessions or advanced training. It should be noted that this aspect is closely related to existing demand for training, that is, whether there is virtual demand for training, or whether the demand becomes a commission for training.

³¹ As to the procedure for forming government orders for advanced training – see section 5.1.1

5.3. Overview of training programs related to treatment of PLHIV and building adherence

In recent years, the Continuum of Care approach has been popularized to develop HIV/AIDS programs and services – a continuous cycle of services from HIV counseling and testing, diagnosis to ART. An important aspect of ensuring the continuum of care is quality HIV counseling, starting with preventive counseling, pretest and posttest counseling, and counseling on PLHIV treatment.

In Ukraine, areas of HIV prevention areas have traditionally been differentiated: HIV counseling and testing, prevention programs for MARPs and the general population, treatment, care and support for PLHIV. Specialists were trained in each area and type of service independently. In recent years the system of services has been reorganized in order to develop a continuous service delivery system that will create a need for changing the training approaches.

This report also offers an overview of three main training programs that include HIV counseling components.

All the 3 training programs were designed by a team of the Ukrainian national training center in partnership with other organizations and projects.

The training event “Building and supporting treatment adherence among PLHIV” was held for social workers, psychologists and counselors who work for adherence building projects. A five-day training program includes sessions to develop counseling skills and information sessions on clinical aspects of HIV infection, antiretroviral therapy and its side-effects. The program also involves individual sessions on burnout prevention and organization of a multidisciplinary team.

Between 2009 and 2012, 12 training events were conducted and about 250 people from all regions of Ukraine were trained. Currently, this training activity is no longer carried out by the Ukrainian training center.

The thematic improvement cycle “Fundamentals of antiretroviral therapy in adults”³² was developed in 2010 jointly with NMAPE. The thematic improvement program lasts for 38 academic hours (5 days). The target audience is a multidisciplinary team composed of an infectious disease doctor, a nurse and a social worker/psychologist/case manager, who provide support for ART (i.e. combined professional group). It is noteworthy that an official advanced training certificate is awarded only to doctors, while other trainees (nurses, social workers, psychologists) receive certificates of the training center.

Most sessions deal with clinical aspects of HIV, prescription of ART, side-effects, and treatment of concomitant diseases. Individual sessions are devoted to pre-ART counseling (lectures and practical sessions). The training program includes lectures, practical sessions and an analysis of clinical cases.

The thematic improvement cycle has been conducted on a regular basis since 2010 (more than 20 such training events have been conducted).

The above-mentioned training programs were developed and implemented by the Ukrainian National Training Center as part of GF project. (training under round 6, thematic improvement cycle under round 10).

The training course “Fundamentals of antiretroviral therapy (ART)” was developed by the Ukrainian National Training Center with the support of I-TESN (International Training and Education Center for Health) to provide training at regional training centers, which are part of regional AIDS centers in Vinnitsa and Zaporizhzhia oblasts (another center is planned to be set up in Kharkiv oblast). A five-day training program mainly includes sessions on clinical issues of HIV and ART; one session deals with the assessment of the patient's readiness for ART and adherence

³² The program can be found on the following link <http://hivtri.org.ua/courses/105>

counseling. Overall, the contents of the training program match the contents of the thematic improvement cycle “Fundamentals of antiretroviral therapy in adults”.

The above training courses are designed to develop practical skills of physicians at prescribing and managing ART. The training programs meet the ART clinical protocols, contain practical information and analysis of clinical cases. Although each program has individual counseling sessions, this topic is not a priority in the context of this training.

ART training programs are integrated into the system of postgraduate education and advanced training of physicians (NMAPE). However, members of other specialties (nurses, psychologists and social workers) do not receive an advanced training certificate.

Conclusions:

Organizational and legal context:

HIV counseling and testing for HIV is one of the main components of HIV prevention services.

Ukraine has a developed system of health facilities that provide HCT. HCT is also provided through other models (including prevention programs, mobile clinics using rapid tests). Client-initiated counseling and testing is mainly provided, however, in recent years the provider-initiated counseling and testing model has been introduced.

The HCT procedure is regulated by a protocol, which was approved by the Ministry of Health in 2005. If new models are introduced, relevant changes are made in the protocol and other regulatory documents. There are recommendations concerning the need to develop a new version of the HCT protocol, but the prospects for the adoption of the new protocol are unknown.

According to external experts, one of the main problems is HCT poor quality, including counseling and non-compliance with the HCT principles. Poor HCT quality can be due to both systemic and subjective factors, including lack of or poor quality training, low motivation of staff providing HCT, organizational and other factors.

The new National Special Social HIV/AIDS program 2014-2018, in addition to organizational measures, includes training on HIV counseling and testing for health workers in order to ensure proper service delivery.

Organizational of training of VCT counselors:

Under the Protocol VCT counselors may be experts in different specialties who have received appropriate training (both in educational establishments and international projects). Thus, it is theoretically possible to train VCT counselors both in the advanced training system and in the form of training sessions (workshops).

There are a number of quality training programs in Ukraine, which generally meet the current VCT protocol. The existing programs do not overlap with one another, target different audiences, and have different focuses of training. The viability of many programs depends on the goal and objectives of specific international technical assistance projects. However, some training programs have been institutionalized and incorporated into the advanced training system for physicians (cycles of thematic improvement).

There are no advanced training courses for junior medical staff and specialists from other professions (including psychologists (other than medical), social workers). This creates some problems for staff social workers and non-medical psychologists who work at AIDS centers and trust offices, and who lack advanced training and certification.

Each training format has its advantages and limitations. The advanced training system provides a certificate, which is necessary for further evaluation. Advanced training depends on budget orders.

Informal training (workshops, seminars, etc.) focuses on interactive forms and skill development. However, it is not always possible to obtain a document that will be sufficient for official certification.

As to the contents of training programs – all programs devote about 50% of their time to topics of counseling, including practical classes. However, it is difficult to assess the adequacy of these practical classes, because it is not clear what basic counseling experience/skills trainees have. Looking at the contents of almost all training programs, it is safe to say that they are oriented to participants who have good counseling skills, and they only improve these skills (a specific topic or specificity of a target group). This approach to training can be justified for psychologists, social workers or other professionals, because the main component of their profession is counseling. However, as far as health workers are concerned, the majority of interviewees said that physicians have poor counseling skills and have no time for this. This view is corroborated by the findings of external evaluation of HCT services, which indicate poor quality and non-compliance with basic counseling principles..

Almost all training programs involve testing trainees' pre- and post-training levels of general knowledge of a specific topic, but the level of counseling skills is not measured.

Nevertheless, it is proposed that measuring of knowledge and skills that are necessary for HCT be introduced.

It is useful to determine the scope and contents of practical classes in counseling, taking into account counselors' basic/entry level of knowledge and their reaching the required level to be able to provide adequate quality counseling.

The HCT algorithm and model as part of the continuum of care:

In recent years, emphasis has been placed on the importance of building a system of HIV services as a continuous process – from HIV counseling and testing for to treatment. In Ukraine, this approach to the organizations of HCT services is now being implemented (if HIV is detected, clients are registered for regular checkups, necessary examinations are conducted and appropriate treatment is prescribed).

It is clear that the entire process is implemented by different service providers (and different facilities). It is therefore important for providers and service recipients to have a vision and understanding of this process. Therefore, it is proposed to review the approach to training in HCT: to depart from fragmented training in a particular topic and move on to the presentation of the entire process of continuum of care and communication with other process stages.

Therefore, the proposed modular course in HIV counseling (developed by UNICEF, FHI360, WHO) can be taken as a basis. It offers a wide range of topics that corresponds to all stages of the continuum of care in the area of HIV (prophylactic counseling to reduce the risk of HIV transmission, pretest and posttest counseling, continuous counseling of people affected by HIV, counseling on treatment adherence, pediatric counseling). However, the issue of adaptation is important: adapting the modular course to Ukraine's actualities and needs (with consideration of regulatory requirements for training).

**A list of HIV counseling training resources:
Training programs**

Training programs:

Status	Title	Developed by	Year
HCT training programs			
Workshop	“HIV/AIDS counseling”	PATH	2005
Thematic improvement cycle	HIV voluntary counseling and testing	NMAPE	2007, revised in 2011
Workshop	“Provider-initiated HIV counseling and rapid testing”	Clinton foundation, Hromashevskiy Institute for Infectious Diseases	2008
Thematic improvement cycle	HIV counseling and rapid testing	NMAPE	2011
Workshop	“HIV voluntary counseling and rapid testing”	International HIV/AIDS Alliance in Ukraine	2012
Thematic improvement cycle	HIV counseling and testing for family physicians	NMAPE	2013
Training seminar	HIV voluntary counseling and testing for workers of “Youth Friendly Clinics”	UNICEF	
Workshop	Effective counseling skills. Motivational counseling for behavior change. Principles and technologies of VCT service delivery to most at-risk adolescents	UNICEF	2012
HIV treatment training programs			
Workshop	Building and supporting treatment adherence in PLHIV	Ukrainian National Training Center	
Thematic improvement cycle	Fundamentals of antiretroviral therapy in adults	Ukrainian National Training Center, NMAPE	
Training course	Fundamentals of antiretroviral therapy (ART)	Ukrainian National Training Center	

List of HIV counseling training resources: Training manuals

Training manual for physicians. Basic issues of HIV voluntary counseling and testing/ under the editorship of I.V.Dziublyk. – K., 2007. – 171 p.

Manual. HIV voluntary counseling and testing. The counselor's guide. – K., Publishing house "Styl VS", 2008. – 104 p.

Training manual. HIV counseling and testing: a way to improve services for certain populations/ under the editorship of I.V.Dziublyk. – K., 2010. – 200 p.

Methodological guidelines for health workers on HIV counseling and testing. – K., 2011.

HIV counseling and rapid testing as part of prevention projects among most at-risk populations/ M.Varban, I.Hrishaeva, Yu.Zhytkova, Zh.Parkhomenko, O.Sydorenko. – K., "International HIV/AIDS Alliance in Ukraine", 2012. – 184 p.

Adolescents most at risk of HIV infection: Trainer's book. Study guide. [Ye.V.Anoprienko, T.V.Zhuravel, Zh.V.Parkhomenko] / Under the general editorship of T.V.Zhuravel. – K. : Publishing house "Foliant", 2012. – 252 p.

HIV and adolescents: a guide on HIV counseling and testing and care for adolescents living with HIV. Translation of WHO guidelines for health professionals, senior managers and managers. – K., 2013.

List of persons and organizations that provided information about training resources

Organization, institution	Name
PATH	K. Hamazina, N. Zayika
WHO Country Office in Ukraine	I. Perekhynets, O. Neduzhko
NMAPE, virology department	I. Dziublyk
B. Clinton Foundation in Ukraine	I. Hrishaeva
Ukrainian National Training Center	T. Perepelytsia, M. Kuvatov, O. Tykhonenko, S. Antoniuk
USAID project “Healthcare financing and management”	O. Doroshenko
International HIV/AIDS Alliance in Ukraine	M. Varban
UNICEF in Ukraine	O. Sakovych
All-Ukrainian Community Center “Volunteer”	T. Zhuravel
Monitoring center (Youth friendly clinics)	O. Meshkova
Independent expert	T. Aleksandrina

List of regulatory documents on HIV counseling and testing

Guidelines for HIV voluntary counseling and testing (Protocol) approved by Ministry of Health order #415 of 08.19.2005, registered with the Ministry of Justice of Ukraine on November 22, 2005 under #1404/11684

Ministry of Health order #1141 of 12.21.2010 (registered with the Ministry of Justice of Ukraine on March 14, 2011 under #319/19057) “On approving the procedure for HIV testing and ensuring the quality of investigations, forms of primary records concerning HIV testing and instructions for completion”

Ministry of Health order #144 of 02.14.2012 (registered with the Ministry of Justice of Ukraine on June 19, 2012 under #1001/21313) “On the provision of counseling and testing for HIV, hepatitis B and C, sexually transmitted diseases, by mobile units and mobile clinics”.

Ministry of Health order #509 of 07.21.2014 (registered with the Ministry of Justice of Ukraine on August 5, 2014 under #920/25697) “On amendments to the Standard regulations on trust offices”.