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Building a Foundation

Policy and Capacity Support for the HIV Response in Ukraine

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BUILDING A FOUNDATION

POLICY AND CAPACITY SUPPORT FOR THE HIV RESPONSE IN UKRAINE

November 2012

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CONTENTS

Executive Summary ..... **v**
Improve the legal and regulatory framework ..... *v*
Support organizational capacity of government and civil society ..... *v*
Improve access to and quality of donor and government funded services ..... *vi*
Improve sustainability and country ownership ..... *vi*
Improve planning and decision making ..... *vii*

Abbreviations ..... **viii**

Introduction **1**

Primary USCP Elements **6**
Improve Legal and Regulatory Framework 6
Supporting revision of National HIV/AIDS Law *6*
Building the Capacity of HIV Service Organizations 8
Social Order Contracting *10*
Community Mobilization with MARPs *11*

Support for the Three Ones in Ukraine **12**
National Framework 12
National AIDS Program—Goals Model Application *12*
National and Regional Operational Plans *12*
National AIDS Coordinating Authority 13
Ukrainian AIDS Center—Global Fund Principal Recipient *14*
State Service (formerly MOH HIV Committee) *14*
National, Regional, and Local TB/HIV Councils *14*
Increased Representation and involvement of CSOs, PLHIV, and MARPs *16*
Combating Stigma among Decisionmakers *17*
Country-level Monitoring and Evaluation System 19

Intervention-specific Support **20**
Medication-assisted Therapy 20
Limitations *20*
HIV Counseling and Testing 23
Policy and Regulatory Successes *25*
Establishing Protocols and Guidelines for Orphans and Vulnerable Children 25
Procurement and Supply Management (PSM) 27
MOH Working Group on PSM *27*
ARV Price Reductions *28*
Revising Legislation to Foster Global Fund Implementation *28*

Stigma and Discrimination **29**

Conclusion **31**

References **32**

EXECUTIVE SUMMARY

Ukraine has the highest HIV prevalence rate in Eastern Europe, making it a priority country for efforts to combat the epidemic in the region. The country's complex, outdated legal and regulatory system, along with the concentrated nature of the epidemic—affecting most at-risk populations (MARPs) such as people who inject drugs (PWID), sex workers (SWs), males who have sex with males (MSM), and orphans and vulnerable children (OVC)—make policy, evidence-informed decision making, and issues of participation, stigma, and discrimination paramount to fostering a more effective HIV response.

In September 2007, the United States Agency for International Development (USAID), in cooperation with the Government of Ukraine (GOU), funded the USAID | HIV/AIDS Service Capacity Project in Ukraine (USCP), a major five-year effort aimed primarily at supporting Ukraine's HIV policy environment and organizational capacity. It was specifically charged to leverage and support the activities of the Global Fund and, in concert with the GOU, civil society organizations (CSOs), and USAID implementing partners, improve HIV prevention, care, and treatment services and the resulting HIV incidence and mortality metrics. USCP is a complex, multisectoral effort jointly implemented by Futures Group, Project Hope, the Coalition of HIV Service NGOs (hereafter referred to as "Coalition"), and the All-Ukrainian Network of People Living with HIV (hereafter referred to as "Network"). USCP increased capacity and access and improved sustainability, country ownership, and planning and decision making by utilizing the primary elements of improving Ukraine's legal and regulatory framework and supporting the organizational capacity of both government and civil society.

Key achievements of USCP and its partners include the following:

Improve the legal and regulatory framework

Supported adoption of the 2010 National HIV/AIDS Law. Among the project's many policy initiatives, the most fundamental and wide-reaching legal and regulatory outcome was the adoption of Ukraine's new National HIV/AIDS Law, which significantly expanded service access and human rights protections for people living with HIV (PLHIV) and MARPs, including OVC. Throughout the drafting and adoption of the law, USCP worked closely with parliamentarians, committees, and working groups, as well as engaged civil society, PLHIV, and MARPs to ensure that the needs of key populations were incorporated into the law.

Support organizational capacity of government and civil society

Strengthened government leadership and governance. USCP worked in close partnership with government authorities at all levels, including the National TB/HIV Council, oblast- and raion-level TB/HIV councils, Ukraine AIDS Center (UAC), and State Service. The project's activities supported GOU bodies in assuming increased responsibility for implementing the Global Fund grant and engaging stakeholders and decisionmakers at regional and local levels in the effective design and coordination of HIV services.

Empowered civil society groups and MARP leaders. USCP's approach to organizational and individual capacity building involved assessing capacity needs; tailoring approaches to the identified needs; and ongoing mentoring and monitoring for sustained capacity development. The project worked to strengthen capacity of 65 civil society organizations as well as a cadre of MARP leaders and community organizers. A 2012 assessment of the organizations found that the majority had expanded their services and client lists, reached additional catchment areas, introduced new management and governance procedures, and diversified funding sources. In addition, civil society groups, PLHIV, and MARPs are increasingly engaging in policy dialogue and monitoring. Trained MARPs participated in the design of

the HIV law and are represented in multisectoral working groups and the national, regional, and local TB/HIV councils. Their involvement is essential for combating stigma and discrimination and ensuring that policies and programs are responsive to and accessible by those most in need of HIV prevention, treatment, and care services.

Ukraine Successes Supported by USCP

23 new MAT sites, more than doubling the number of clients served in target regions

12,000 new social workers serving families and children in crisis, including OVC

Improve access to and quality of donor and government funded services

The National HIV/AIDS Law provides a foundation upon which to expand HIV services. For example, the law enables access to medication-assisted therapy (MAT) and sterile needle and syringe exchange for PWID, guarantees free post-exposure prophylaxis for survivors or sexual violence and in cases of workplace exposure to HIV, and authorizes adolescents' access to HIV counseling and testing, harm reduction, and treatment, care, and support. But simply having a law in place is not enough; it must be implemented through additional regulations, operational guidelines, training, resources, advocacy, and close monitoring. In response, USCP supported national and local working groups to identify policy barriers to MAT. As a result, provision of MAT has been expanded beyond medical facilities and take-home doses and use of liquid methadone have been authorized. USCP also supported legal and regulatory initiatives to expand the facilities permitted to provide HIV counseling and testing and adopt guidelines on provider-initiated counseling and testing. In addition, USCP's collaboration with the Ministry of Social Policy led to allocation of more than US$400,000 to hire and train 12,000 social workers to provide assistance to children, including OVC, in crisis situations.

Improve sustainability and country ownership

Increased resources allocated to HIV programs and improved use of available resources. USCP's analysis of resource needs based on the Goals Model highlighted a significant shortfall in HIV funding and was a major influence on the parliament's decision to allocate nearly US$450 million to the new National AIDS Program (NAP) (2009–2013). This represents a five-fold increase in funding compared to the previous NAP. In addition, USCP participated in the design of the Round 10 Global Fund proposal, strengthened capacity of the National TB/HIV Council to serve as the Country Coordinating Mechanism, and strengthened the UAC to serve as the Principal Recipient. These efforts contributed to Ukraine receiving a $305 million HIV grant for 2012–2016. Further, USCP increased capacity of civil society to access government HIV funding at the regional level through social order contracting.

Ukraine Successes Supported by USCP

National AIDS Program 2009–2013 received five-fold increase in funding over previous Program

$US305 million Round 10 Global Fund award, with GOU as a Principal Recipient (UAC)

Establishment and transfer of nine regional M&E centers to GOU funding and oversight

Established mechanisms to sustain capacity development after the project end. Throughout its activities, USCP took deliberate steps to bolster Ukraine's ability to sustain capacity development efforts. Examples include integration of curricula on HIV counseling and testing and stigma and discrimination into postgraduate medical institutions; a "training school" approach to develop highly-trained MARP community organizers; strengthening of a team of monitoring and evaluation (M&E) trainers; and a model to establishing M&E centers that has been shared for replication in additional regions by other donor and partners.

Improve planning and decision making

Improved governance and decision making of GOU. USCP's activities supported GOU bodies in assuming increased responsibility for implementing the Global Fund grant and engaging stakeholders and decisionmakers at regional and local levels in the effective design and coordination of HIV services. USCP's efforts gave MARPs and the nongovernmental organizations (NGOs) that work with them a much stronger voice in policy, decision making, and service delivery. As a result, service quality and access issues relevant to MARPs have gained greater attention, and TB/HIV Councils (THCs) are acting to reduce barriers to access and improve service quality.

Enhanced the use of evidence for planning, monitoring, and accountability. USCP worked to enhance systems and capacity for collection, analysis, and use of HIV surveillance and program information. When USCP began, Ukraine had no national M&E center, and only six regional centers. As a result of the project's work, regional M&E centers have been established throughout Ukraine and, in the regions in which USCP worked, oversight and financing for those M&E centers has transitioned successfully from USCP to the National M&E Center. USCP also supported capacity for crafting regional indicators, preparing analytical reports, and conducting behavioral research, which will help Ukraine identify needs and target resources accordingly, thus contributing to increased services and improved HIV outcomes for all populations, especially MARPs.

From its inception and initial design, USCP has made a unique contribution to the USAID and GOU response to HIV in Ukraine. Conceived in the wake of the Global Fund Round 6 award, the project was designed to leverage and support the implementation of this significant new source of funding in Ukraine. Its focus was not service delivery, but rather to support the policy environment and institutional capacity that the Global Fund and future government and donor-funded services needed. USCP has been at the table and working behind the scenes to support the major achievements of Ukraine over the past five years.

Policy analysis, advocacy, and capacity building, when done right, must be accomplished in coalition with a broad range of government and nongovernment stakeholders and in a way that leverages program implementation resources. This work is designed to highlight the success of collaborating and implementing partners and encourage country ownership. In the end, there will be no direct, linear path that documents conclusive attribution of these efforts to changes in HIV incidence or mortality. However, there is a clear strengthening of a policy and capacity foundation that supports the long-term HIV response in Ukraine.

ABBREVIATIONS

ART	antiretroviral therapy
ARV	antiretroviral
CCM	Country Coordinating Mechanism
CMU	Cabinet of Ministers of Ukraine
Coalition	Coalition of HIV Service NGOs
CSO	civil society organization
GOU	Government of Ukraine
HCT	HIV counseling and testing
LGBT	lesbian, gay, bisexual, and transgender
LTHC	Local TB/HIV Council
M&E	monitoring and evaluation
MARP	most-at-risk population
MAT	medication-assisted therapy
MOCAT	Modified Organizational Capacity Assessment Tool
MOH	Ministry of Health
MSH	Management Sciences for Health
MSM	males who have sex with males
MSP	Ministry of Social Policy
MWG	Multisectoral Working Group
NAP	National HIV/AIDS Program (2009–2013)
Network	All-Ukrainian Network of People Living with HIV
NGO	nongovernmental organization
NOP	National Operational Plan
NTHC	National TB/HIV Council
OVC	orphans and vulnerable children
PEP	Post-exposure prophylaxis
PICT	provider-initiated counseling and testing
PLHIV	People Living with HIV
PR	Principal Recipient
PSM	procurement and supply management
PWID	people who inject drugs
ROP	Regional Operational Plan
S&D	stigma and discrimination
SOC	Social Order Contracting
SRG	Standing Reference Group
SW	sex worker
TA	technical assistance
THC	TB/HIV Council
UAC	Ukrainian AIDS Center
UNAIDS	Joint United Nations Program on HIV/AIDS
USAID	United States Agency for International Development
USCP	USAID | HIV/AIDS Service Capacity Project in Ukraine
USG	U.S. Government
VAT	Value-added tax
VRU	Verkhovna Rada (Ukraine's Parliament)
WHO	World Health Organization

INTRODUCTION

With the highest prevalence of HIV in Eastern Europe—one that has more than doubled since 2001—Ukraine has become a regional priority of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). In recognition of this significant threat to its public health, Ukraine also has received other significant international donor funding—Global Fund awards of US$151 million (2007) and US$305 million (2011), a loan from the World Bank, and bilateral support from numerous countries.

Although awareness and adoption of HIV risk-reducing behaviors are increasing in Ukraine, and transmission rates are decreasing, existing governmental and nongovernmental systems in treatment and prevention continue to fail in significantly reducing transmission within and among the most vulnerable to HIV infection. These include people who inject drugs (PWID), sex workers (SWs), orphans and vulnerable children (OVC), and males who have sex with males (MSM). Lack of success in addressing HIV in these marginalized groups threatens to block any success in containing the epidemic within Ukraine's population generally. In 2007, Ukraine's national response was described as "inadequate to have significant impact on the epidemic," lacking commitment and management capacity in the Government of Ukraine (GOU) and signified by weak systems, out of date approaches, and suboptimal programs.[1]

In September 2007, the United States Agency for International Development (USAID), in cooperation with the GOU, funded a major five-year project with the primary purpose of supporting the policy environment and organizational capacity in Ukraine. The project was specifically charged to leverage and support the activities of the Global Fund and, in concert with the GOU, civil society organizations (CSOs) and USAID implementing partners, to improve HIV prevention, care, and treatment services and resulting HIV incidence and mortality metrics. The USAID | HIV/AIDS Service Capacity Project in Ukraine (USCP) is a complex, multisectoral effort, jointly implemented by Futures Group, Project Hope, the Coalition of HIV Service NGOs (hereafter referred to as "Coalition"), and the All-Ukrainian Network of People Living with HIV (hereafter referred to as "Network"). USCP was implemented in the regions demonstrating the highest burdens of HIV/AIDS: the Autonomous Republic of Crimea; seven oblasts (Cherkasy, Chernihiv, Dnipropetrovsk, Donetsk, Kherson, Mykolaiv, and Odesa); and two cities (Kyiv and Sevastopol). In 2011, USCP began providing assistance to Chernihiv Oblast and reduced its support to Kyiv City (see Figure 1).

USCP represents a targeted effort to address significant gaps in policy and capacity in Ukraine that are constricting the scope, scale, quality, and intensity of HIV services among people living with HIV (PLHIV) and most-at-risk populations (MARPs). In just five years, the project has implemented an extensive, complex, and complementary set of policy, advocacy, and capacity-building activities in Ukraine that together are expanding access to high-quality HIV services for both PLHIV and MARPs. The project directly supports the aims, themes, and priorities of the "Partnership Framework Between the Government of the United States of America and the Cabinet of Ministers of Ukraine on Cooperation in Countering HIV/AIDS in 2011–2015" (hereafter referred to as "Partnership Framework") (see Table 1).

[1] UNAIDS. *Comprehensive External Evaluation of the National AIDS Response in Ukraine: Consolidated Report*. 2009.

USCP utilized the primary elements of (1) analysis and advocacy to improve the legal and regulatory framework and (2) supporting the organizational capacity of government and civil society to improve access to and the quality of donor and government-funded services, sustainability, and country ownership; and planning and decision making. The primary targets of this work were to support the implementation of the Three Ones Principle, address systemic barriers (especially stigma and discrimination), and provide specific support for the priority interventions of medication-assisted therapy (MAT), HIV counseling and testing (HCT), working with OVC, and Procurement and Supply Management (PSM). These primary elements and targets are designed to contribute to reducing HIV incidence and mortality in Ukraine (see Figure 2).

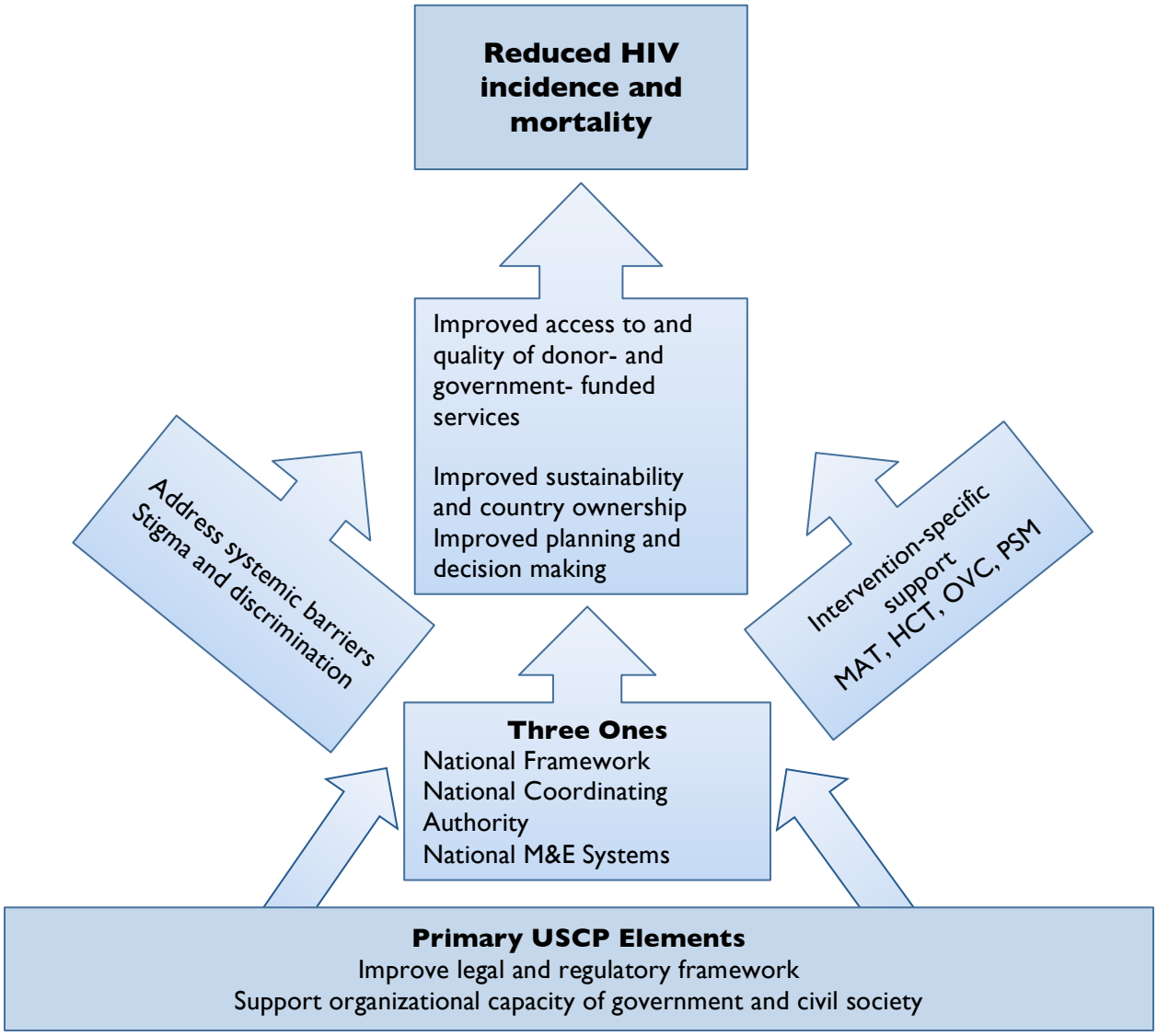
Figure 1. USCP Target Regions

Table 1. USCP Support for Partnership Framework

Key Partnership Framework Component	Success Supported by USCP	External Performance Evaluation Finding
Expansion of comprehensive HIV prevention, care, and treatment for MARPs, particularly PWID	MAT • Guaranteed access to MAT and sterile needle services for PWID, including adolescents • Development of policies to integrate MAT into primary care settings, provide for take-home doses, and import and dispense liquid methadone • Provision of MAT in temporary detention sites • Integration of MAT into required postgraduate trainings for primary healthcare physicians HCT • Expanded access to HCT including outreach/mobile testing, and services for youth over the age of 14 • Authorization of use of rapid tests • Integration of HCT into postgraduate medical education	USCP's work contributed to substantial progress in changing the policy environment for combating the HIV epidemic in Ukraine. USCP helped strengthen government bodies, thereby improving coordination and implementation of Ukraine's HIV response, including the Global Fund Round 10 grant. USCP helped establish and strengthen regional and local TB/HIV Councils (THCs) and improved multisectoral coordination of Ukraine's HIV response at all levels. Representation and involvement of PLHIV and MARPs in regional and local THCs has improved coordination and coverage of HIV-related services. USCP helped improve M&E systems at the national and regional levels. In target regions where USCP worked, oversight and financing for those M&E centers was successfully transitioned from USCP to the national M&E center. USCP's capacity-
Efficiency of drug and commodity procurement and supply management	• Legislation allows UAC to comply with Global Fund procurement and supply management standards • Assessment of receipt, storage, distribution, and redistribution systems	
Capacity to manage and monitor national and subnational AIDS programs	• Capacity built for UAC to serve as Global Fund PR • Capacity of the national THC to serve as Global Fund CCM including creation of Oversight Commission • Direct representation of MARPs on national, regional, and local coordination bodies	
Increase in GOU allocations for services for MARPs, especially PWID	• Five-fold increase in funding of NAP • Support for successful $305m Global Fund award	
Systems and capacity of collection, analysis, and use of surveillance and program information	• Establishment and transfer of regional M&E centers to GOU funding and oversight • Capacity to train M&E specialists • Harmonized national and regional indicators	
NGO institutional capacity strengthening and expanded role in providing MARP services	• Utilized social order contracting to access local government funding for provision of HIV services by NGOs • New MARP organizations registered • Assessed and assisted NGOs have expanded the lists of their services and client groups, increased and diversified sources of funding, and optimized their governance and management systems • Advocacy efforts implemented for issues related to ex-prisoners, street children, helping HIV-positive children to access secondary schools, and providing high-quality medical care to HIV-positive pregnant women and HIV-positive PWID accessing MAT	

Address sigma and discrimination against MARPs and protect the rights of PLHIV	• National HIV/AIDS Law significantly expanded human rights protections for PLHIV and MARPs, including OVC • Establishment of curricula and capacity to address stigma and discrimination against PLHIV and MARPs in medical settings • Integration of stigma and discrimination curricula into postgraduate medical education institutions	building interventions triggered positive developments in some organizations for institutional development and contributed to reshaping organizations to better position themselves to expand services.

Figure 2. USCP Support for GOU HIV Outcomes



PRIMARY USCP ELEMENTS

Improve Legal and Regulatory Framework

Supporting revision of National HIV/AIDS Law

The most fundamental and wide-reaching legal and regulatory outcome of USCP was the adoption of Ukraine's new National HIV/AIDS Law. Adopted on December 23, 2010, the law

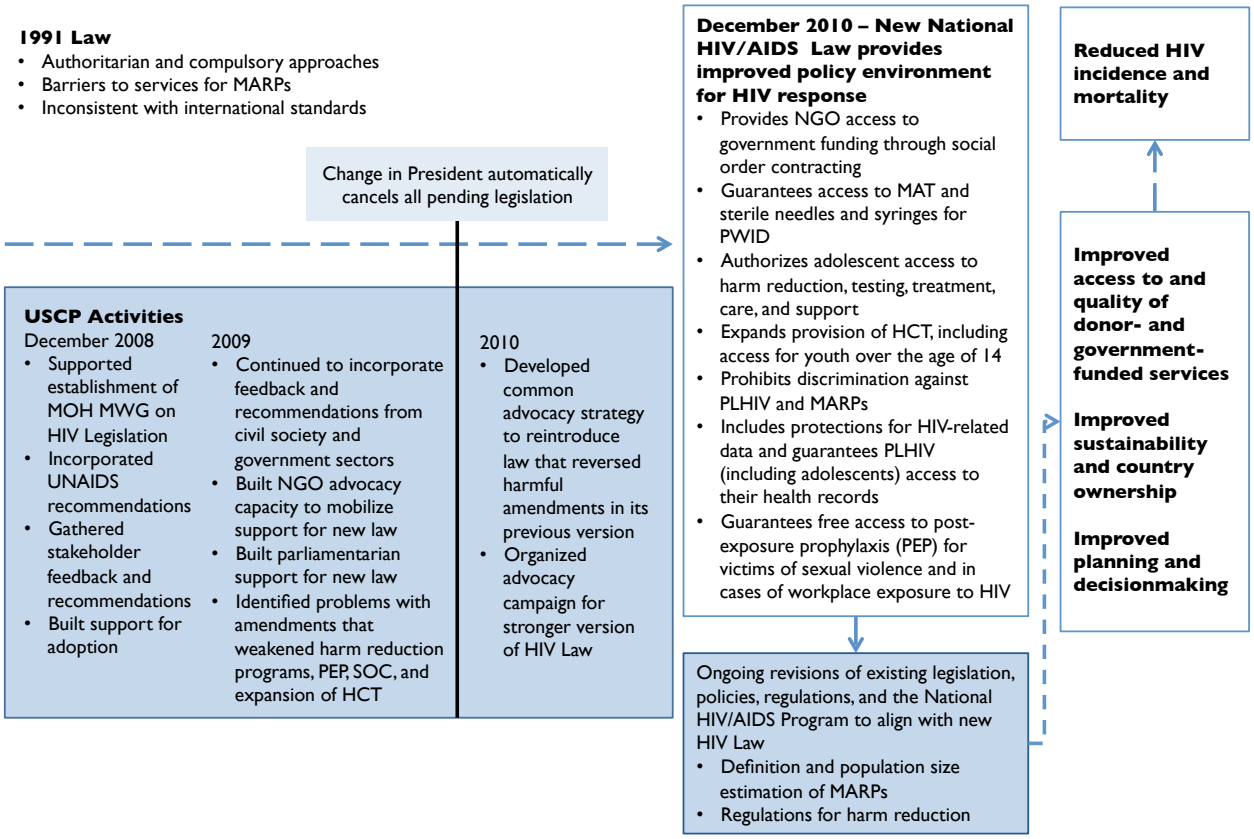
- Expands access guarantees and human rights protections for PLHIV and MARPs;
- Reduces barriers restricting MARPs' access to key HIV-related services, including MAT and HCT; and
- Removes obstacles to service provision for OVC, including expanded access to HCT and antiretroviral therapy (ART).

Drafting and passage of the HIV law is a direct result of USCP's facilitation, technical assistance (TA), and capacity-building efforts. USCP worked directly with parliamentarians and parliamentary committees, provided TA to the Ministry of Health (MOH), supported advocacy efforts, and engaged in direct advocacy to secure passage of the law. The project worked to ensure that the new law included critical elements, notably those guaranteeing the rights of PLHIV, MARPs, and adolescents to prevention, treatment, care, and support services, including sterile needles and syringes and MAT. The project's efforts helped to improve interdepartmental cooperation through support of national policy development and multisectoral working groups and provided nongovernmental organizations (NGOs) with the skills necessary to work with executive and legislative authorities to advocate for policy language aligning with international guidelines.

While laws, in and of themselves, do not reduce HIV incidence or mortality, they provide the authorization and framework for the services that do. The 2011 policy assessment cited the new HIV Law as an "important first step in harmonizing Ukrainian policies around HIV." Addressing the authoritarian and compulsory approaches that created barriers to services for MARPs under the previous law, the new law is in keeping with international best practices and "provides clearer and more specific definitions of medical services and the rights and responsibilities of clients and healthcare providers than were included in the previous law."

As identified in the project's overarching design, the legal and regulatory framework is a primary element that provides the foundation upon which systemic barriers are addressed, country governance (the Three Ones) is improved, and specific services are implemented (see Figure 2). While broad in scope, USCP contributions provided particularly critical support to elements of the new HIV Law that improve access, quality, and sustainability of MAT and needle and syringe exchange programs, as well as other services for MARPs that historically have faced significant legal and regulatory barriers in Ukraine. Such services are absolutely vital in reducing HIV incidence and mortality for MARPs and the entire Ukraine population (see Figure 3).

Figure 3. USCP Contribution to New HIV Law



As described in Figure 3, the process of advocacy and coalition building in support of the new HIV Law is a key example of the work and time (often requiring years) to create policy change and provide ongoing support to policy implementation. Ukraine's new HIV law opens a path to future expansion of the HIV response in Ukraine—especially HIV prevention and treatment services for PWID, adolescents, and other MARPs. However, to achieve the potential embodied in this new law, Ukraine faces a continued need to revise a host of laws and regulations that contradict the new law's guarantees.

Building the Capacity of HIV Service Organizations

Civil society's organizational capacity is a primary element supporting access to and quality of services, sustainability, and country ownership of the HIV response (see Figure 2). USCP has devoted a large proportion of its efforts to strengthening the capacity of HIV service organizations through training and TA. USCP employed a long-term approach to organizational capacity building; this was unique in the Ukrainian context. No capacity-building effort in the country had ever

- Reached out to all HIV-related CSOs, not just Global Fund sub-recipients;
- Developed local capacity to assess organizations based on an external standard of capacity rather than an

> *"In a mature and experienced organization, only one person insisted that the assessment be made; the rest of the team did not see any problems – 'all is fine as it is'; therefore, no needs were formulated. After the assessment, the entire team found themselves pondering over the organization's development and needs."*
>
> *Olena Kovalchuk, Foundation "Salius"*

internal organization-specific identification of needs—presenting opportunities to identify capacity needs of which organizations might not have been aware;
- Focused on building general organizational/administrative, rather than intervention-specific capacity; and
- Provided long-term, sustained capacity building tailored to meet the specific needs of individual organizations.

This long-term capacity-building relationship resulted in 65 CSOs receiving a total of 447 TA interventions. While these interventions will continue to build capacity over several years, a 2012 assessment showed that more than half of the assessed NGOs have expanded the lists of their services and client groups, expanded their catchment areas, increased and diversified sources of funding, optimized their governance and management systems, and introduced administrative policies and procedures—directly contributing to the effective and efficient implementation of HIV prevention, care, and treatment programs in Ukraine (see Figure 4). In addition, the 2012 External Performance Evaluation stated that "94 percent of survey respondents reported that technical support from USCP improved their institution's organizational development."

Summary of Findings from the First Comprehensive Assessment of CSO Capacity in the HIV Sector in Ukraine

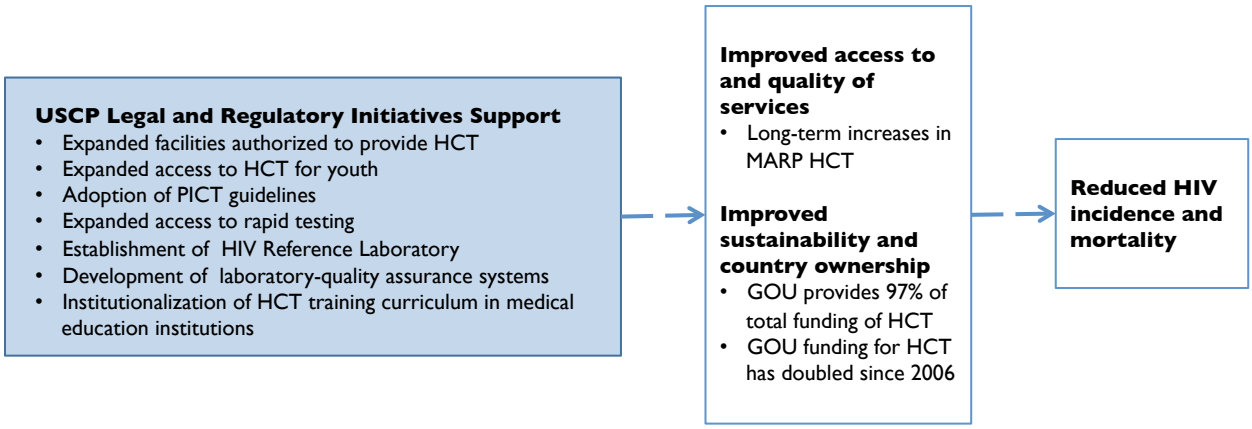
Institutional component
- Strengths—representation, management and decision-making culture, and management systems
- Weaknesses—strategic planning; governance bodies; documentation of organizational structures, policies, and procedures; and human resource management

Programmatic component
- Strengths—relationships with government structures and budget institutions, orientation as to the needs of clients and communities receiving services, programs and services providing coverage for clients
- Weaknesses—quality assurance systems, public relations strategies, and relationships with the private sector

Financial component:
- Strengths—management of accounting and procurement practices in compliance with relevant procedures and rules
- Weaknesses—fundraising strategies and systems; diverse donor and government sources of funding; and financial systems and policies related to budget development, external reporting, and external audits

Source: 2010 assessment of 70 HIV service organizations

Figure 4. USCP Contribution to NGO Capacity



USCP also provided capacity building and short-term trainings for CSOs on

- Playing an effective role in the policy development process;
- Protecting PLHIV rights in medical facilities;
- Using a gender approach in the CSOs' internal policies and programs;
- Management;
- Human resources;
- Registering NGOs;
- Leadership for PLHIV support group leaders, which focused on building their communication skills, thus enabling them to communicate effectively with community and government officials and represent the needs of the PLHIV community;
- Strategic planning, quality assurance, public relations, financial management, and fundraising; and
- Assessment and follow-up capacity building for the Network and Coalition to be eligible for direct U.S. government (USG) funding.

USCP monitored the advocacy interventions implemented by participants of the advocacy trainings and workshops and found that 90 individuals from CSOs trained by the project used their skills to engage in local-level advocacy. Their advocacy efforts aimed at solving problems for ex-prisoners, helping street children, helping HIV-positive children gain access to secondary schools and encouraging tolerant attitudes toward them, and providing high-quality medical care to HIV-positive pregnant women and HIV-positive PWID accessing MAT.

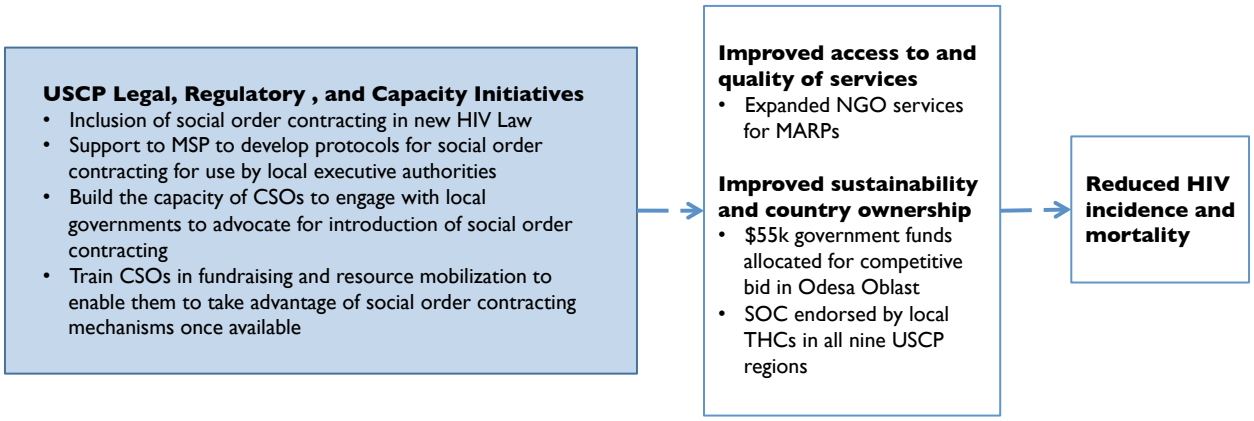
Social Order Contracting

A critical component in building the sustainability of nongovernmental organizations that provide HIV services is to establish systems and capacity to access government budget support or "social order contracting." While the Global Fund supported national social order contracting (SOC) efforts, USCP carried out a complementary effort to facilitate implementation of social order contracting for HIV services at the regional level, which accounts for almost 50 percent of public expenditures for HIV. USCP built the capacity of HIV service organizations to advocate for the introduction of social order contracting and take advantage of these mechanisms once in place.

Social order contracting provides increased access to local resources for expanded and sustainable HIV services, which in turn reduces HIV incidence and mortality—particularly for MARPs, who are served primarily by nongovernment providers (see Figure 5). The use of competitive government procurement

for services also has potential benefits in efficient resource use and service quality because the private sector budgets for actual expenses and delivers consumer-driven services.

Figure 5. USCP Contribution to NGO's Access to GOU Funding



While eventually key to a sustainable country-owned HIV response, the full potential of social order contracting requires further analysis and advocacy to attain adequate funding levels and simplify bureaucratic requirements. One example of the continued need for policy vigilance and advocacy is the Cabinet of Ministers of Ukraine (CMU) resolution adopted in 2011, which failed to include "charity organizations" (a specific registration category for nonprofit organizations in Ukraine) on the list of organizations authorized to bid on social order contracts. This is a significant oversight, as most HIV service organizations are registered as "charity organizations," and the order as adopted leaves them in a legal gray area.

Community Mobilization with MARPs

Community mobilization among MARPs in Ukraine was quite low, particularly at local (raion/municipal) levels. In tandem with its long- and short-term CSO capacity-building efforts, USCP also carried out a systematic community mobilization effort with MARPs (specifically, SWs and MSM), which had the following three components:

> *"After our trainings, participants had better self-esteem. They became more professional. They declared themselves to be trainers and offered their services as trainers to other organizations."*
>
> *Olena German, Project HOPE coordinator*

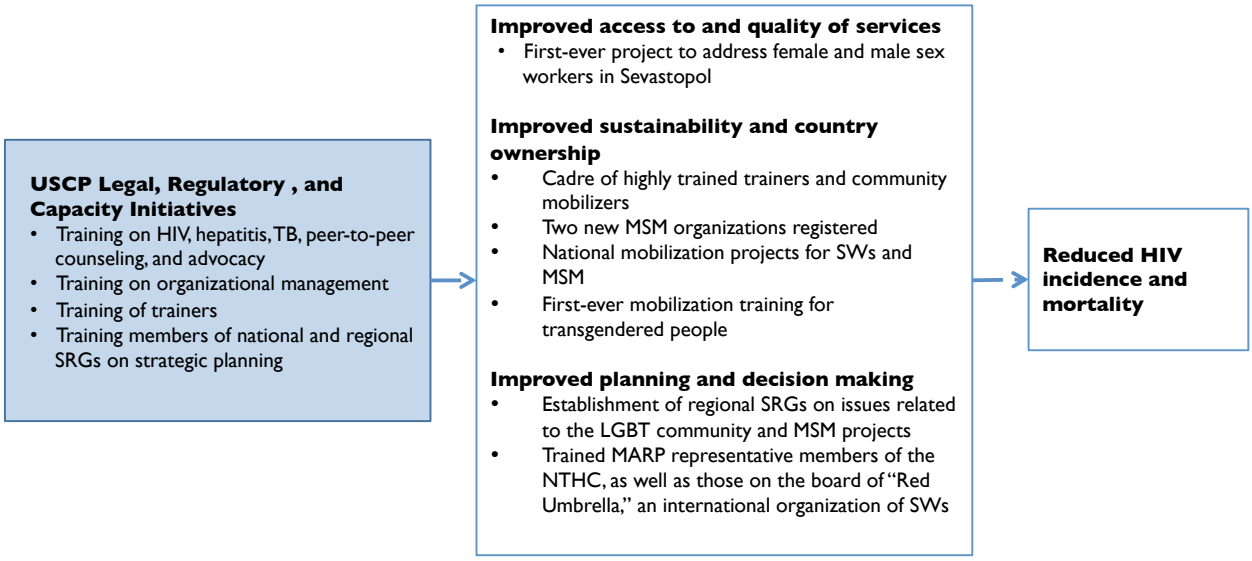
- Community mobilization "training school" for a select group of representatives from MARPs self-support groups and nascent MARPs organizations
- TA and mentoring for MARPs self-support groups and nascent organizations
- Community mobilization through standing reference groups at national and regional levels and national lesbian, gay, bisexual, and transgender (LGBT) conferences

The project's approach strengthened the institutional capacity of existing SW and MSM organizations and fostered the creation of new organizations. However, USCP's unique "training school" approach did more than build institutional capacity. USCP worked with a small, competitively selected group of trainers, progressively building their training and community mobilization skills over the life of the project. As a result, USCP was able to leave behind a sustainable resource in the form of a cadre of highly trained trainers and community mobilizers equipped to provide ongoing support to other organizations and continue community mobilization efforts far into the future. USCP complemented its efforts with this

select group by providing direct mentoring support and engagement through Standing Reference Groups (SRGs) and national LGBT conferences.

The mobilization of MARPs in Ukraine serves to inspire and support service delivery, vests the future of the HIV response with those individuals most affected, and improves the planning and decision making of oversight organizations—creating a three-pronged approach to reducing HIV incidence and mortality (see Figure 6).

Figure 6. USCP Contribution to MARP Community Mobilization



SUPPORT FOR THE THREE ONES IN UKRAINE

The Joint United Nations Program on HIV/AIDS (UNAIDS) has identified key principles for the successful coordination and implementation of a country's HIV response. These principles include the following:

- One National Framework that provides the basis for coordinating the work of all partners
- One National AIDS Coordinating Authority
- One country-level M&E System

USCP activities strengthened the policy and regulatory environment in support of these principles and the organizational capacity for their implementation at national and regional levels.

"As a result of USCP's work, there is now a good balance between NGOs and the public sector in the planning and implementation of HIV programs. In the past, there were more conflicts and misunderstandings, but now it is much more balanced."

Head of State Service, Tetiana Aleksandrina

National Framework

National AIDS Program—Goals Model Application

In 2008, as Ukraine's National HIV/AIDS Program (2004–2008) entered its final year, the planning process for the National HIV/AIDS Program (NAP) (2009–2013) began. USCP reached agreement with the MOH (responsible for drafting the NAP) and UNAIDS (its principal drafting partner) to use the Goals Model as part of the planning process. The Goals Model correlates program goals with the resource allocations required to reach those goals.

Outputs of the Goals application included a report on the impact of various levels of resource allocation on the HIV epidemic, a policy brief for decisionmakers, and a related analytical note developed by the Institute of Economy and Projections of the National Academy of Science of Ukraine presented to the Ministries of Finance, Economy, and Labor and Social Policy; the Presidential Administration; CMU; and the MOH.

The prevailing findings of these reports clearly demonstrated that the proposed level of GOU support for the NAP was a fraction of that needed to provide universal access to HIV prevention and treatment. The analysis provided by USCP played a crucial role in the decision of Ukraine's Parliament—the Verkhovna Rada (VRU)—to allocate 3,651,847,700 UAH (US$447,942,942) for the new NAP. This represented a five-fold increase in the GOU's funding for HIV, as only 720,640,000 million UAH (US$88,395,143) was authorized for the previous NAP. This increase resulted, in part, in the government expanding its commitment for antiretroviral (ARV) treatment by increasing ART coverage from state resources from 59 percent of ART recipients in 2009 to 73 percent in July 2012.

National and Regional Operational Plans

Despite the drastic increase in GOU funding, the resources allocated still represented only 62 percent of that needed to reach universal access targets. To address this gap, the National TB/HIV Council (NTHC) decided to develop a National Operational Plan (NOP) to implement the NAP and regional HIV/AIDS programs. The operational plan would serve as a mechanism to clearly identify funding gaps, which then could be used to mobilize additional resources. USCP played an active role in the development of the NOP, as well as facilitating the formulation of Regional Operational Plans (ROPs) in nine target regions.

To address the funding gaps identified in the national and regional operational plans, the NTHC prepared a proposal for the Global Fund to consider in Round 10. USCP participated in the proposal development

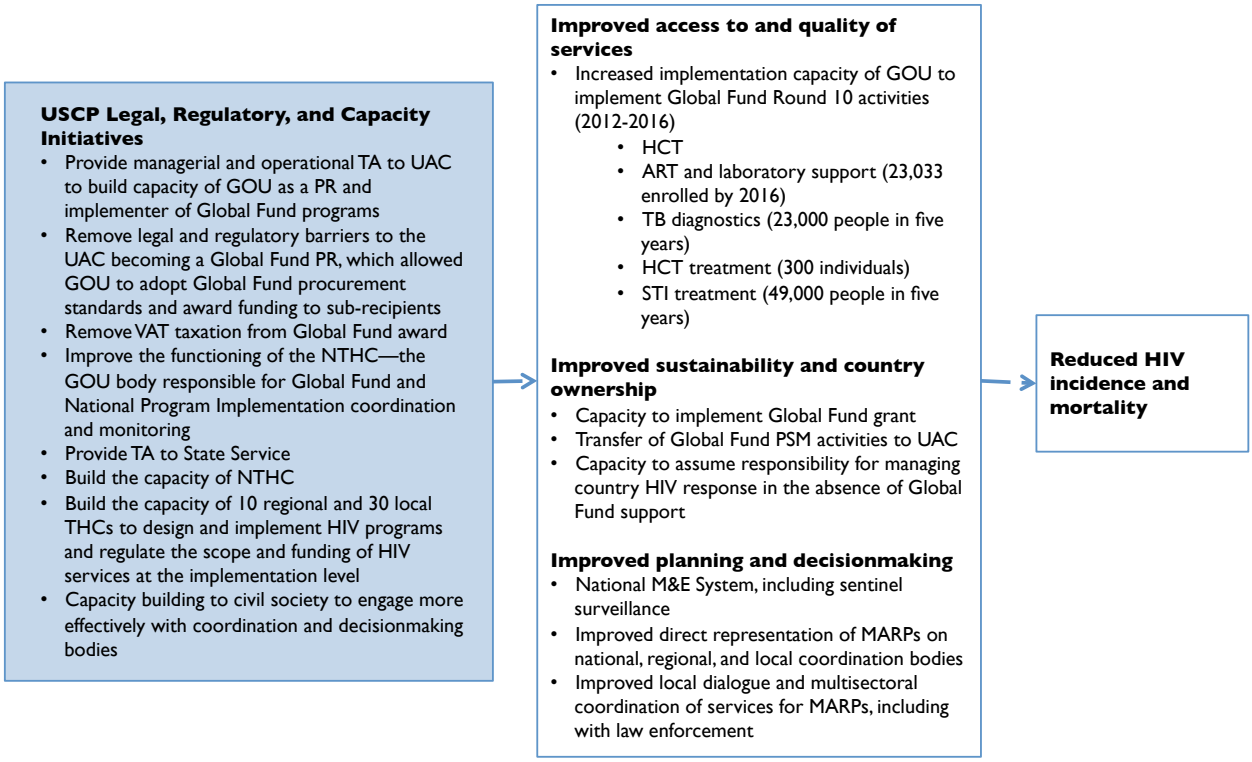
process and ensured that the NTHC had sufficient capacity to serve as the Country Coordinating Mechanism (CCM), which resulted in the allocation of an additional US$305 million from the Global Fund for Ukraine's HIV response (2012–2016). (See the section on National, Regional, and Local TB/HIV Councils for details on CCM capacity building.)

National AIDS Coordinating Authority

Efforts to reduce HIV incidence and mortality are supported by robust multisectoral coordination, which improves access to and the quality of services, improves sustainability and country ownership, and improves planning and decision making (see Figure 7). One of USCP's primary objectives was to build the capacity of GOU coordinating bodies at the national, regional, and local levels through three main components:

- Scaling up the capacity of the Ukrainian AIDS Center (UAC) as a principal recipient (PR) of the Round 10 Global Fund award
- Building the capacity of the MOH Committee/State Service on HIV and Other Socially Dangerous Diseases
- Strengthening the capacity of national and regional TB/HIV Councils (THCs) and establishing THCs at the raion/local level

Figure 7. USCP Contributions to Multisectoral Coordination Capacity



Ukrainian AIDS Center—Global Fund Principal Recipient

A key goal of the USG-GOU Partnership Framework is to strengthen the capacity of the MOH Ukrainian AIDS Center as one of three PRs under Ukraine's Round 10 Global Fund grant. The identification of a government body as a PR for the Round 10 Global Fund grant is an important step in developing Ukraine's capacity to mount an effective and sustainable country-owned HIV response, including expanding access to services for MARPs. USCP provided managerial and operational TA to UAC, including support for legal and regulatory reform, to build UAC capacity as a PR and implementer of Global Fund programs. UAC will be the PR for medical prevention and HIV diagnostics, monitoring, and treatment. PSM activities will gradually be transferred to UAC over the term of the grant.

> *"We can see the difference between programs where USCP worked and programs where the project did not work. Programs supported by USCP are more comprehensive and more oriented to the needs of MARPs."*
>
> *Representative of International NGO, as reported in the 2012 External Performance Evaluation*

While challenges remain, the current situation stands in stark contrast to the historic difficulties the GOU has had in grant implementation, including removal from its position as a Global Fund PR under previous awards and cancellation of the World Bank TB/HIV program.

State Service (formerly MOH HIV Committee)

> *"The way USCP has worked in collaboration with the State Service and other government bodies has been highly effective—both overall and in comparison with other donor-supported projects."*
>
> *Head of State Service, Tetiana Aleksandrina*

The State Service is the GOU's central executive authority on HIV/AIDS, responsible for coordinating HIV issues and efforts among government ministries and departments. USCP provided TA, which has been instrumental in facilitating the State Service's effectiveness in implementing the legal and regulatory changes identified throughout this document. TA also was provided during formation of an institutional development strategic plan, including introduction of electronic recordkeeping and monitoring systems for MOH orders and initial design and launch of the State Service website.

National, Regional, and Local TB/HIV Councils

The TB/HIV Councils are responsible for coordinating the GOU's HIV efforts with nongovernment actors and organizations, and overseeing implementation of the National HIV/AIDS Program. In practice, the NTHC's primary role has been to serve as Ukraine's Global Fund CCM, in which capacity it facilitates the drafting and submission of Global Fund proposals and oversees the implementation of Global Fund grants. Regional and local TB/HIV Councils (RTHCs and LTHCs) are bodies that provide critical multisectoral coordination of the activities of the public, NGO, and private sectors in responding to the HIV/AIDS epidemic at the implementation level.

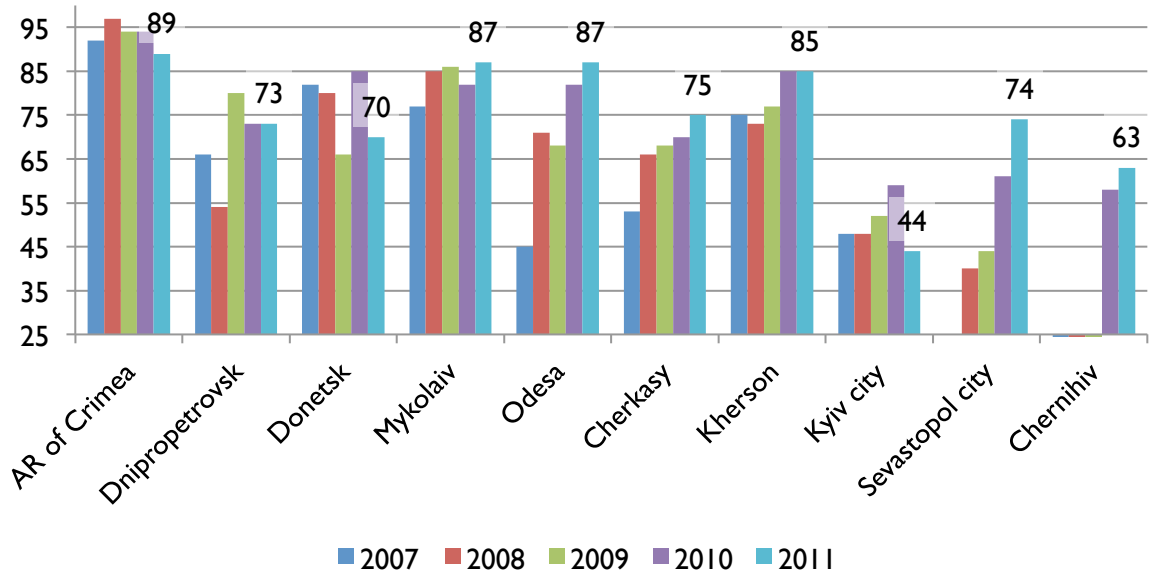
USCP's work has brought about remarkable improvements in the NTHC's institutional capacity. In 2010, USCP assessed the capacity of the NTHC to coordinate and monitor Ukraine's HIV response. The assessment focused on six key NTHC activity areas: NTHC operational procedures; HIV/TB policy formulation; coordination of stakeholder activities; monitoring programs and activities; role as CCM; and NTHC transparency. The assessment found that the NTHC lacked a functional secretariat or governance structure; the regulatory framework guiding implementation of its CCM responsibilities was extremely weak; it was not meeting regularly; and it had little contact with regional THCs. As a result of USCP TA, the NTHC now has a functioning secretariat and three governing bodies (the Program Committee, Regional Policy Committee, and Global Fund Implementation Oversight Commission) that meet four to five times a year; has begun communicating actively with regional THCs; and has operational policies

and procedures that comply with CCM requirements. Although there is still much to be done, the NTHC is stronger, more representative, and more effective than when USCP began—a change that will improve planning, implementation, and monitoring of HIV policies and programs; the changes also will promote timely resolution of strategic and operational issues to ensure access to services, particularly for MARPs.

> *"Creation of the Oversight Commission is a big achievement. For the first time in all Global Fund projects in Ukraine, we have an oversight structure. Also, the commission oversees the performance of PRs and service delivery, which will positively affect the quality of services for MARPs."*
>
> *Tetiana Bezulik, USCP HIV Policy Advisor*

Support for the regional and local THCs improved organizational capacity and enhanced THC members' ability to identify and address the barriers to and quality of TB, HIV and TB/HIV service delivery, particularly for MARPs. This capacity supports multisectoral cooperation, which in turn improves efficiency, facilitates policy dialogue, coordinates service delivery, makes decision-making processes more accessible and responsive to MARPs, channels feedback from service recipients through NGOs, and provides insights on the needs and quality of the service delivery system. Enhancing multisectoral coordination also improves service access for MARPs by creating local networks of services such as drug treatment, HIV testing, ART, and HIV care. Annual performance assessments of regional THCs supported by USCP show dramatic improvements for the most under-performing councils and sustained capacity at most sites (see Figure 8).

Figure 8. 2007–2011 THC Performance Assessment Results



THCs play an important role in enhancing the continuum of care and strengthening referral systems. As one USCP team member put it, "Without this type of political support for activities, [referrals] can't be implemented. For example, if an NGO wants to collaborate with a hospital, they need an official MOU. The Chair of the THC can issue official documents with strong recommendations. These are not exactly the same as an official MOU, but can serve in their place."

THCs also have been a platform for MAT advocacy. USCP's work with regional and local THCs has improved multisectoral coordination on MAT issues. USCP set up expert groups on MAT under seven THCs and trained them in continuity of care. Previously, one of the many challenges facing NGOs in scaling up MAT was their inability to establish contact with law enforcement. Through the project's support, THCs have opened a channel for dialogue among NGOs, health providers, and law enforcement. Creating a space for dialogue is an important step in beginning to address law enforcement's resistance to MAT implementation.

> USCP's work to increase the participation of MARPs in national and regional THCs is "one of the more important contributions of the project…The voices of MARPs are now heard on THCs from the national to the municipal level…This paved the way for MARPs to have increased access to services."
>
> 2012 External Performance Evaluation

Increased Representation and involvement of CSOs, PLHIV, and MARPs

To increase civil society involvement in the decision-making and planning processes, USCP provided training and TA to HIV service organizations to enable them to engage effectively with and participate in national, regional, and local THCs and Multisectoral Working Groups (MWGs). USCP also focused on helping MARPs become involved in local and national coordinating bodies to advocate for increased services and policy changes to meet the needs of their communities. CSO and MARPs involvement has not only increased access to services and begun affecting stigmatizing attitudes among decisionmakers and health providers, but also helped strengthen the capacity of THCs and MWGs themselves. These activities have been complementary, as engagement by civil society and MARPs has pushed THCs and MWGs to tackle issues of service quality and access, while the existence of effective coordinating bodies has given MARPs and CSOs an avenue through which to pursue their advocacy agendas.

Involving MARPs in decision making provides the information necessary to reduce barriers to accessing HIV services by enabling them to express their needs, identify obstacles, and suggest alternate approaches to service delivery. The process of participating in decision making is also empowering, enabling individuals—many of whom have suffered from social isolation and high levels of stigmatization—to act openly on behalf of their communities and be recognized and acknowledged by those in positions of power.

As a result of USCP's work, MARPs have become involved in decision-making bodies to an unprecedented extent, and five MARP leaders trained by USCP have become members of regional THCs/MWGs. Regional and local THCs are beginning to address barriers to the scale-up of key HIV services for MARPs—many for the first time. Some are poised to facilitate progressive integration of HIV interventions into primary care settings, which would address a key barrier to MAT scale-up and vastly increase access to a continuum of care for PWID.

USCP's approach also was unique in fostering linkages among MARP communities. Previously, the predominant practice was to engage target groups separately. USCP broke the mold by bringing together leaders from different communities (e.g., PWID, SWs, MSM, and street children's

> *"I'm really proud of the MARP leaders. When the MSM leader made his presentation, everyone was listening. It was really a meaningful contribution. Representatives of the oblast MSM community came to support him at the meeting. Government authorities no longer deny the presence of MSM and other MARPs and even understand that they have to consult with them."*
>
> *All-Ukrainian Network of People Living with HIV Regional MARPs Consultant, Donetsk Oblast*

representatives) to identify and pursue common goals. As a result of the project's path-breaking approach of bringing together representatives of different groups, such as MSM and SWs, MARP communities are supporting each other in unprecedented ways.

The courage it takes for individuals to come forward and advocate on behalf of their communities should not be overlooked. MARPs in Ukraine face intense stigmatization and discrimination, particularly at the regional and local levels. To identify openly as a member of a highly stigmatized community is fraught with risks—social, economic, and even physical—particularly for MSM. USCP acted as a catalyst and a source of support, but it was the MARP leaders themselves who were a force for change. The USCP team is deeply grateful for their courage and commitment.

> *"USCP's trainings have really changed attitudes and levels of HIV-related stigma and discrimination within governmental institutions."*
>
> *Head of State Service, Tetiana Aleksandrina*

Combating Stigma among Decisionmakers

MARP leaders faced stigma and discrimination (S&D) not only at health facilities and in the community, but within HIV coordinating bodies as well. At the outset of this work, for example, it was not uncommon for decisionmakers (including THC members themselves) to deny the existence of MARPs in their localities. By helping MARPs speak directly to these decisionmakers, the project has helped to ensure that, in addition to acknowledging their presence, many decisionmakers now are working actively with MARPs to address barriers to services.

As one USCP consultant put it, "When they decided to raise MSM issues at a local THC meeting in Kherson Oblast, the chair said 'no… are you sure we have such people?' The situation in Dnipropetrovsk was similar. Oblast officials refused to admit there were children on the streets in their region. All they had to do was go see what was happening at the railway station… but they didn't. In Skadovsk, after they recognized this problem, they not only recognized there were such children, they developed a plan for how to work with these children."

> *"MARP leaders also learned how to interact with THC management. There have definitely been some positive results. They know how to monitor implementation of resolutions. They know the bureaucracy and the proper procedures."*
>
> *All-Ukrainian Network of People Living with HIV Regional MARPs Consultant*

As a result of the project's TA and its active participation in dialogue on the HIV response, five MARP leaders were included as members of LTHCs and MWGs. There also has been a change in MARPs' levels of self-stigma and self-confidence. They have begun to identify themselves and are not ashamed to be open about their identities, even to government officials. MARP leaders have done more than stand up for themselves—they also have advocated on behalf of the general population.

Example of an Outcome from a MARP Leader's Presentation

"The MSM leader presented on the need for medical services tailored to the needs of MSM. After this was discussed at the THC, the THC adopted a resolution with specific steps—to hold meetings with local physicians to educate them about what services should be provided to MSM. As a result, MSM leaders were able to work with national NGOs and the oblast health department. They organized not only the general meeting, but trainings on services for general practitioners.

As a result, the MSM community and general practitioners had an opportunity to meet, and the MSM community was able to identify tolerant practitioners they could seek out. They were then able to recommend those service providers to their friends. Pursuant to the THC resolution, the Oblast Health Center also had to design special information, education, and communication (IEC) materials on services for the MSM community, which the MSM community itself helped to draft. Already, access to services for MSM has increased. For example, an NGO that serves MSM in the city has seen an increase in clients since these interventions, as more MSM are openly seeking services."

All-Ukrainian Network of People Living with HIV Regional Coordinator

Personal Transformation of SW Leader as a Result of USCP's Training and Support

"She started from scratch. She was just on the street. She knew nothing about HIV or leadership or any possibility to change her life. But she demonstrated strong character and was very active. When she was invited to take part in training on advocacy, it was like a new country for her. She didn't feel comfortable. She didn't know anything about these issues.

Now, two years later, she has become a social worker and is an outreach worker. She provides services to girls from her community. She also initiated a self-support group, which is being registered as a national organization. She is also a member of the MWG and takes an active part in the THC and other municipal events under the auspices of the THC."

All-Ukrainian Network of People Living with HIV Regional Coordinator

Country-level Monitoring and Evaluation System

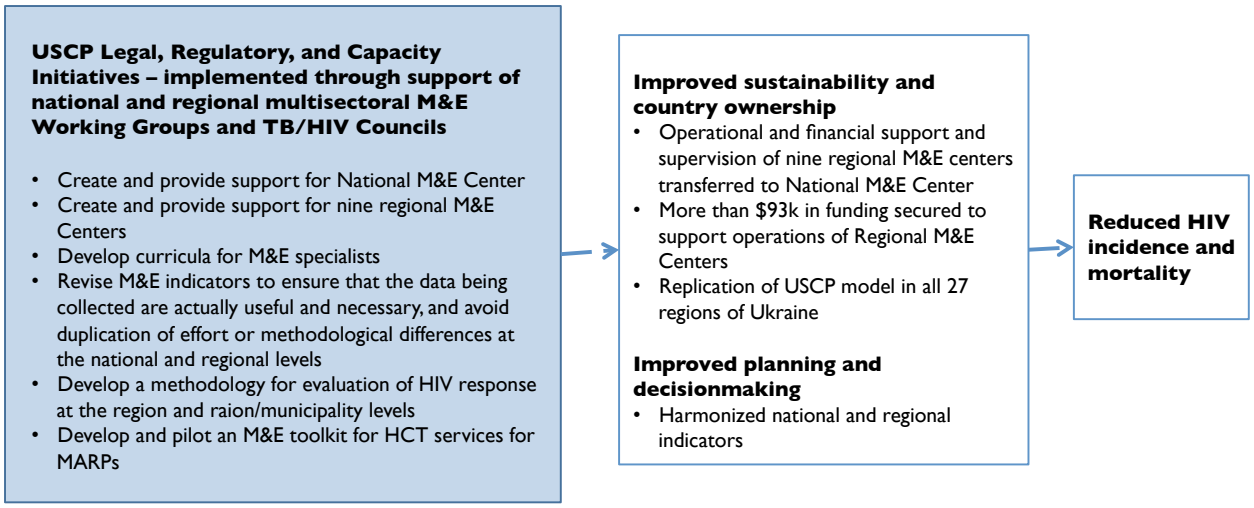
A unified M&E system that includes national and regional levels is critical in reaching universal access to prevention, treatment, care, and support services, including the provision of high-quality, accessible services for MARPs (see Figure 9). It must coordinate the collection, analysis, and exchange of M&E data throughout the country, as well as helping to ensure that these data are used in program implementation and policy and planning processes.

One of USCP's greatest achievements has been to strengthen the M&E system dramatically, particularly at the regional level. When USCP began, Ukraine had no national M&E center, and only six regional centers. As a result of the project's work, regional M&E centers have been established throughout Ukraine and, in the nine regions in which USCP worked, oversight and financing for those M&E centers was transitioned successfully from USCP to the National M&E Center.

The project also played an important role in building Ukraine's M&E capacity. USCP trained 169 M&E specialists; more important, the project gave Ukraine the capacity to train its own M&E specialists, thereby ensuring the sustainability of the M&E system. By improving M&E, the project has contributed

to the sustainability and effectiveness of Ukraine's HIV response. Better M&E will help Ukraine identify needs and target resources accordingly, which will contribute to the increased effectiveness and efficiency of the HIV response.

Figure 9. USCP Contribution to Ukraine's M&E Systems



Under USCP's model, in addition to routine data collection and reporting activities, regional M&E centers were responsible for developing the regional M&E system, including crafting regional indicators, preparing analytical reports, conducting behavioral research, and enhancing the region's M&E capacity. To this end, USCP helped center staff and the MWGs draft and implement regional M&E development plans.

A 2009 UNAIDS assessment praised USCP's model and recommended using it to establish M&E systems in other regions. USCP shared its experience with partner organizations and successfully advocated for inclusion of activities aimed at developing regional M&E systems in the NAP. As a result, the USCP model was used to establish regional M&E systems throughout Ukraine, with technical and financial support from Deutsche Gesellschaft für International Zusammenarbeit (GIZ) and the International HIV/AIDS Alliance in Ukraine.

INTERVENTION-SPECIFIC SUPPORT

Medication-assisted Therapy

Ukraine's HIV epidemic remains concentrated primarily among MARPs, including PWID, of whom there are an estimated 230,000–360,000 living in Ukraine.[2] MAT—which is considered one of the best approaches to mitigating harm from drug use—was initiated in Ukraine in 2004. Although a national MAT program is legally permissible, effective implementation of such a program has been hindered by inconsistent regulations and their conflicting interpretation across different government agencies and levels of government. Restrictive, poorly written, or absent policies result in implementation barriers at the local level. Table 2, Policy Responses to MAT Implementation Barriers, summarizes findings of an assessment conducted in 2010 by USCP at the regional level and the policy actions that USCP has facilitated through national and local working groups.

The link between policy and program scale-up is clear. In regions where the project has used a combination of complementary policy and advocacy approaches, the number of MAT sites has increased, more than doubling the number of individuals accessing MAT.

Limitations

While the MOH recognizes the urgent need to scale up MAT, other ministries differ in their willingness to regulate and provide MAT services. Some fundamentally disagree with the MAT approach, perceiving it as substituting one drug addiction for another. Others fear that MAT medications will enter the illicit drug market or not be administered safely.

This lack of consensus requires constant vigilance and advocacy, as policy initiatives initially designed to increase access can be modified to have the opposite effect. This is particularly evident in the recent MOH Order #200, which underwent last-minute changes by the Ministry of Internal Affairs and Security Service, and now contains a number of problematic provisions that severely restrict the access to and effectiveness of MAT programs. Unfortunately, the controversy surrounding the order has hindered progress on MAT implementation at the regional level, as regional authorities are waiting for outstanding issues to be settled before moving forward.

The experience with MOH Order #200 illustrates the ongoing nature of policy work. By nature, policy is an iterative process, which requires continuous monitoring, engagement, advocacy, and revision. This is particularly true in Ukraine, where the policy development and approval processes are extremely lengthy and complex, offering multiple opportunities for both positive and negative interventions in policy content. Those working to foster a supportive policy environment for the Ukrainian HIV response must continue to monitor the issue so as to address this type of last-minute alteration in policy documents.

[2] Analytical report on the results of sociological survey "Assessment of the population of the groups at high risk of HIV infection in Ukraine" as of 2009, cited in Judice, N., O. Zaglada, and R. Mbuya-Brown. 2011. *HIV Policy Assessment: Ukraine.* Washington, DC: Futures Group, Health Policy Project.

Table 2. Policy Responses to MAT Implementation Barriers

Implementation Barrier	Policy Response Supported by USCP
Inconsistent legal and regulatory framework surrounding MAT and the often ambiguous and/or non-binding nature of MAT guidelines resulted in contradictory interpretations (and sometimes direct interference) across different regions; government agencies and healthcare workers' reluctance to participate in MAT implementation	• Establishment of mandatory national guidelines (MOH Order #200) – Note: see description above of continued challenges associated with this Order • Involving law enforcement in national and regional THCs opened the first channel of dialogue on issues among providers, NGOs, and law enforcement
Inadequate referral systems and lack of a continuum of care, lack of availability of liquid forms of MAT drugs, and the inability to dispense MAT medications by prescription	• Legislation passed to allow the use of MAT medications for pain management, authorize the use of liquid methadone and the prescription of take-home doses, and allow MAT services to be provided outside of MAT clinics • Establishment of public-private partnerships that for the first time resulted in importation of liquid methadone in Ukraine • Regional orders that require uninterrupted provision of MAT – including in health facilities and temporary detention sites • Draft orders to dispense MAT via pharmacies • Development of a package of social and psychological services • Trainings on "Ensuring Continuous MAT for Patients" • Integration of MAT into required postgraduate trainings for primary healthcare physicians
Lack of a separate line item for MAT funding in local budgets was cited as a challenge to sustainability, as it left MAT programs almost entirely reliant on external sources of funding	• Authorization to purchase methadone via state or local budgets
Lengthy and complicated nature of MAT licensing requirements were perceived as barriers to MAT scale-up	• Simplification of burdensome documentation standards • Advocacy addressing long and bureaucratic processes resulted in the addition of 23 new sites across six oblasts

The Case of Donetsk Oblast

The MAT expert group in Donetsk Oblast successfully advocated for opening a MAT site at the infectious disease clinic to ensure continuity of MAT for PLHIV.

When USCP was launched in Donetsk Oblast, MAT services were being provided at eight sites in seven cities, covering 639 patients. Thanks to USCP activities and the project's TA, the quality of social and psychological support services for MAT participants has improved at all these sites. This came about through implementing the new standards for providing social services to substitution therapy clients (Order# 3123/775/270), adopted on September 13, 2010, by the ministries of Family, Youth, and Sports; Labor and Social Policy; and Health.

The intensive activity of the newly established MAT expert group contributed to the decision to open a MAT site at Donetsk City Psychoneurological Hospital No. 2. The site, which supervises an inpatient department for treatment of HIV/AIDS and opportunistic infections, became operational on August 5, 2012. Opening this site made it possible for all of the Donetsk Oblast MAT program participants in need of this specific treatment to receive MAT drugs. At the same time, together with the MAT site at the Oblast tuberculosis clinic, opening this clinic enabled the creation of a complete MAT system for patients ill with diseases typical of PWID (tuberculosis and HIV) in Donetsk Oblast. Four patients currently are undergoing treatment and MAT at the new MAT site. As a result, the number of MAT sites has increased to nine in Donetsk Oblast, and that of patients has increased to 661.

Oleksandr Kolodiazhnyi, Deputy Chief Physician, Donetsk Oblast Drug Rehabilitation Clinic

HIV Counseling and Testing

One of the key areas of focus for USCP was removing legal and regulatory barriers hindering the scale-up of HCT in Ukraine (see Figure 11). When the project's work began, restricted access to HCT services was hampering efforts to respond to the HIV epidemic in Ukraine. Some of the key gaps included the following:

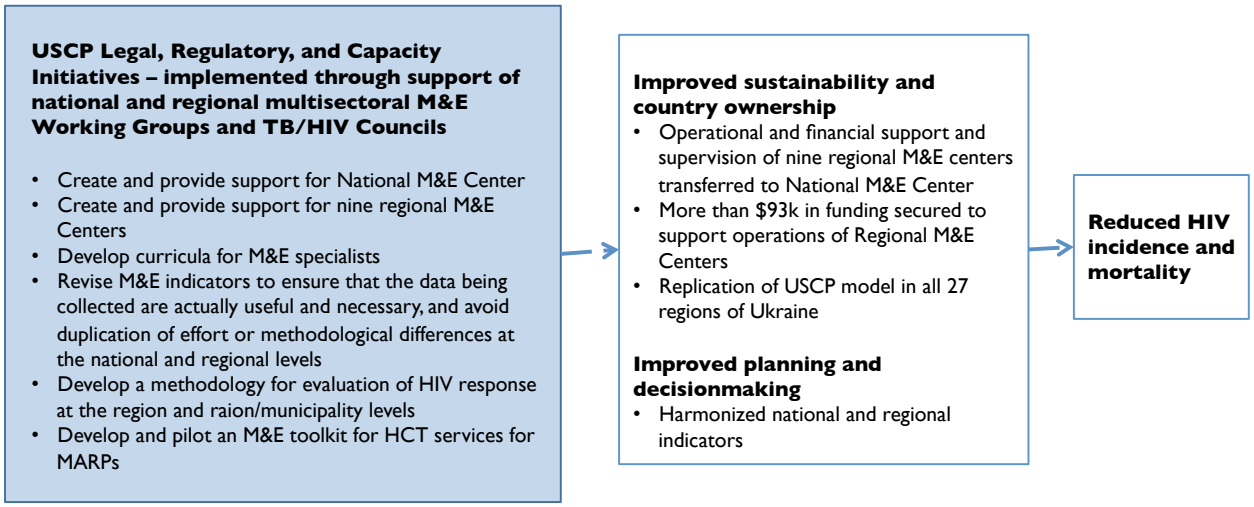
- Lack of legal authorization for provision of HCT services by nongovernment providers
- Outdated HCT clinical guidelines not in compliance with international guidelines
- Limited use of rapid HIV testing
- Limited funding of HCT for MARPs
- Regional disparities in access to HCT as a result of decentralizing budget support for HIV activities
- Lack of a strategy focused on improving service quality and increasing access for MARPs
- Limited institutionalization of training courses on HCT and laboratory diagnostics
- Weaknesses in procurement systems for test kits, laboratory equipment, and other vital commodities.
- Weak quality assurance mechanisms for HIV laboratory services

In 2011, as a result of the new HIV Law, the Global Fund was able to provide 98,388 rapid tests for MARPs within **legally sanctioned** mobile clinics and units.

In collaboration with and in support of other organizations funded to implement and scale up HCT, USCP has

contributed to reducing, if not removing altogether, these policy and regulatory barriers. While there is still room for improvement, access to HCT has increased significantly, including for MARPs (see Figure 12).

Figure 11. USCP Contribution to HCT



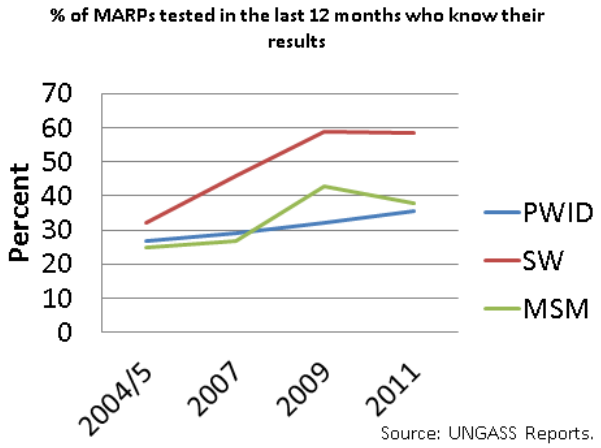
Over the five years of the project, the number of HIV tests conducted in Ukraine rose 16 percent (from 2,866,728 to 3,325,994); the percentage of HIV-positive people who know their status rose from 20 percent to 50 percent; and the number of HIV tests included in regional budgets (which fund HCT for high-risk groups) rose 45.6 percent (from 919,714 to 1,347,464).[3] Legal and regulatory advocacy also facilitated leveraging of donor funding; in 2011, the Global Fund provided almost 100,000 rapid HIV tests for use in mobile/outreach clinics targeting MARPs.[4]

[3] *Ukrainian AIDS Center Bulletin #37*. 2012. Kyiv.
[4] *HIV/AIDS Alliance Annual Report*. 2011.

Policy and Regulatory Successes

Achievement of the policy and regulatory initiatives identified above was accomplished through technical assistance and logistical and operational support to the MOH/State Service Working Group on HIV Counseling and Testing and HIV Laboratory Diagnostics. Of particular importance is the sustainable institutionalization of HCT and S&D curricula within postgraduate institutions in Ukraine's two main medical universities, which will continue to be implemented using state resources long after the project's support ends.

Figure 12. MARP Testing



"USCP's integration of HIV counseling and testing into postgraduate medical education is very important. Before, only donors provided such training, and although the trainings were good, they resulted in no sustainability at all. Now, because USCP has integrated this course into the National Medical Postgraduate Academy curriculum, there is sustainability. Every year, a lot of medical providers will go through these trainings... Also, these courses have a powerful impact on trainees because they use very unconventional educational approaches. They are very interactive, which is not something that was seen in postgraduate-level education before this. The training-based approach is more effective than past educational methodologies. The course is very popular and is in high demand. In other courses, providers are just attending because they are required to get a certificate, but these trainings are completely full, and the students are very engaged and appreciative of the educational approaches used."

Head of State Service, Tetiana Aleksandrina

Establishing Protocols and Guidelines for Orphans and Vulnerable Children

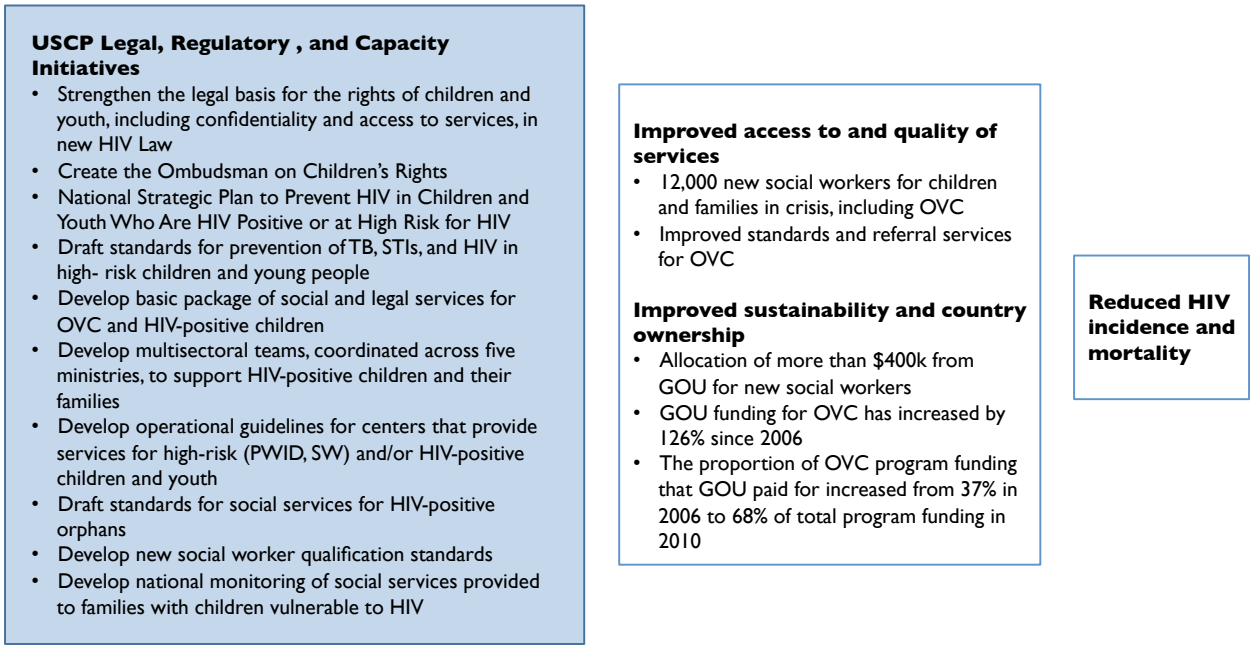
OVC have been a relatively neglected group in Ukraine's HIV response. This is of particular concern, given the increase in high-risk behaviors, including injecting drug use, among children in Ukraine.[5] When USCP began its work in 2007, both the policy environment and service provision for OVC were

[5] Judice, N., O. Zaglada, and R. Mbuya-Brown. 2011. *HIV Policy Assessment: Ukraine*. Washington, DC: Futures Group, Health Policy Project.

extremely weak. Some of the needs identified through HPI[6] analysis in 2007 and consultation with the Ministry of Family Youth and Sport included developing and implementing a process to monitor children's rights (including children living with HIV), introducing national standards for basic social services for children living with HIV, and introducing legal standards ensuring the rights of these children.

While there is still an urgent need to continue strengthening Ukraine's OVC policy framework and improving the scope and quality of services for OVC, USCP achieved important gains in this area. Over the past five years, USCP has strengthened the legal and regulatory framework in ways that will contribute to protecting the rights and fostering the well-being of children living with HIV and other OVC (see Figure 13).

Figure 13. USCP Contribution to OVC Services



Among the project's key accomplishments was the collaboration with the Ministry of Social Policy (MSP) to allocate UAH 3,809,000 (approximately US$427,219) from the national budget in 2012 to hire and train 12,000 additional social workers to work directly with children, including OVC, in crisis situations. This is the first time a system of social work has been put in place to support children in crisis, and it already has helped to increase access to social services, particularly for children and families living outside of cities and regional centers. Previously, social services existed mostly at the national and oblast levels, as well as in a few municipalities, in part due to a significant shortage of social workers. Social services are vital to preventing HIV among most-at-risk children and ensuring that HIV-positive children have access to treatment and psychosocial support. The new social workers trained in monitoring treatment adherence are responsible for monitoring ART adherence in their service areas and making sure children are able to travel to the AIDS center to receive their ARVs.

[6] Komarova, N., and L. Porter. *Review of International and Ukrainian Regulations on the Rights of HIV-infected Children and Children Vulnerable to HIV*. 2007. Kyiv: Futures Group, USAID | Health Policy Initiative, Task Order 1.

Funding for additional social workers benefits – Odesa Oblast

Currently, more than 5,000 families in crisis raising more than 10,000 children are registered in the 33 centers providing social services for family, children, and youth (CSSFCY) in the Odeska Oblast. Starting in July 2012, increases in funding will bring 368 new social workers to CSSFCYs in the Odesa Oblast, who will:

- Provide early detection of and intervention in family crises;
- Work to maintain a healthy family environment and prevent children from being removed from families;
- Support healthy parenthood and coping skills; and
- Quickly respond to child cruelty and abuse cases, exploitation of child labor, etc., with special attention to families with children affected by HIV/AIDS.

Olha Anatolivna Boroday, Director of the Odesa Oblast Center of Social Services for Family, Children, and Youth

Procurement and Supply Management (PSM)

A 2008 external assessment of Ukraine's PSM systems for HIV and TB medications[7] identified overpricing of HIV and TB medications; delays in public procurements; and ineffective systems of commodity supply, storage, stock management, and distribution as significant barriers to achieving the government's goals of expanding access to HIV and TB services. The assessment also highlighted these weaknesses in the procurement system as potential drivers of drug resistance and inefficient implementation of HIV programs, including those covered under Ukraine's Global Fund grants. These difficulties have been compounded by a lack of transparency and accountability.

PSM issues also have restricted access to HCT services, particularly for MARPs. In Ukraine, HIV test kits for blood donors and pregnant women are procured at the national level and distributed to the regions. HIV test kits for other populations are funded through oblast budgets. Significant delays (sometimes as much as six to nine months) in national-level procurement and distribution of test kits leads to shortages of the kits at regional and local levels, which affects testing of blood donors and pregnant women. To ensure that these populations have access to HCT, oblast authorities often make up the shortfall using test kits originally intended to serve MARPs, procured through the oblast budget.

MOH Working Group on PSM

To respond to challenges identified in the external assessment, in 2009, the MOH established a working group on PSM (MOH PSM WG). USCP was instrumental in establishing the working group by promoting and supporting dialogue among key government and civil society stakeholders to foster its creation. Subsequently, USCP provided ongoing technical and logistical support to enable the working group to identify and address barriers in the PSM system.

Unfortunately, the working group's efforts have been hindered by frequent changes in the MOH leadership, administrative reform, and the existence of strong financial conflicts of interest among some groups and individuals. In 2010, when the administrative reform process began, operations of the MOH PSM WG were suspended. As a result of these external challenges, USCP's work on PSM has met with

[7] The assessment was carried out by a multidisciplinary team comprising representatives of WHO, USAID, and the European Union.

only limited success. In fall 2011, to ensure continuity of work on PSM issues as USCP entered its final year, it began to work on procurement-related issues in partnership with Management Sciences for Health (MSH), which was beginning to implement a USAID-funded project on PSM in Ukraine. Through discussions with the State Service and other partners, it became clear that the current environment was not conducive to revitalizing the working group to reform procurement mechanisms. Instead, USCP and MSH agreed to work with the State Service to rectify weaknesses in the storage and distribution system highlighted in the external assessment.

This aspect of the PSM system was identified as a feasible policy target because the management of drug inventories is an administrative function of the State Service and not subject to the same pressures from financial interests faced when reforming drug procurement policies. While the State Service cannot tackle procurement issues directly, it has the authority to regulate distribution and redistribute drugs and commodities at the regional level to address shortages caused by delays in procurement or resource allocation.

The first step was to assess the current status of the storage and distribution system. USCP and MSH developed a survey tool that was distributed by the State Service to all 14 regions in October 2012. Findings from this survey of regional AIDS and TB centers will provide the information necessary for ensuring a continuous and reliable source of key HIV and TB medications at regional levels.

ARV Price Reductions

Despite the challenging environment, small successes have been achieved. The project's efforts complemented the Global Fund's sustained attention to procurement issues and the advocacy conducted by partner organizations such as the Network, the Clinton Foundation, and the International HIV/AIDS Alliance in Ukraine. This combined advocacy has resulted in reductions in ARV prices, the beginning of price negotiation, and increased GOU budget allocations for ART.

Revising Legislation to Foster Global Fund Implementation

One important source of indirect pressure for ARV price reductions and procurement reform was USCP's efforts to remove barriers to Global Fund grant implementation. As noted elsewhere (see "National AIDS Coordinating Authority"), UAC faced legal barriers to fulfilling its responsibility as a principal recipient of the Round 10 Global Fund grant. Chief among these were existing regulations, which barred UAC from complying with Global Fund procurement standards. USCP helped draft and secure adoption of legal measures that will allow the UAC to procure goods and services based on international best practices rather than through the existing government procurement system. Conducting procurements in this manner will result in lower costs, sharply highlighting the price inflations present in the current procurement system. Development and passage of this measure has placed, and will continue to place, increasing pressure on the government to reform existing procurement mechanisms.

STIGMA AND DISCRIMINATION

Reducing stigma and discrimination (S&D) among medical providers is vital to securing access to health services for all PLHIV, particularly MARPs. In Ukraine, the concentrated nature of the epidemic has helped fuel high levels of HIV-related S&D, as HIV status is commonly perceived as linked with highly stigmatized groups, such as MSM, PWID, and SWs. A 2007 HPI study revealed high levels of HIV-related S&D among health providers.[8] In 2011, a Network survey found that as many as one in four (25%) of HIV-positive respondents reported that his/her HIV-positive status had affected access to at least one social or medical service.

Unfortunately, as a result of the vertical structure of HIV services provided by AIDS centers, healthcare providers in primary care facilities often resist providing general health services to HIV-positive individuals, as a common attitude is that this should be handled by AIDS center staff. According to PLHIV, they often are refused treatment at other facilities, even in emergencies. When care is provided, they report that they often feel highly stigmatized as a result of providers' behavior (such as insisting on three layers of gloves, turning their faces away, treating them with disdain or disgust). The challenge posed by S&D in the Ukrainian context is heightened by the fact that AIDS centers are for the most part limited to the capital cities at the oblast level, with few AIDS centers at the raion/local level, making them less accessible to those living outside of the oblast capital.

> *"Trainees acquired new knowledge and experience that every health worker will implement in the workplace in order to provide quality medical services to PLHIV and ensure a safe working environment, providing accessibility of quality medical services at patients' place of residence."*
>
> *Letter from the chief physician of the Holoprystanskyi central raion hospital (Kherson Oblast) (3/18/2012)*

Despite the high prevalence of S&D, it has received little attention or support in Ukraine's HIV response. Although enhancing tolerance toward PLHIV is part of the National HIV/AIDS Program, no budget is allocated for addressing S&D among medical providers. S&D is not addressed in the curricula of medical education institutions, nor have any large-scale projects been conducted to address it in medical facilities.

USCP implemented activities aimed at reducing HIV-related S&D among medical providers. The main focus of the project's work was training healthcare providers on S&D reduction. USCP provided intense training, as well as ongoing technical support and mentoring to nine regional training teams comprising one physician and one NGO representative from each region. These teams carried out all of the trainings for medical providers at the regional and local levels. As a result, USCP is leaving behind not only increased exposure to and understanding of S&D among providers, but also the **capacity to build capacity** embodied in these highly skilled and experienced trainers. These trainers are available to other public and private organizations seeking to engage in capacity building on S&D reduction.

In its third year, USCP incorporated content on reducing S&D toward MARPs into the project's S&D training module. The project also leveraged its contributions and ensured the sustainability of its training efforts by integrating its S&D training into the course "HIV basic voluntary counseling and testing" of two main postgraduate medical education institutions (National Medical Academy of Post Graduate Education and Lviv Medical University, postgraduate faculty). As a result, while USCP has ended, providers will continue to be trained on S&D reduction using existing government resources and institutions.

[8] *Stigmatization and Discrimination of HIV-positive People by Providers of General Medical Services in Ukraine.* November 2007. Washington, DC: Constella Futures (Futures Group), USAID | Health Policy Initiative, Task Order 1.

Post-training evaluations showed increased levels of tolerance, as well as greater knowledge and understanding of HIV. Analysis of the evaluation forms also shows that myths on HIV infection in the workplace were beginning to break down. After the training, some medical providers said they would use the information they received to train other providers. USCP and NGOs involved in the trainings received letters of appreciation from chief physicians of healthcare facilities and the heads of regional health departments.

One example of the success of the S&D component of USCP's work is the fact that the training materials designed by USCP were adopted (with the project's consent) by other projects addressing TB treatment and care and support for HIV-positive prisoners.

Elements central to the success of this model include its focus on the raion level, which reached providers most in need of its content, as well as the composition of the training teams, which drew on the perceived credibility of and relationships with a local physician.

"I would have never thought that one training day could dramatically change my deeply rooted concepts until I took part in the stigma training. Based on my personal experience, I agree that lack of HIV knowledge engenders fears followed by stigma and discrimination towards other people. As a matter of fact, everything is easy: if you are aware of transmission routes, you can come up to an HIV-positive person and talk to him/her without tension, provide care, touch them when measuring blood pressure or doing check-up. Oddly enough, the patient reveals himself/herself, behaves in a natural way when talking about himself/herself and his/her disease.

So I am convinced: under judgment-free relations with patients, I can help them more, and, which is really important, I can perform my professional duties with pleasure and without fear."

Nurse, Simferopol, AR of Crimea

CONCLUSION

Since 2007, USCP has strengthened the policy and capacity foundation of the HIV response in Ukraine, contributing to service access, country ownership, and improved planning and decision making. A 2012 External Performance Evaluation of the project found that

- USCP's work contributed to substantial progress in changing the policy environment for combating the HIV epidemic in Ukraine.
- USCP helped strengthen government bodies, thereby improving coordination and implementation of Ukraine's HIV response, including the Global Fund Round 10 grant process.
- USCP helped establish and strengthen regional and local THCs and improved multisectoral coordination of Ukraine's HIV response at all levels.
- Representation and involvement of PLHIV and MARPs in regional and local THCs has improved coordination and coverage of HIV-related services.
- USCP helped improve M&E systems at national and regional levels**.** In those target regions where USCP worked, oversight and financing for M&E centers was transitioned successfully from USCP to the National M&E Center.
- USCP's capacity-building interventions triggered positive developments in some organizations for institutional development and contributed to reshaping organizations to better position themselves to expand services.

These outcomes were achieved through a program of comprehensive scale, including:

- 303 trainings for 6,410 individuals on policy development, advocacy, capacity building, MAT, HCT, M&E, community mobilization, and reducing stigma towards PLHIV/MARPs;
- 75 policies approved/submitted for approval;
- 453 organizations provided with TA;
- 25 advocacy campaigns conducted by NGOs with USCP support, including adoption of the HIV/AIDS Law, social order contracting, MAT program implementation, and addressing the needs of PLHIV and MARPs.

The policy and capacity initiatives implemented by USCP support the incremental improvements and successes of an overall donor and government HIV response which, by 2010, had grown to more than $US72 million per year. Whether identified by such metrics as increased proportion of GOU funding, or increased access to ART and HCT, USCP demonstrably has been at the table and working behind the scenes to support local advocacy and solutions for the policy and organizational capacity components of these important advances. While significant improvements still can be made in the response to HIV in Ukraine, particularly among MARPs, the policies, decision-making structures, and organizational capacity built by USCP have laid the foundation for continued improvement and progress in the country's response to HIV.

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