

UKRAINE HARMONIZED AIDS RESPONSE PROGRESS REPORT

Reporting period: January, 2012 – December, 2013

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SECTION I. STATUS AT A GLANCE

In September, 2000, the Millennium Declaration was adopted, which main purpose is to reduce the spread of poverty and diseases by 2015. The Millennium Development Goals (MDGs) are globally recognized targets determined by the international community in order to address inequalities in the global human development. The UN Millennium Declaration was adopted by 189 countries, which was the beginning of the way to achievement of eight MDGs by 2015, including Goal 6: To combat HIV/AIDS.

In 2004 during the Presidency of Ireland to the Council of the European Union, EU Member States and neighboring countries of Eastern Europe and Central Asia adopted the Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia. The Dublin Declaration regulates actions of organizations in the fight against HIV/AIDS in these countries and globally guarantees the support of universal free access to prevention, treatment, care and support within the existing national strategies on combatting HIV/AIDS. Activities related to report submission within the Dublin Declaration are coordinated by the European Centre for Disease Prevention and Control (ECDC). The Dublin declaration progress report is the component of the National report of Ukraine for 2012-2013.

The strategy of universal access was reflected at the High-Level Plenary Meeting of the 60th Session of the United Nations General Assembly in September 2005. Strengthening of health care systems in Europe within the strategy to support further development of the states “Adaptation of services to new requirements”, implemented by the WHO Regional Office for Europe, is declared by the EB111/33, EUR/RC55/R8 documents.

In December, 2010, the Coordination Council approved the UNAIDS Global Strategy for 2011-2015, better known as Getting to Zero Strategy. It aims to provide global progress in achieving national goals on general access to HIV prevention, treatment, care and support, stopping the HIV/AIDS epidemic and changing the dynamics of its development to the opposite direction as well as promoting to reach the Millennium Development Goals by 2015 (Zero New Infections, Zero AIDS-related Deaths, Zero Discrimination).

Political Declaration on HIV/AIDS: Intensifying Our Efforts to Eliminate HIV and AIDS was adopted by the General Assembly Resolution # 65/277 as of June, 10, 2011, and regulates the activity on HIV/AIDS prevention. The Political Declaration was based on scientifically grounded approaches to prevention, taking into account local circumstances, ethical and cultural values, including maximal expansion of harm reduction programmes, with the consideration of the “WHO, UNODC, UNAIDS Technical Guide for Countries to Set Targets for Universal Access to HIV Prevention, Treatment and Care for Injecting Drug Users” according to the national legislation.

Within the adopted Political Declaration the UN Member States have committed the following targets:

1. To reduce sexual transmission of HIV by 50% by 2015.
2. To reduce transmission of HIV among injecting drug users by 50% by 2015.
3. To ensure the prevention of new cases of mother-to-child transmission of HIV by 2015.
4. To provide antiretroviral therapy to 15 millions of people living with HIV by 2015.
5. To reduce the number of deaths from tuberculosis among people living with HIV by 50% by 2015.
6. To eliminate the lack of funding to fight HIV/AIDS at the global level and take actions to increase annual funding to combat AIDS up to 22-24 billion USD by 2015.
7. To eliminate gender inequality, abusive treatment of women and girls, violence against them, and to expand their abilities to protect from HIV infection.

8. To eliminate stigma and discrimination towards people living with HIV and those affected by HIV/AIDS through adoption of laws and political measures that ensure full realization of all human rights and fundamental freedoms.

9. To eliminate travel restrictions based on HIV status.

10. To eliminate parallel systems of HIV-related services in order to further integrate the response to HIV/AIDS into global health care actions as well as to strengthen social protection systems.

The Political Declaration evidently reflects the urgent need to scale up access to services for groups most-at-risk for HIV infection and aims to immediately eliminate gender inequality, violence and gender-based discrimination.

In June, 2011 ahead of a High-Level Meeting, the United Nations Security Council adopted the Resolution 1983 (S/RES/1983), which again confirmed the importance of HIV-infection in the context of global security and recognized contribution of UN peacekeeping operations to the response to the epidemic. The Resolution is aimed at strengthening the implementation of HIV awareness and prevention programmes for military and civilian personnel of peacekeeping operations and communities to which they serve as well as it calls to harmonization of prevention efforts among law-enforcement agencies with efforts to stop sexual violence during armed conflicts and thereafter.

Till 2013, global AIDS response progress indicators (known as UNGASS indicators) were submitted globally every 2 years. However, starting from 2013, the data have been annually collected. In 2013 the UN General Assembly held an interim progress assessment in achieving the targets and obligations under the 2011 Political Declaration on HIV/AIDS.

Data collection and report submission are important components of progress assessment achieved towards the goals.

In 2014 in the framework of progress evaluation in reaching the Millennium Development Goals aimed at combatting HIV-infection by 2015 Ukraine submits to the UNAIDS Secretariat the National Harmonized AIDS Response Progress Report for 2012-2013, which includes three international reports: Report on Implementing Resolutions of the “Political Declaration on HIV/AIDS: Intensifying Our Efforts to Eliminate HIV and AIDS” (2011); Report on Implementing Resolutions of the “Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia” (2004); WHO, UNAIDS and UNICEF Joint Reporting Tool “Towards Universal Access: Scaling Up Priority HIV/AIDS Interventions in the Health Sector” (hereinafter referred to as 2014 National Report). The National Report also includes additional reporting according to WHO/UNICEF universal access health sector indicators.

The 2014 National Report is the most comprehensive and full review of the response to HIV/AIDS epidemic in Ukraine, which comprises of indicators recommended for all UN Member States.

Some of the given indicators of the 2014 National Report were calculated based on available data from existing official statistical sources. In order to calculate other indicators, special sociological and epidemiological studies were carried out among the general population and groups most-at-risk for HIV infection.

In order to ensure quality and the opportunity for comparative analysis of the situation in different countries, indicators’ data collection was organized based on standard techniques recommended by the UNAIDS Guidance “Global AIDS Response Progress Reporting 2014”.

The 2014 National Report contains 54 indicators out of 71 indicators recommended for all UN Member States. Ukraine does not provide data on 17 indicators in the 2014 National Report, as 6 indicators do not correspond to the epidemic currently registered in the country and are not relevant for Ukraine, and there is no data collection mechanism for 11 indicators.

A. Participation of stakeholders in the report-writing process

In order to ensure timely development of the 2014 National Report, the National Council to Fight Tuberculosis and HIV-infection/AIDS approved by its Decision as of 15.01.2014 the list of targets and indicators, responsible organizations and deadlines. According to the appropriate Decision of the National Council, the State Service of Ukraine on Combatting HIV-infection/AIDS and Other Socially Dangerous Diseases in cooperation with the SI “Ukrainian Centre for Socially Dangerous Disease Control of the Ministry of Health of Ukraine” and UNAIDS were selected to provide the development of Ukraine progress report for 2012-2013 on implementation of the Political Declaration on HIV/AIDS.

Coordination of the process of preparation and submission of the 2014 National Report as well as review and approval of indicator values was carried out within the operation of the Working Group on Monitoring and Evaluation of the Effectiveness of Response to HIV/AIDS (established by Order # 26 of the State Service of Ukraine on Combatting HIV-infection/AIDS and Other Socially Dangerous Diseases as of 22.02.2012 “On establishment of the Working Group on Monitoring and Evaluation of the Effectiveness of Response to HIV/AIDS”).

State agencies of executive power carry first and foremost responsibility for supporting monitoring and evaluation in the field of HIV/AIDS. According to the Law of Ukraine “On Combatting Spread of Diseases Caused by the Human Immune Deficiency Virus (HIV) and Legislative and Social Support of the Population”, the Ministry of Health of Ukraine as a central agency of executive power in the field of health care supports the inter-departmental coordination of measures to fight HIV/AIDS.

Data and results of the 2014 National Report represent joint opinion of a wide range of partners, involved in national response to HIV/AIDS in Ukraine.

According to the recommendations presented in the UNAIDS Guidelines, the 2014 National Report was developed and discussed at stakeholder and partner meetings. Indicator values were agreed by experts of governmental, non-governmental and international organizations. The draft of the 2014 National Report was disseminated among all members of the Working Group on Monitoring and Evaluation of the Effectiveness of Response to HIV/AIDS. The final version of the report was presented by representatives of governmental, non-governmental and international organizations during the open Stakeholders’ Forum on March, 28, 2014 with more than 50 participants. On March, 31, 2014, the 2014 National Report was forwarded in English to the UNAIDS Secretariat (Geneva).

B) Status of the epidemic

Nowadays Ukraine takes one of the first places among European countries by the number of HIV-positive people. According to the estimated data, as of the beginning of 2013, 238 thousand of HIV-infected people aged 15 years and older have been living in the country. The indicator of HIV prevalence at the age group of 15-49 years made up 0,62% and remains to be one of the highest among countries of Europe and Central Asia. These data differ from the official statistics on the number of HIV-positive people who have been under medical supervision at specialized health care facilities at the end of the relevant period (134,3 thousand people). The difference between these indicators shows that nowadays only every second person living with HIV has asked for medical help and is registered at a health care institution.

During 1987-2013, 245 216 cases of HIV-infection were officially registered in Ukraine among its citizens, including 65 733 AIDS cases and 31 999 AIDS-related deaths.

For the first time in 2012 a slight reduction of new cases of HIV-infection at 1,6% was fixed in Ukraine – 20 743 people (45,5 per 100 thousand population). According to the 2013 data, the increase of the number of people with newly diagnosed HIV-infection has been fixed – 21 631 (47,6 per 100 thousand population, rate of increase: + 4,6%) (please, see Fig. 1).

The HIV/AIDS epidemic in Ukraine is concentrated in cities – in 2013 77% of new cases of HIV-infection were registered among urban population, while the proportion of newly registered cases of HIV-infection among rural population has been increasing very slowly (since 2009 till 2013: 21,0%; 23,5%; 22,9%, 23,4%, 23,0% correspondingly).

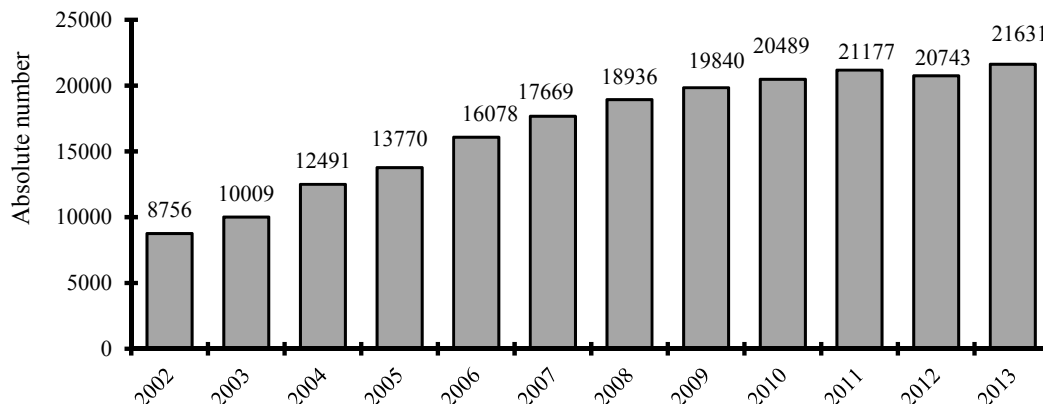


Fig. 1. Dynamics of the officially registered new cases of HIV-infection among citizens of Ukraine, by years, the period of 2002 – 2013.

The age and gender structure of new cases of HIV-infection is mostly represented by people aged 25-49 years, whose proportion has been gradually increasing (since 2009 till 2013: 63,8%; 64,8%; 66,3%, 65,9%, 67,0% correspondingly), and men, whose proportion almost has not changed (since 2009 till 2013: 55,1%; 56,4%; 54,5%, 55,3%, 55,3%, correspondingly).

However, in recent years HIV incidence rates have shown a sustainable tendency to decrease among people aged 15-24 years within the overall number of first registered cases of HIV-infection – since 2009 till 2013: 12%; 11%, 9%; 8%; 7%, correspondingly, which may indicate certain stabilization of the HIV epidemic in general as a result of behavior change to less risky by young people.

As part of improvement of sero-epidemiological monitoring of HIV prevalence in Ukraine, data on the number of people tested for HIV-infection were received in 2013, while in 2012 data on the number of tests conducted were received. 3 246 537 tests for antibodies to HIV were conducted among citizens of Ukraine in 2012, while 2 941 748 people were tested for HIV-infection in 2013. In 2013 the number of positive results reduced up to 31 678 against 31 921 in the previous year. The level of HIV prevalence among citizens of Ukraine during 2009-2013 had the tendency to decrease: 1,11%, 1,03%, 1,02%, 0,98%, 1,08%, correspondingly.

The HIV care coverage indicator remains insufficient (less than 70%): 62,7% in 2011, 65,0% in 2002, 68,3% in 2013. Thus, one third of HIV-positive persons identified as a result of sero-epidemiological surveillance is not covered by medical care at health care facilities for different reasons (did not apply for test results, do not wish to undergo medical examination, etc.). These people remain being the source of infection, which causes further spread of HIV.

In 2013 the proportion of people tested under codes 101.2, 103 (persons that have had homosexual contacts), 102 (injecting drug users); 104 (persons with diagnosed sexually transmitted infections); 105.2 (commercial sex workers) out of the general number of people tested (excluding donors and pregnant women) made up 11,2% in Ukraine. As far as the regions are concerned, this indicator ranged from 3,6% in Zakarpattia region to 27,5% in the city of Sevastopol. The lowest proportion of tested representatives of groups most-at-risk for HIV-infection out of the general number of the people tested was registered in Zakarpattia, Volyn, Vinnytsia, Chernigiv, Zaporizhzhia, Odesa, Rivne regions (up to 5,5%), which can indicate both the limited access to testing for people from most-at-risk populations and their small number in these regions.

During 2011-2012 there had been the reduction of the level of HIV-infection among IDU: 11,39% and 9,07%, correspondingly. In 2013 this indicator decreased up to 3,3%, due to the inclusion of people tested with rapid tests into the sero-epidemiological monitoring (results of such tests had not been taken into consideration before) and partially due to reduction of the number of identified positive results under code 102. However, levels of HIV-infection among IDU have exceeded the national average in eleven regions of Ukraine, namely Odesa, Kyiv, Kirovograd, Vinnytsia, Mykolaiv, Ivano-Frankivsk, Chernigiv, Poltava, Zhytomyr, Dnipropetrovsk and the city of Kyiv, making up from 3,9% in Dnipropetrovsk region to 20,3% in Odesa region.

When determining the role of sexual way of HIV transmission, the frequency of HIV-infection diagnosis among STI patients and people with risky sexual behavior is of doubtless interest. During 2011-2013 the level of HIV-infection among people with diagnosed sexually transmitted infections (code 104) had made up 1,45%, 1,71%, 1,46% correspondingly. The highest levels of HIV prevalence among this group have been registered in the city of Kyiv (12,6%), Odesa region (3,5%), the city of Sevastopol (2,2%), Kyiv and Kirovograd regions (2,1% each).

During 2011-2013 there was gradual decrease of the number of people tested under code 105 (persons with risky sexual behaviour) - 57 047 tests; 84 856 tests, 142 256 people tested, including those tested by rapid tests. In 2013 the average level of HIV prevalence under code 105 made up 1,5%, the highest indicator was fixed in Odesa region – 9,0%, the lowest indicator was fixed in Chernivtsi region – 0,2%, there were no HIV-positive people detected in Kherson region.

During 2009-2013 the proportion of tests for HIV-infection among blood donors (code 108) remained practically the same and made up almost one third of all tests conducted – 28% in 2009 and 2013. The same thing concerns the percentage of HIV-positive results under code 108 in the structure of all positive results – 3,6% in 2009 and 2,6% in 2013.

A series of international studies suggest that in order to minimize risks associated with HIV blood transfusion, careful selection of donors remains more effective for ensuring donor blood safety as compared to just HIV testing. Moreover, medical staff regularly recommends patients to have blood transfusion for an extra charge, even though it does not medically make sense, which further increases risk of HIV-infection.

In 2013 the average level of HIV prevalence among primary blood donors (code 108.1) was 0,14% - 801 potential donors, who had received pre-test counseling, were diagnosed with antibodies for HIV during the laboratory examination. According to the results of sero-epidemiological monitoring among repeated donors (code 108.2), 28 HIV-positive persons were identified in Ukraine in 2013 (121, 125, 73 and 31 such persons correspondingly were identified during 2009-2012), which may indicate the improvement of the selection system of potential blood donors regarding elimination of representatives of groups most-at-risk for HIV-infection.

Taking into account UNAIDS recommendations, the infection level among women attending antenatal clinics (i.e. pregnant women) is believed to quite accurately reflect HIV-infection level and epidemic trends among the general population. Moreover, this group of women makes up a sample, which is representative to analyze the epidemiological situation among population of reproductive age.

During 2009-2013 there had been a positive trend in Ukraine to the reduction of HIV-infection level among pregnant women according to the primary testing results (code 109.1): 0,55%; 0,48%; 0,47%, 0,45%, 0,39% correspondingly, which directly correlates with the dynamics of registration of new cases of HIV-infection among pregnant women. The general tendency in Ukraine is gradual decrease of the number of women with newly diagnosed HIV-positive status among the general number of HIV-positive pregnant women – from 74,4% in 2009 to 49,4% in 2013.

In 2013 the highest values of HIV prevalence among pregnant women under code 109.1 were observed in Odesa (0,79%), Dnipropetrovsk (0,77%), Donetsk (0,75%), Mykolaiv (0,67%),

Kyiv (0,62%), Kirovograd (0,52%), Chernigiv regions (0,49%), which can indicate the intensive development of HIV epidemic process among the general population in these areas. Moreover, 63 HIV-positive pregnant women had HIV-negative results of the first test for HIV-infection, and it was diagnosed only during second test under code 109.2. Thus, strengthening of HIV prevention activities during pregnancy remains relevant nowadays for obstetrics and gynecology departments in Ukraine.

From 1995 till 2007 inclusively, parenteral way of HIV transmission had dominated in Ukraine – usually through injecting drug use. In 2008 there was the shift of ways of HIV transmission from parenteral through injecting drugs to sexual mainly through heterosexual contacts. In 2013 within the structure of ways of HIV transmission (including frequency of mother-to-child HIV transmission), the proportion of sexual way of HIV transmission reached 65,7%, while the proportion of parenteral transmission of HIV when injecting drugs made up 32,7%.

According to the official data, there is clear tendency in Ukraine on decrease of both the absolute number of newly registered HIV cases among IDU and the proportion of IDU among new cases of HIV-infection. In 2013 the highest proportion of HIV-positive IDU was fixed in Lviv, Kharkiv, Dnipropetrovsk regions (45,0%, 42,3%, 31,4% correspondingly) and the cities of Sevastopol and Kyiv (35,2%, 33,5% correspondingly). There were no HIV-positive IDU found in Zakarpattia region in 2013 (please, see Fig. 2).

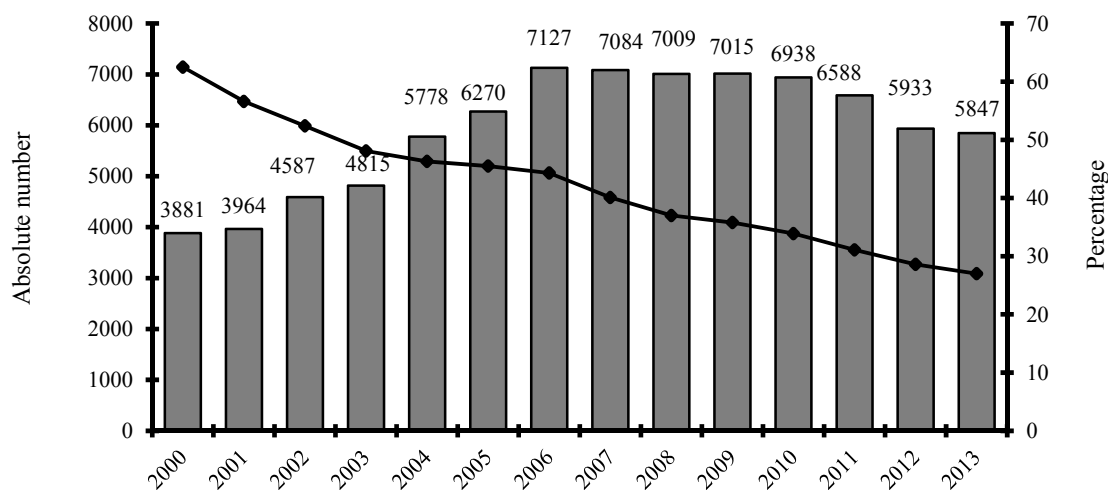


Fig. 2. Dynamics of the officially registered new cases of HIV-infection among IDU in Ukraine, the period of 2000 – 2013.

At the present stage of HIV epidemic the group most-at-risk for HIV-infection, namely men who have sex with men, is becoming more epidemically significant. From 2005 to 2013 the number of officially registered new cases of HIV-infection among representatives of this group had been annually increasing: 20 people, 35, 48, 65, 94, 90, 143, 152, 262, correspondingly. It can be assumed that nowadays there is significant underestimation of HIV cases regarding sexual relations between men. As a rule, MSM keep their sexual orientation in secret. The main barrier to use HIV prevention, treatment, care and support services is MSM stigmatization.

The increase of the AIDS incidence indicator had been fixed till 2012 inclusively. However, in 2013 this indicator decrease was fixed as compared to 2012 – from 22,1 per 100 thousand population to 20,6 per 100 thousand population (rate of increase: -6,7%) against the background of the increase of the number of people receiving ART (rate of increase: +31,8%).

Tuberculosis still remains the most common AIDS-related disease in Ukraine, which has been identified in 4 859 cases (51,9%) out of 9 362 new AIDS cases and in 16 175 cases (55,8%)

among 29 005 AIDS patients registered at health facilities that carry out medical surveillance of HIV-infected people as of January, 1st, 2014.

In total, 6 769 HIV-infected people died in 2013 because of different reasons, the overall mortality rate made up 14,0 per 100 thousand population as compared to 14,8 per 100 thousand population in 2012. 3870 AIDS-related deaths were fixed in 2012 (8,5 per 100 thousand population), while in 2013 the number of AIDS-related deaths reduced to 3 514 (7,7 per 100 thousand population, rate of increase: - 8,9%) (please, see Fig. 3).

Expansion of access to ART to all people in need and effective treatment of HIV-positive people affect the indicators of AIDS mortality and AIDS morbidity as well as the level of HIV-infection prevalence among the population. In 2013 the level of ART coverage of HIV-positive people among the general number of people under medical supervision and with indications to ART reached 93,2%.

However, according to the statistical data, only 1 972 people were receiving ART at the time of death out of 5 237 people who were in need of ART and died in 2013 (38% as compared to 33,0% in 2011), including 738 people who had been receiving antiretroviral therapy for 12 months and longer. Attention should be paid to the fact that in 2013 the proportion of IDU receiving ART out of the general number of IDU in need of ART made up 40% as compared to 13% in 2011. Therefore, nowadays, insufficient level of access to ART for HIV-positive people is first of all caused not by their antisocial profile, but by late diagnosis and untimely applying for medical help (44,2% of people were taken under medical supervision having III-IV clinical stages of HIV-infection).

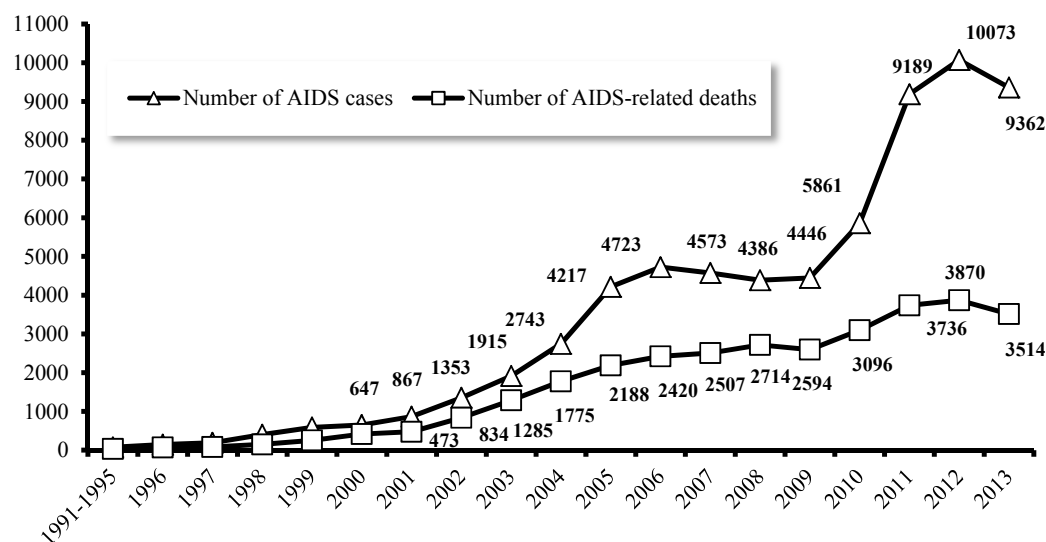


Fig. 3. Number of new AIDS cases and AIDS-related deaths among citizens of Ukraine, the period of 1991 – 2013.

Taking into account data on the active patient group in 2013 (74,9% on the whole in Ukraine; variations from 52,0% to 88,3% by regions), it can be affirmed that irregular medical supervision increases the “waiting list” of patients who have indications for ART and reduces the treatment effectiveness.

According to the statistical data of 2013, the mortality level of HIV-positive people who had not received ART, was higher than the same indicator among people who had received ART – 9,7 and 4,3 per 100 thousand population correspondingly, which indicates the important role of antiretroviral treatment in significant reduction of mortality indicator among HIV-positive people.

As of January, 1st, 2014, there have been 139 573 HIV-positive people (HIV-infection prevalence is 308,4 per 100 thousand population) and 29 005 AIDS patients (AIDS prevalence is 64,1 per 100 thousand population) under medical supervision. The highest indicators of HIV prevalence (as well as incidence indicators) have been fixed in Dnipropetrovsk (697,8 per 100 thousand population), Odesa (687,6), Donetsk (644,5), Mykolaiv regions (612,1) and the city of Sevastopol (480,0).

At the end of 2013 3 287 HIV-infected children aged 0-18 years have been under medical supervision, including 908 AIDS patients.

Growth of heterosexual way of HIV transmission and the number of HIV-positive women of childbearing age caused a gradual increase of a number of infants born to HIV-infected mothers – from 2 498 in 2005 to 3 898 in 2013. As of January, 1st, 2014, 3 129 children born to HIV-positive mothers with confirmed HIV-infection have been registered, including 849 children with AIDS; the diagnosis of 6 916 more children have been under confirmation; 3 504 children were taken off the register due to absence of the HIV-infection.

Data analysis on the development of the HIV/AIDS epidemic situation in Ukraine gives the possibility to affirm that the scope of epidemic in Ukraine continues spreading among general population due to increase of the epidemiological importance of HIV sexual transmission. Taking into consideration the increase of the proportion of people older than 25 years and the proportion of people with III-IV clinical stages among new cases of HIV-infection, the HIV epidemic in Ukraine can be called “mature”. The growth of HIV incidence indicator is first of all caused by gradual increase of the level of medical care coverage of HIV-positive people at health care facilities. In order to evaluate and predict the state of the HIV/AIDS epidemic in Ukraine, the epidemic process at certain areas should be more thoroughly studied by quantitative and qualitative indicators.

C. The policy and programmatic response to the epidemic

The issue of HIV/AIDS counteraction is one of the priorities of Ukrainian state policy in the field of health care and social development and is the subject of international obligations of Ukraine in the field of HIV/AIDS, particularly concerning the implementation of the Millennium Declaration and 2011 Political Declaration on HIV/AIDS: Intensifying Efforts to Eliminate HIV and AIDS.

Prevention of the HIV/AIDS spread in Ukraine is implemented based on the Three Ones Principles, proclaimed by UNAIDS: One-agreed HIV/AIDS Action Framework (National HIV/AIDS Programme for 2009-2013); One-agreed National AIDS Coordinating Authority (National Council to Fight Tuberculosis and HIV/AIDS, hereinafter referred to as the National Council) and One-agreed Monitoring and Evaluation System (National M&E System).

Ukraine has a national strategy to combat HIV/AIDS, which has been legally approved and is mandatory for implementation by all branches of state power. The strategy affects both society in general and each Ukrainian citizen in particular. These activities are carried out by the state in close cooperation with civil society and international organizations at national and local level; the state annually increases funding of essential activities.

The state defines the following priority directions in combatting HIV/AIDS in Ukraine: strengthening HIV/AIDS prevention, provision of HIV/AIDS treatment for patients in need, observance of rights of people living with HIV and encouraging tolerant attitude towards people with HIV within the society. It is emphasized by certain political leadership of the state: in order to implement the order of the President of Ukraine, draft law on the National Programme on HIV prevention, treatment, care and support to HIV-positive persons and AIDS patients for 2014-2018 was prepared and submitted with the help of non-governmental and international organizations.

The National Programme is based on the reduction of HIV/AIDS morbidity and mortality through providing qualitative and accessible services on HIV prevention and diagnosis, in particular

among representatives of groups most-at-risk for HIV infection, as well as treatment, care and support services for people living with HIV as part of a healthcare reform. The Programme is planned to be funded by state and local budgets, the Global Fund to Fight AIDS, Tuberculosis and Malaria as well as other sources. The estimated budget for 5 years makes up 6,4 billion UAH. The amount of Programme funding from the state budget will be determined each year according to specific objectives and available resources.

The Programme implementation will enable:

- To significantly reduce the number of new cases of HIV infection among the population with its gradual exclusion;
- To reduce by 50% the risk of infecting medical workers with HIV when providing medical help to patients;
- To reduce by 50% the number of new cases of HIV infection among representatives of groups most-at-risk for HIV;
- To reduce to 1% mother-to-child transmission of HIV;
- To provide access to prevention programmes for all representatives of groups most-at-risk for HIV infection;
- To reach 100% of pupils and students with HIV/AIDS prevention programmes and healthy lifestyle promotion;
- To ensure provision of medical help and care and support services to all HIV-infected people under medical supervision at healthcare facilities;
- To provide access to continuous treatment with antiretroviral therapy for all HIV-infected patients in need;
- To reduce by 50% tuberculosis-related deaths among patients co-infected with HIV/TB;
- To involve at least 35% of opioid injecting drug users in need to constant participation in substitution maintenance programmes and rehabilitation programmes;
- To form tolerant attitude to people living with HIV and representatives of groups most-at-risk for HIV infection among general population and to reduce by 50% the level of their discrimination.

In 2007 the Committee on Combatting HIV-infection/AIDS and Other Socially Dangerous Diseases (hereinafter – the Committee) was created as the governmental agency in order to ensure interdepartmental and cross-sectoral cooperation in implementing government policy to fight HIV/AIDS.

In 2011 the Committee was dissolved as a result of administrative reform and replaced by the State Service on Combatting HIV/AIDS and Other Socially Dangerous Diseases (approved by the Law of the President of Ukraine # 1085/2010 as of December 9, 2010 as a central agency of executive power). On April 8, 2011 the President of Ukraine approved the Decree # 441 on “Provisions for the State Service on Combatting HIV/AIDS and Other Socially Dangerous Diseases”.

Key tasks of the State Service on HIV/AIDS and Other Socially Dangerous Diseases:

- 1) to present suggestions on developing the state policy in the field of combatting HIV/AIDS and other socially dangerous diseases;
- 2) to implement state policy in the field of combatting HIV/AIDS and other socially dangerous diseases;

- 3) to develop suggestions to strengthen legislative and regulatory acts in the field of combatting HIV/AIDS and other socially dangerous diseases;
- 4) to implement state control over legislation observance in the field of combatting HIV/AIDS and other socially dangerous diseases;
- 5) to develop and manage project implementation of national and other programmes in the field of combatting HIV/AIDS and other socially dangerous diseases;
- 6) to coordinate activities of other state agencies in the field of combatting HIV/AIDS and other socially dangerous diseases;
- 7) to monitor morbidity rates of HIV/AIDS and other socially dangerous diseases;
- 8) to keep record of HIV-infected persons and AIDS patients among Ukrainian citizens, foreign nationals, persons without citizenship who permanently reside in Ukraine or temporarily reside in the country on legal grounds;
- 9) to perform functions of the National Council Secretariat, according to the Decree of the Cabinet of Ministers of Ukraine, with no additional funding from the state.

The State Service on HIV/AIDS and Other Socially Dangerous Diseases is a high level agency with wide decision-making authorities, which signals political adherence of the highest echelons of power to defining directions in combatting HIV infection/AIDS as one of the priority spheres of the state policy.

Nowadays Ukraine has the following system of coordination of activities in the field of combatting HIV/AIDS:

1. Collective decision-making agency at the national level – the National Council to Fight Tuberculosis and HIV/AIDS, created according to the Decree № 926 of the Cabinet of Ministers of Ukraine as of July, 11, 2007 as an advisory body under the Cabinet of Ministers of Ukraine.

The main objectives of the National Council include:

Preparation of proposals for prioritization and implementation of the national policies on TB and HIV/AIDS, and consolidated use of funds provided by state and local budgets, funds of international and non-governmental organizations, aimed at activities to fight tuberculosis and HIV/AIDS, in order they are used effectively and efficiently;

Promotion of the coordinated activities of ministries, other central and local executive bodies, local authorities, international and non-governmental organizations, including those that unite people living with tuberculosis and HIV/AIDS, representatives of business structures, trade unions and religious organizations in order to implement projects on combatting tuberculosis and HIV/AIDS at the state level;

Monitoring and oversight of TB and HIV/AIDS programmes and activities;

Participation in the development of draft legal acts, programmes and activities on combatting TB and HIV/AIDS;

Providing information to the Cabinet of Ministers of Ukraine and general public on results of the activities on combatting TB and HIV/AIDS.

Public sector is represented by senior officials of central executive bodies. Their participation in the National Council's activity promotes effective solution of different issues, though requires high organizational level, qualified preparation of draft documents and other materials for discussion, timely distribution of materials and feedback provision. All stakeholders can participate in the National Council's meetings.

In order to ensure effective implementation of both the state policy on combatting HIV/AIDS, tuberculosis and other socially dangerous diseases and the Global Fund programmes in Ukraine through strengthening the capacity of the National Council, the Decree # 712 of the

Cabinet of Ministers of Ukraine as of September, 18, 2013, approved amendments to the Regulation of the National Council and its new structure. According to the amendments, the Deputy Prime-Minister of Ukraine became the head of the National Council, and the following members have been included: Deputy Minister of Revenue and Duties of Ukraine, representatives of the Ukrainian Parliament Commissioner for Human Rights, the Ukrainian Red Cross and the Federation of Employers of Ukraine. The National Council has been defined as a temporary advisory body that ensures the performing of functions of the National Coordinator of Global Fund programmes' implementation by the Cabinet of Ministers of Ukraine. The given amendments have also ensured state leadership in the field of combatting tuberculosis and HIV/AIDS as well as cross-sectoral coordination to realize programmes and activities in this area, which is one of the main requirements of the Global Fund. Moreover, it gave the possibility to meet another requirement of the Global Fund on 40% of civil society representation within the National Council. According to the above-mentioned amendments, the National Council is a temporary counseling and advisory body, established by the Cabinet of Ministers of Ukraine in order to ensure the performing of its functions as the National Coordinator on implementation of programmes supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria in Ukraine.

The National Council reviews policy developments in the field of HIV/AIDS and TB, including implementation of the National HIV/AIDS and TB Programs, GF grants (acts as Country Coordination Mechanism in Round 6, 9, 10). The National Council operates through quarterly or more frequent meetings.

The National Council, its Committees and the Oversight Commission operate according to the following strategic directions:

1. Promoting the reduction of legal and regulatory barriers that limit access to qualified services in the field of TB and HIV/AIDS.

2. Promoting the prevention of TB and HIV/AIDS, its early diagnosis, continuous and controlled treatment of HIV-infected people as well as AIDS/TB patients, including treatment of opportunistic infections.

3. Promoting the development of national and regional monitoring and evaluation systems of TB and HIV/AIDS counteraction.

4. Analysis of the expected results' achievement of National Programmes to Fight TB and HIV/AIDS.

5. Oversight of programmes' implementation, funded by the Global Fund.

In order to ensure the ongoing activities of the National Council on Tuberculosis and HIV/AIDS in Ukraine, the National Council Secretariat was created and its work organized aimed at effective performing of functions assigned by the Cabinet of Ministers of Ukraine on prioritization and implementation of the national policies on TB and HIV/AIDS, consolidated use of funds, promotion of the coordinated activities of state agencies, international and non-governmental organizations, monitoring and oversight of TB and HIV/AIDS programmes and activities.

Major functions of the Secretariat include organizational, methodological and technical provision of activity of the National Council, Committee on Programme Affairs, Committee on Regional Policies, and the Commission on Oversight of Development of Proposals, Negotiations and Implementation of Programmes funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria.

- 2) Collective decision-making agencies at the regional level.

27 Regional Councils to Fight Tuberculosis and HIV/AIDS (hereinafter – Regional Councils) were set up in 2005–2006 in all Ukrainian regions. Regional Councils were established under the Council of Ministers of the Autonomous Republic of Crimea, regional city state administrations, Kyiv city and Sevastopol city administrations to operate as counselling and

advisory agencies. Composition of the Regional Councils and their targets reflect the composition and targets of the National Council. The Councils operate through quarterly or more frequent meetings. Regional councils comprise of 727 people, among them there are 488 representatives of governmental agencies, 236 civil society representatives, including 34 persons representing people affected by HIV/AIDS/TB.

3) Collective working agencies to develop draft decisions at the national level:

a) 30 ad hoc and permanent technical expert working groups (hereinafter – working groups) representing different spheres of HIV/AIDS and Tuberculosis control in Ukraine. Working groups operate under ministries which are represented in the National Council (including 15 working groups under MoH, and other working groups under the Ministry of Education and Science, Youth and Sports of Ukraine, the State Penitentiary Service of Ukraine, etc); working groups comprise of representatives of the governmental, international and non-governmental organizations, independent experts. Working groups operate through meetings;

b) Committees of the National Council on Programme Affairs and Regional Policies. Committees were created in 2010 by the decision of the National Council in order to improve the quality of draft decisions of the National Council, to engage more stakeholders into the operation of the National Council, to harmonize activities of the above-mentioned working groups. Members of the National Council head Committees of the National Council. The composition of the National Council's Committees is set up based on the cross-sectoral approach. Committees operate through meetings;

c) Oversight Commission for the Global Fund Supported Projects. The Commission was created in 2011 to supervise implementation of the Global Fund grants. It operates through meetings and supervisory field visits, organized according to the action plan.

All the above-mentioned structures work on a voluntary basis through working meetings and conferences. In order to support the effective operation of the National Council, the Global Fund provided funding for its activity for 2013-2014 in the framework of the project “Strengthening the National Council on TB and HIV/AIDS in Ukraine”, implemented by the State Service of Ukraine on HIV/AIDS and Other Socially Dangerous Diseases with the support of the United Nations Development Programme.

On the whole, the following conclusions can be made concerning Ukraine:

- effective state policy to fight HIV/AIDS and TB has been implemented and multilevel system of cross-sectoral and inter-departmental coordination and cooperation with numerous partners at national and regional levels has been created;

- cooperation at national and regional levels on HIV/AIDS counteraction has been intensified, steady dialogue with the regions has been achieved, i.e. through conduction of joint meetings, local visits of the National Council members and stakeholders

The main objective for the coming years is to ensure the sustainability and efficiency of its operation.

D. Indicator values

Targets and indicators	Indicator value	Indicator origin
Target 1. To reduce the sexual transmission of HIV by 50% by 2015		
1.1 Percentage of young women and men aged 15-24 years who both correctly identify ways of preventing the sexual transmission of HIV and reject major misconceptions about ways of HIV transmission*	48,0%	Political Declaration, Dublin Declaration
1.2 Percentage of young women and men aged 15-24 who have had sexual contacts before the age of 15	1,0%	Political Declaration
1.3 Percentage of women and men aged 15-49 years who have had sexual contacts with more than one partner in the last 12 months	7,6%	Political Declaration
1.4 Percentage of women and men aged 15-49 years who have had sexual contacts with more than one partner in the last 12 months and who reported condom use during last sexual intercourse *	65,6%	Political Declaration
1.5 Percentage of women and men aged 15-49 years who have been tested for HIV in the last 12 months and know their results	8,4%	Political Declaration
1.6 Percentage of young people aged 15-24 years living with HIV *	0,33%	Political Declaration
Indicators on commercial sex workers		
1.7 Percentage of commercial sex workers covered with HIV prevention programmes	70,1%	Political Declaration, Dublin Declaration
1.8 Percentage of commercial sex workers who reported condom use with their last client	96,7%	Political Declaration, Dublin Declaration, Joint Tool
1.9 Percentage of commercial sex workers who have been tested for HIV in the last 12 months and know their results	63,9%	Political Declaration, Dublin Declaration, Joint Tool
1.10 Percentage of commercial sex workers living with HIV	7,3%	Political Declaration, Dublin Declaration, Joint Tool

Indicators on men who have sex with men		
1.11 Percentage of men who have sex with men covered with HIV prevention programmes	43,8%	Political Declaration
1.12 Percentage of men who reported condom use during last anal sex with a male partner	71,5%	Political Declaration, Dublin Declaration, Joint Tool
1.13 Percentage of men who have sex with men who have been tested for HIV in the last 12 months and know their results	38,3%	Political Declaration, Dublin Declaration, Joint Tool
1.14 Percentage of men who have sex with men living with HIV	5,9%	Political Declaration, Dublin Declaration, Joint Tool
Target 2. To reduce transmission of HIV among injecting drug users by 50% by 2015		
2.1 Number of syringes distributed per one injecting drug user through needle/syringe exchange programmes per year	77,0	Political Declaration, Dublin Declaration, Joint Tool
2.2 Percentage of injecting drug users who reported condom use during last sexual intercourse	54,1%	Political Declaration, Dublin Declaration, Joint Tool
2.3 Percentage of injecting drug users who reported using sterile drug injection equipment during the last injection	96,9%	Political Declaration, Dublin Declaration, Joint Tool
2.4 Percentage of injecting drug users who have been tested for HIV in the last 12 months and know their results	42,8%	Political Declaration, Dublin Declaration, Joint Tool

2.5 Percentage of injecting drug users living with HIV	19,7%	Political Declaration, Dublin Declaration, Joint Tool
Target 3. To eliminate cases of mother-to-child transmission of HIV by 2015 and significantly reduce AIDS-related maternal deaths		
3.1 Percentage of HIV-infected pregnant women who received antiretroviral medications in order to reduce the risk of mother-to-child transmission of HIV	96,2%	Political Declaration, Dublin Declaration, Joint Tool
3.2 Percentage of infants born to HIV-infected mothers receiving a virological test for HIV within 2 months since birth	65,0%	Political Declaration, Joint Tool
3.3 Level of mother-to-child transmission of HIV	3,7% (2011)	Political Declaration
Target 4. To provide antiretroviral therapy to 15 millions of people living with HIV by 2015		
4.1 Percentage of adults and children who meet the eligibility criteria of antiretroviral therapy prescription and who currently receive it of the estimated size	25,8%**	Political Declaration, Dublin Declaration, Joint Tool
4.2 Percentage of adults and children with HIV known to be on treatment within 12 months after initiation of antiretroviral therapy	86,66% (cohort of 2012)	Political Declaration, Joint Tool
4.2 (c) Percentage of injecting drug users with HIV still alive and known to be on antiretroviral therapy 60 months after initiating antiretroviral therapy	73,64% (cohort of 2008)	Political Declaration, Joint Tool
Target 5. To reduce the number of deaths from tuberculosis among people living with HIV by 50% by 2015		
5.1 Percentage of estimated HIV-positive incident TB cases that received treatment for both TB and HIV	50,5%	Political Declaration, Dublin Declaration, Joint Tool

Target 6. To reach a significant level of annual global investment (US\$22-24 billion) in low- and middle-income countries		
6.1 Domestic and international AIDS spending by categories and financial sources	2011: 961694888 UAH. 2012: 1091525758UAH ¹	Political Declaration, Dublin Declaration
Target 7. Elimination of gender inequality		
7.1 Proportion of ever-married or partnered women aged 15-49 years who have experienced physical or sexual violence from a male intimate partner in the last 12 months	The indicator is not relevant to our country	Political Declaration
Target 8. Elimination of stigma and discrimination		
8.1 Percentage of men and women aged 15-49 years who reported discriminatory attitudes towards people living with HIV	85,3***	Political Declaration
Decisive accessory factors and joint efforts with sectors of development		
National Commitments and Policy Instrument (NCPI) (prevention, treatment, care and support, human rights, civil society involvement, gender issues, workplace programmes, stigma and discrimination, monitoring and evaluation)		Political Declaration
European NCPI supplement		Dublin Declaration

* Millennium Development Goal Indicator

** Estimated data received by expert working group on March, 20, 2012.

*** The given indicator is calculated based on respondents' answers to the following question:

– Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the HIV/AIDS virus? («Yes»; «No»; «It depends on the situation»; «Do not know / I'm not sure»)

¹ Unverified data. Final data can be presented to the April 30, 2014

List of indicators irrelevant for Ukraine, which do not correspond to the epidemic currently registered in the country:

Section D. Male circumcision.

Indicator 3.1a. Prevention of mother-to-child transmission of HIV during breastfeeding.

Indicator 3.10. Distribution of feeding practices for infants born to HIV-infected women at DPT3 visit.

Indicator 7.1. Prevalence of recent intimate partner violence.

Indicator 10.1. Current school attendance among orphans.

Indicator 10.2. External economic support to the poorest households.

List of indicators relevant for Ukraine, but there are currently no official statistical forms to collect data on these indicators:

Indicator 1.16.1. Percentage of health-care facilities that have experienced stock-out of rapid test kits in the past 12 months.

Indicator 1.17.9. Number of men reported with urethral discharge in the past 12 months.

Indicator 1.17.10. Number of adults reported with genital ulcer disease in the past 12 months.

Indicator 3.5 Percentage of pregnant women receiving antenatal care, whose male partner was tested for HIV in the last 12 months.

Indicator 4.2.1. Percentage of HIV-infected injecting drug users still alive and known to be on treatment within 12, 24 and 60 months after initiation of antiretroviral therapy.

Indicator 4.4. Stock-out of ARV medication.

Indicator 4.6. HIV care (additional breakdown for the European region).

Indicator 4.7b. Percentage of people on ART tested for viral load (VL) with VL level below $\leq 1,000$ copies after 12 months of therapy.

Indicator 5.2. Percentage of adults and children living with HIV newly enrolled in HIV care programme who are detected having active TB disease.

Indicator 5.3 Percentage of HIV-infected adults and children newly enrolled in HIV care, who started isoniazid preventive therapy.

Indicator 5.4 Percentage of HIV-infected adults and children newly enrolled in HIV care who had TB status assessed and recorded during their last visit.

SECTION II. OVERVIEW OF HIV/AIDS EPIDEMIC

The main aim of the State Programme on HIV prevention, treatment, care and support to HIV-positive people and patients with AIDS for years 2009-2013 is to reduce HIV incidence and AIDS-related mortality, which will ultimately lead to stabilization of the epidemical situation in Ukraine.

This goal achievement is estimated directly by means of indicators of different levels of monitoring and evaluation system. The effectiveness of national response to HIV/AIDS epidemic is finally evaluated by impact indicators: HIV prevalence among representatives of most-at-risk groups, vulnerable to HIV-infection; HIV prevalence among pregnant women; level of mother-to-child transmission of HIV; AIDS-related mortality.

As of 01.01.2014, 245 216 cases of HIV-infection have been registered among citizens of Ukraine, including 65 733 AIDS cases and 31 999 AIDS-related deaths. In 2013 more than 1 800 new cases of HIV-infection were registered every month through a network of specialized medical institutions, while 10 years ago in 2003 there were 830 new cases of HIV-infection every month.

According to the official statistics, sexual way of HIV transmission is becoming more epidemiologically significant within the structure of ways of HIV transmission (including frequency of mother-to-child HIV transmission), as in 2013 its share reached 65,7%. Despite the reducing trend, parenteral transmission of HIV when injecting drugs remains to be high making up 32,7%.

Analysis of ways of HIV transmission depending on gender showed that men in Ukraine continue being infected with HIV mainly when injecting drugs (42,3% in 2012, 40,5% in 2013), while women – when having sexual contacts with HIV-positive men (66,4% in 2012, 68,8% in 2013). It should be noted that the percentage of women who were infected when injecting drugs decreased from 23,1% in 2005 to 10,4% in 2013.

The infection level among women attending antenatal clinics during pregnancy is believed to quite accurately reflect HIV-infection level and epidemic trends among the general population. Moreover, this group of women makes up a sample which is representative to analyze the epidemiological situation among population of reproductive age. During 2009-2013 there is a positive trend in Ukraine to the reduction of HIV-infection level among pregnant women according to the primary testing results (code 109.1): 0,55%; 0,48%; 0,47%, 0,45%, 0,39%. The highest values of this indicator were observed in Odesa (0,79%), Dnipropetrovsk (0,77%), Donetsk (0,75%), Mykolaiv (0,67%), Kyiv (0,62%), Kirovograd (0,52%), Chernigiv regions (0,49%), which can indicate the intensive development of HIV epidemic process among the general population in these areas.

Increase of the number of HIV-positive women of childbearing age has led to continuous increase of the number of children born to HIV-positive mothers – from 914 in 2001 to 3898 in 2013. Over the last decade Ukraine has demonstrated significant progress in the field of prevention of mother-to-child transmission of HIV. The frequency rate of mother-to-child transmission of HIV has almost 6 times reduced – from 27,8% in 2001 to 3,7% in 2010. Moreover, this indicator makes up 2,0% - 0,0% in one third of regions, which corresponds to the objective of the State Programme on HIV/AIDS for 2009-2013 on reaching the 2% level of mother-to-child transmission of HIV in 2013.

The vulnerability of young people to HIV/AIDS is the result of a number of factors such as changes within the society concerning social values, breakdown of traditional family norms, early sexual activity, lack of awareness and knowledge about health risks as well as safe and responsible sexual behavior. One of the main reasons for this is lack of youth awareness about their health risks, ways of HIV and other STI transmission and preventive means.

Attention should be also paid to the fact that despite annual increase of the total number of HIV-infected people, there is a positive trend to reduction of the number of officially registered HIV-positive persons aged 15-24 years – from 2775 persons in 2005 to 1534 persons in 2013.

During this period not only the proportion of people aged 15-24 years among newly registered HIV cases, but also the HIV incidence rate among this age group has reduced. The reduction of extensive and intensive statistical indicators that characterize peculiarities of HIV epidemic development among youth can also indicate some stabilization of the epidemic situation on the country. However, it should be noted that access to prevention and treatment services provided by governmental and non-governmental organizations is still limited to a significant number of young people, as they are mostly targeted at adult population.

It should be noted that Ukraine still remains in the category of countries with concentrated HIV epidemic, which is localized among certain groups most-at-risk for HIV infection, particularly injecting drug users. According to the data of sentinel epidemiological surveys, IDU group is still the most affected by HIV. The level of HIV-infection among IDU is extremely high: 22,9% in 2008-2009, 21,5% in 2011, 19,7% in 2013.

Other groups that have become more and more affected by HIV epidemic in recent years include female sex workers, men who have sex with men, prisoners and detained persons. Results of the sentinel surveys demonstrate that there is a positive tendency to the reduction of HIV-infection among FSW who are not IDU (8,5% in 2008-2009, 7,6% in 2011, 5,8% in 2013), and among MSM (8,6% in 2009, 6,4% in 2011, 5,9% in 2013).

It should be noted that at the current stage of HIV epidemic a clear tendency towards reduction of “new” cases of HIV-infection among most-at-risk groups has outlined. Thus, the level of HIV-infection among IDU with relatively little experience of injecting drugs (up to 3 years) was 4 times lower than the level of HIV-infection among all IDU and made up 3,5% in 2013 (5,2% in 2011, 8,5% in 2009). The level of HIV prevalence among young FSW under 25 years who are not IDU was 2,0% in 2013 (2,9% in 2011, 5,5% in 2009), while the proportion of HIV-positive MSM under 25 years made up 3,0% in 2013 (4,2% in 2011, 7,9% in 2009).

Thus, we can make a conclusion that the epidemic process intensity among groups most-at-risk for HIV-infection is decreasing in the country. However, the volume, quality and intensity of prevention interventions are still insufficient to stop HIV spread among these groups, and therefore – to limit the potential spread of HIV-infection to the general population. If according to the programme monitoring data, in 2013 the level of IDU coverage with prevention programmes made up 63,4% (55,5% in 2011), it made up only 46,7% among FSW (36,3% in 2011), 12,5% among MSM (11,4% in 2011).

Prevention programmes for people most-at-risk for HIV-infection and their sexual partners play a crucial role in determining the further HIV epidemic development. In 2013 the percentage of people who reported condom use during their last sexual intercourse made up 51,1% among IDU (47,8% in 2011), 96,7% among FSW (92,0% in 2011), 71,5% among MSM (70,5% in 2011). Thus, the most dangerous sexual behaviour is observed among IDU. Therefore, it is important to take efforts to rapidly increase the coverage level as well as scale and quality of prevention interventions among representatives of this group.

Nowadays HIV counseling and testing is a key component of prevention, treatment, care and support of HIV-positive people. According to WHO recommendations, target indicators, i.e. percentage of people who have been tested for HIV in the last 12 months and know their results, are considered to be low if the indicator value is less than 40%, average - if it is from 40% to 75%, high – if it is more than 75%. According to bio-behavioural surveys conducted in 2013, the percentage of people who have been tested for HIV in the last 12 months and know their results still remains low among groups most-at-risk for HIV-infection, except for FSW – 63,1% (59% in 2011). In 2013 the given indicator made up 42,8% among IDU (35,7% in 2011), 38,3% among MSM (37,8% in 2011).

Taking into consideration everything mentioned above, it is necessary to intensify further expansion of preventive measures among groups most-at-risk for HIV infection with the financial or programme support from the state – it is a vital step in the fight against HIV/AIDS epidemic.

Along with the expansion of programme coverage, due attention should be paid to quality and intensity of interventions that would make the behavior safer.

Indicator 1.6 «Percentage of young people aged 15-24 years who are HIV-infected»

The level of HIV prevalence in the age group of 15-24 years is designed to evaluate progress in reducing the number of new cases of HIV-infection among young people. It is believed that trends in change of the level of HIV prevalence at young age are more accurate indicators of the current epidemic state than at older age, as young people are more likely to recently start their sexual life or injecting drugs. Moreover, young people recently infected with HIV are unlikely to already start antiretroviral therapy.

According to the measuring method recommended by the 2014 UNAIDS Guidelines «Global AIDS Response Progress Reporting», the indicator “Percentage of young people aged 15-24 years who are HIV-infected” is calculated based on the data on pregnant women attending antenatal clinics. The level of HIV-infection among pregnant women aged 15-24 years provides quite accurate estimate on the latest trends of HIV prevalence in the country and can be extrapolated to the general population.

In 2013 for the first time ever the level of HIV-infection among pregnant women aged 15-24 years was studied in Ukraine within the serologic epidemiological surveillance and made up 0,33% ranging from 0,02% in Ternopil region to 2,92% in Kirovograd region. In ten regions, namely Kirovograd, Mykolaiv, Donetsk, Kyiv, Odesa, Kherson, Rivne, Dnipropetrovsk, Vinnytsia and the city of Kyiv, the HIV-infection level of pregnant women aged 15-24 years was higher than the national average one. It can be assumed that unfavorable epidemiological situation is expected in these areas.

It should be emphasized that the indicator «Percentage of young people aged 15-24 years who are HIV-infected» is used for countries with generalized epidemic, where the epidemic is mostly spread through heterosexual contacts. However, this indicator is less reliable to characterize trends of epidemic development in those countries, where HIV-infection is concentrated among groups with high-risk behaviour.

Ukraine is one of the countries with concentrated epidemic, and at the end of 2013 the level of HIV prevalence among pregnant women was less than 1%. Therefore, according to the data of sentinel epidemiological surveys, the 2014 Ukraine National Report provides results of HIV prevalence among injecting drug users, female sex workers, men who have sex with men, i.e. among groups most-at-risk for HIV-infection, which currently determine the epidemic process in the country.

Along with the routine epidemiological surveillance, the HIV second generation epidemiological surveillance has been implemented in Ukraine since 1997, which tool is sentinel epidemiological surveillance.

Indicator 1.10 «Percentage of female sex workers living with HIV»

In 2013 the indicator of HIV prevalence among FSW was calculated based on the blood test results with the use of rapid tests in 25 geographical units². 4 806 people were tested. The level of HIV prevalence among FSW made up 7,3%, in 2009 this indicator was 12,9%, in 2011 – 9,0%, which shows the gradual decrease of the proportion of HIV-infected women among FSW group.

² The indicator was calculated based on the results of the HIV sentinel surveillance in the framework of the integrated bio-behavioural survey “Monitoring the behavior and HIV-infection prevalence among female sex workers as a component of HIV second generation surveillance” during the period from October, 21 to December, 26, 2013. The survey was conducted by the Ukrainian Institute of Social research named after O.Yaremenko in cooperation with the SI “Ukrainian AIDS Centre of the Ministry of Health of Ukraine” and NGOs with the financial support of the ICF “International HIV/AIDS Alliance in Ukraine”.

As in previous years, older group remains more vulnerable to HIV-infection: the indicator reaches 9,5% among FSW of 25 years and older, while it makes up 2,3% among younger group. The group of FSW, who inject drugs, remains to be the most vulnerable – HIV prevalence indicator is traditionally the highest there – 27,6%, in 2008/2009 the indicator made up 42,2%, in 2011–45,5%. HIV prevalence indicator among FSW who reported not injecting drugs makes up 5,8%: 2,0% among FSW under 25 years and 7,6% among older FSW.

The regional distribution of the indicator shows that FSW from Southern and some Eastern, Central and Western regions are most affected by HIV. During the survey conduction there have been no fixed cases of HIV-infection in Lugansk, Chernivtsi and Uzhgorod (please, see Fig. 4).

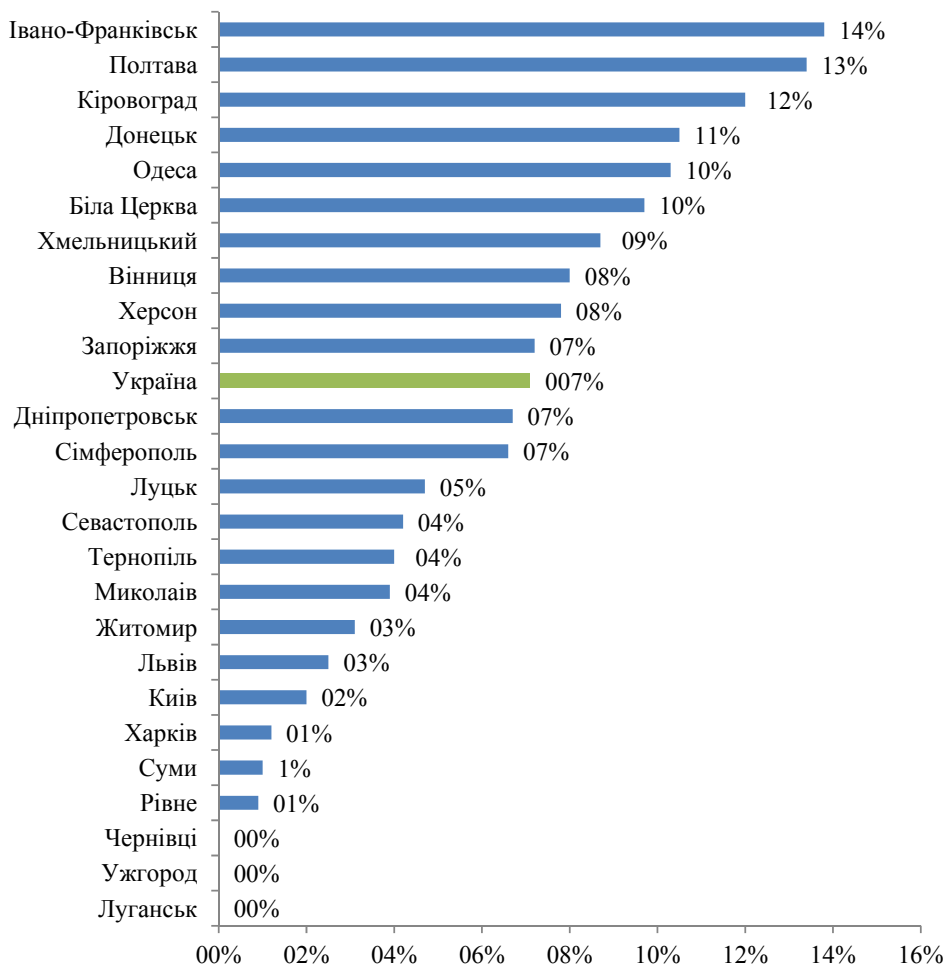


Fig. 4. Percentage of female sex workers living with HIV, by regions

Indicator 1.14 «Percentage of men who have sex with men living with HIV»

According to the modeling of HIV epidemic and to experts' estimates, the level of HIV-infection among MSM will continue growing in the coming years. The indicator has been calculated according to the data of the bio-behavioural survey of 20133 based on the results of rapid tests of all 8100 survey participants.

³ The indicator was calculated based on the results of the HIV sentinel surveillance in the framework of the integrated bio-behavioural survey "Monitoring the behavior and HIV-infection prevalence among men who have sex with men as a component of HIV second generation surveillance". The survey was conducted by the Centre of Social Expertize of the Institute of Sociology NAS of Ukraine in cooperation with the SI "Ukrainian AIDS Centre of the Ministry of Health of Ukraine" and NGOs with the financial support of the ICF "International HIV/AIDS Alliance in Ukraine".

In 2013 the indicator of HIV prevalence among MSM made up 5,9%, in 2009 this indicator made up 8,6%, in 2011 – 6,4%, which shows gradual decrease of the proportion of HIV-infected people among MSM group⁴.

As in previous years, older group remains to be more infected with HIV: the indicator reaches 7,7% among MSM of 25 years and older, while among MSM under 25 years it makes up 3,0%. MSM from Eastern and some Southern regions are traditionally most affected by HIV (please, see Fig. 5).

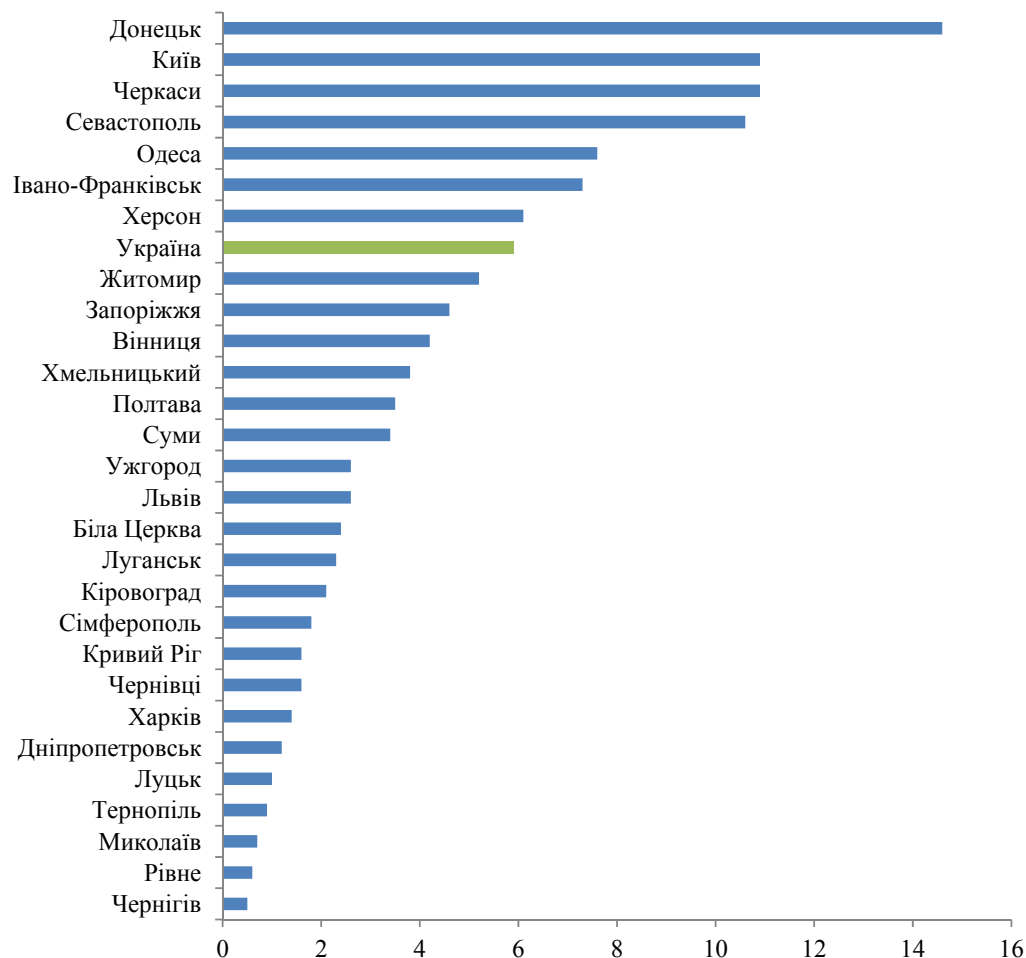


Fig. 5. Percentage of men who have sex with men living with HIV, by regions of Ukraine

Data of official statistics on HIV-infection among MSM group differ significantly from the data of the conducted survey. In 2013 262⁵ cases of HIV-infection among MSM were officially registered. Such differences are first of all connected to the fact that MSM are still quite stigmatized and do not report their belonging to MSM group at AIDS Centres when defining way of HIV transmission.

Results of sentinel surveys show high level of HIV-infection among MSM in the regions, including regions with traditionally low level of HIV prevalence. Taking into account the fact that results of sentinel surveillance do not match the official data, it can be assumed that nowadays there is significant underestimation of HIV cases related to sexual relations among men. Therefore, the epidemical situation in the MSM group needs more careful and regular monitoring.

⁴ Bio-behavioural survey data differ from the modeling data, which indicates the need for a more thorough research on these issues.

⁵ Operational data for January-December, 2013 / SI «Ukrainian Centre for Socially Dangerous Disease Control» (electronic resource). – Access mode: <http://ucdc.gov.ua/attachments/article/609/%D0%B3%D1%80%D1%83%D0%B4%D0%B5%D0%BD%D1%8C%202013.pdf>.

Indicator 2.5 «Percentage of injecting drug users living with HIV»

Injecting drug users still remain the group most-at-risk for HIV-infection, as confirmed both by official statistics and the survey data. The given indicator provides the possibility to evaluate the country progress on the way to reduce HIV prevalence among injecting drug users.

The indicator has been calculated according to the data of the bio-behavioural survey of 2013⁶ based on the results of rapid tests of all 9502 survey participants. In 2013 the indicator of HIV prevalence among IDU made up 19,7%, in 2008/2009 this indicator made up 22,9%, in 2011 – 21,5%, which shows gradual decrease of HIV prevalence among IDU group.

The highest indicators of HIV prevalence among IDU were fixed in Dnipropetrovsk, Mykolaiv and Odesa (please, see Fig. 6).

As in previous years, older group remains to be more infected with HIV: the indicator reaches 21,7% among IDU of 25 years and older, while among IDU under 25 years it makes up 6,4%. Women are also more vulnerable to HIV-infection – the level of HIV prevalence among women makes up 22,4%, while among men – 18,8%.

Except for the given indicators, in order to identify new cases of HIV-infection among IDU, it is recommended to calculate the indicator of HIV-infection among injecting drug users with a three-year experience. According to the data of the bio-behavioural survey of 2013, the level of HIV prevalence in this group makes up 3,5%.

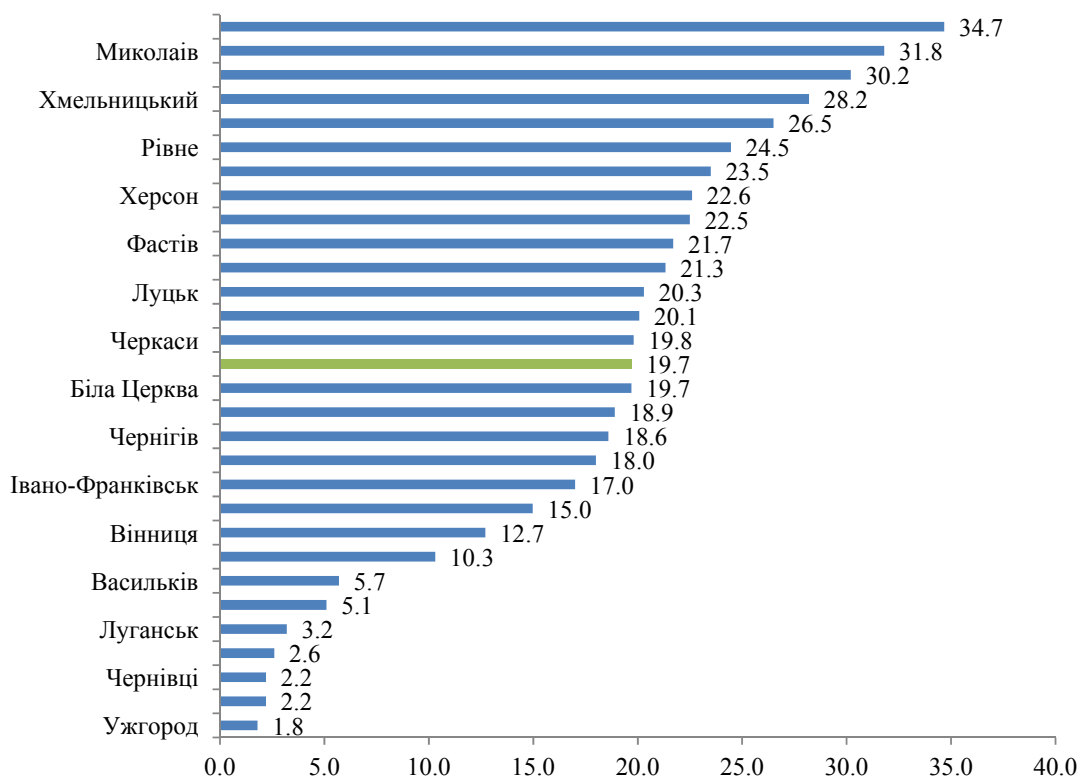


Fig. 6. Percentage of injecting drug users living with HIV, by regions

⁶ The indicator was calculated based on the results of the HIV sentinel surveillance in the framework of the integrated bio-behavioural survey “Monitoring the behavior and HIV-infection prevalence among injecting drug users as a component of HIV second generation surveillance” during the period from April, 26 to October, 29, 2013. The survey was conducted by the Ukrainian Institute of Social Research named after O.Yaremenko in cooperation with the SI “Ukrainian AIDS Centre of the Ministry of Health of Ukraine” and NGOs with the financial support of the ICF “International HIV/AIDS Alliance in Ukraine”.

Indicator 3.3 «Level of mother-to-child transmission of HIV»

The percentage of HIV-infected infants born to HIV-infected mothers made up 4,7% in 2009, 4,9% in 2010, 3,7% in 2011 (please, see Fig. 7).

In 2011 4003 children were born to HIV-infected mothers (cohort of children of 2011), including 40 still-born infants and 60 live-born infants who died with unknown HIV-status. 136 children were diagnosed with HIV. 3537 children were taken off medical supervision due to absence of HIV-infection. HIV diagnosis of 330 children remained at a confirmation stage because of parents' refusal to examine the child, child's relocation and necessity to further supervise the child in order to clarify their HIV-status.

In 8 regions of Ukraine the given indicator «percentage of HIV-infected infants born to HIV-infected mothers» has increased as compared to 2010. In 2011 the highest indicator values were fixed in Volyn (8,5%), Donetsk (5,0%) and Vinnytsia regions (5,1%).

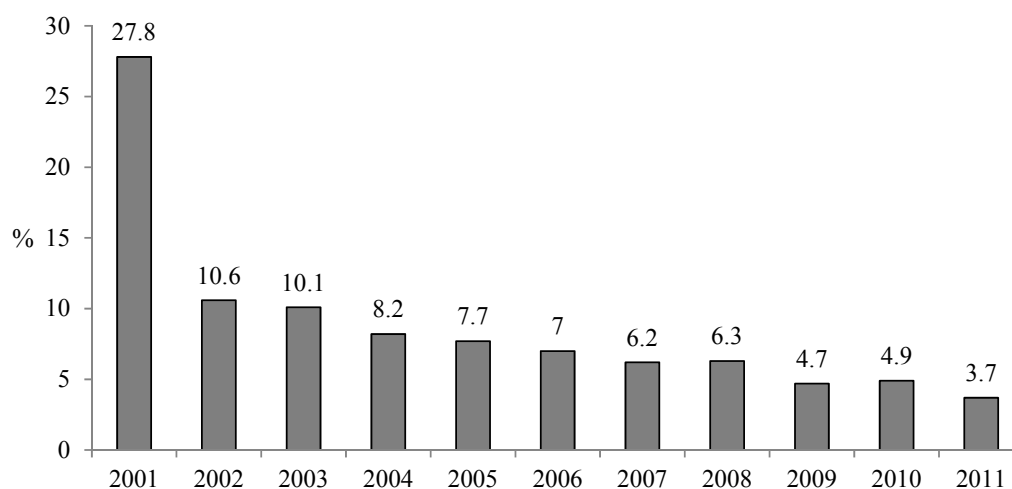


Fig. 7. Dynamics of the frequency indicator of mother-to-child transmission of HIV in Ukraine (according to the results of serological surveys), %

In 2011 the percentage of HIV-infected infants born to HIV-infected mothers who are active IDU increased as compared to the same indicator of 2010 - 11,7% and 11,3%, correspondingly. The level of this indicator 3 times overestimates the general indicator – 11,7% and 3,7 correspondingly. The received data suggest that HIV-positive pregnant women who are IDU are still hard-to-reach for interventions to prevent vertical transmission of HIV. Such situation slows down the possibility of timely provision of necessary services on prevention of mother-to-child transmission of HIV, substitution maintenance therapy, other medical, social and prevention programmes for HIV-positive pregnant women, who are active injecting drug users.

According to the data of the reporting form №63-1 (annual), in 2011 the frequency of mother-to-child transmission of HIV differed significantly by different combinations of PMTCT programme measures, which confirms the importance of timely preventive interventions among HIV-positive pregnant women and children born to them as well as the possibility of effective realization of PMTCT programme in Ukraine.

Under the condition of timely and complete course of antiretroviral therapy to HIV-positive pregnant women and their children as well as total elimination of breastfeeding, the percentage of HIV-infected infants born to HIV-infected mothers could have reached 1,1% in 2011 in Ukraine, which corresponds to the 2% target indicator of the State Programme on HIV prevention, treatment, care and support to HIV-positive people and patients with AIDS for years 2009-2013.

Indicator 4.2. «Percentage of adults and children with HIV/AIDS known to be on treatment within 12 months after initiation of antiretroviral therapy».

The treatment effectiveness is evaluated through cohort analysis after 6, 12, 24, 36, etc. months of treatment (according to the reporting form № 57). The cohort is a group of HIV-infected people and AIDS patients who have started ART within one month (for example, January, 2006, June, 2012, etc).

The percentage of adults and children with HIV/AIDS known to be on treatment within 12 months after initiation of antiretroviral therapy during the reporting period of 01.01.2013 – 31.12.2013 (for the cohort of 2012, people who started ART in 2012) made up 86,7%, 7,1% of people died, 6,2% interrupted APT, mainly for non-medical reasons. The maximum survival rate for the people from the cohort of 2012 after 12 months made up 92,8%.

Generalized data of the cohort analysis for the period from August, 2004 to December, 2012 showed that 84,2% of people who initiated ART in cohorts continued receiving it after 12 months of treatment (minimum survival rate), 7,8 % of people died within a year after initiation of treatment, 8,0% of people interrupted ART mainly for non-medical reasons. The maximum survival rate within 12 months (number of persons in cohort still alive) made up 92,3%.

The most intensive ART discontinuation is observed during first 12 months after initiation of treatment (15,8% of all those who started ART within August, 2004-December, 2012). The main reasons for that are late initiation of ART and low adherence to treatment. Further growth of this indicator significantly slows down. 64% of people who started ART in 2004-2005, are still alive and on antiretroviral therapy within 8 years of treatment (please, see Fig.8).

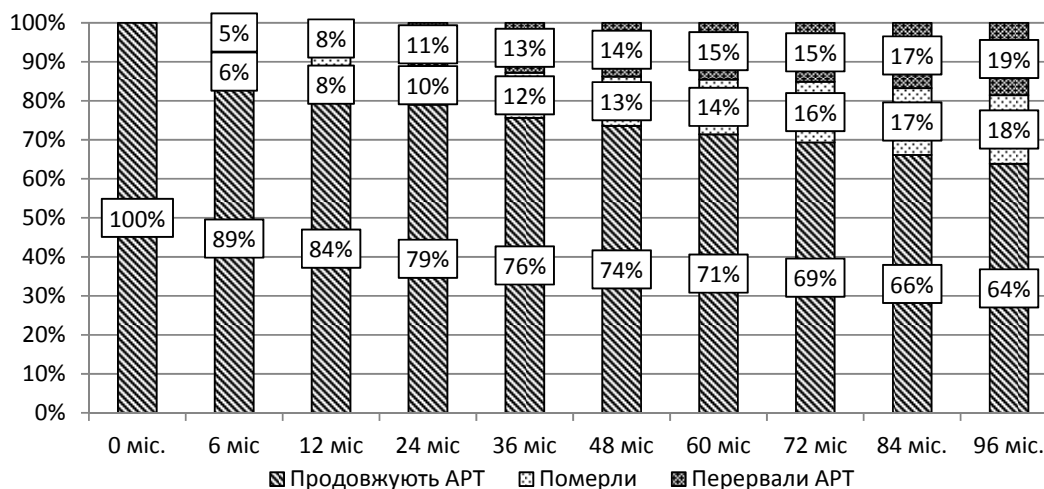


Fig. 8. Structure of ART retention (aggregated data for all cohorts for the period of August, 2004 – December, 2012)

Continuity of antiretroviral therapy is a key factor of its effectiveness. It has been proved that in order to get optimal treatment result, a patient should take 90-95% of required doses, and a lower level of medication administration is associated with unsuccessful response to treatment. It should be emphasized that in order to reach high level of patients' retention on ART, timely and qualified medical care and social support should be provided to HIV-infected people.

Nowadays, the main non-medical reason for patients' interruption of ART remains their own refusal of treatment, which indicates insufficient level of medical and non-medical staff regarding formation of HIV-infected patient's adherence to ART. Moreover, the strategy of providing treatment services to HIV-infected patients should be improved, namely decentralization of antiretroviral therapy and care and support services, expansion of programmes on substitution maintenance therapy and prevention, diagnosis and treatment of patients with TB/HIV co-infection.

SECTION III. NATIONAL RESPONSE TO THE HIV/AIDS EPIDEMIC

In 2011 Ukraine joined 38 countries defined as “high-impact countries” by UNAIDS, which: (i) have the most significant or severe burden of HIV/AIDS; (ii) are countries with economies in transition that are expected to lead and determine the future of response to the HIV/AIDS epidemic; (iii) have to recognize geopolitical importance which is proved by high levels of HIV infectious agent prevalence among risk groups or other key geopolitical importance such as aggravation of humanitarian situations. Altogether, these 38 high-impact countries mostly suffer from the HIV/AIDS epidemic, as exactly in these countries there are about 92% of new cases of HIV-infection and 89% of AIDS-related deaths among the adult population. Quick decisive actions in these countries are a key to reach targets and planned indicators of the 2011 Political Declaration and Getting to Zero Strategy: zero new infections, zero AIDS-related deaths, zero discrimination.

This section describes Ukraine’s achievements in the implementation of the Millennium Development Goals aimed to eliminate the spread of HIV/AIDS by 2015 on the basis of the indicators identified for the main areas of combatting HIV/AIDS.

Target 1. To reduce the sexual transmission of HIV by 50% by 2015

Indicator 1.1 «Percentage of young women and men aged 15-24 years who both correctly identify ways of preventing the sexual transmission of HIV and reject major misconceptions about ways of HIV transmission»

According to the survey results, conducted in 2012, the percentage of young women and men aged 15–24 who both correctly identify ways of preventing the sexual transmission of HIV and reject major misconceptions about ways HIV transmission was 48.0%⁷. This indicator was calculated based on respondents’ answers to five questions.

No significant difference in the values of this indicator depending on gender distribution of youth was identified in 2012: 49,9% of female respondents and 45,8% of male respondents correctly identified ways of preventing the sexual transmission of HIV and rejected major misconceptions about ways HIV transmission.

However, there is significant difference of the indicator between male respondents aged 15-19 years – 36,6% and those aged 20-24 years – 53,1%. Among women aged 15-19 years the indicator value was 42,6%, and in the age group of 20-24 years it made up 54,9%. As in the case with men, this difference is quite significant and can indicate better awareness of older young people (aged 20-24 years).

At the same time it should be noted that this indicator value made up 39,9% in the National Reports on Follow Up to the Declaration of Commitment on HIV/AIDS for 2006-2007 and 2008-2009 and in the Ukraine Harmonized AIDS Response Progress Report for 2012-2013.

As far as the type of settlement (urban/rural) is concerned, there are also some differences in the responses. Thus, 49,6% of urban respondents could correctly identify ways of preventing the sexual transmission of HIV and reject major misconceptions about ways HIV transmission as compared to 43,4% of such respondents residing in rural areas.

⁷The indicator was calculated based on the results of multiple indicator cluster survey (MICS) of settlements, conducted in 2012 in Ukraine in cooperation with the State Statistics Service of Ukraine and the United Nations Children’s Fund (UNICEF) Office in Ukraine. The sample size of 12459 households and overall response rates of over 90% for households, women, men and children under five years of age (mothers/caretakers were interviewed) ensured representative data for the national level, and the strata of urban (including subdivision in large cities/small towns) and rural areas, as well as five regions (North, West, Centre, East and South).

Analysis of the received respondents' answers indicates quite a low level of young people's awareness about specific ways of preventing HIV transmission as well as ways through which HIV is not transmitted.

95,1% of interviewed young people (95,7% of women and 94,4% of men) knew that the risk of HIV transmission could be reduced by having sex with only one uninfected partner. A certain difference in responses to the question about this way of preventing transmission of HIV was observed in different age groups of female respondents: 93,8% (15-19 years) and 97,0% (20-24 years), correspondingly, which indicates the need to strengthen prevention activities, primarily among students.

92,9% of respondents irrespective of their sex mentioned condom use during every sexual contact as a way of preventing sexual transmission of HIV. Similar to the previous question, women aged 15-19 years gave less correct answers to this question as compared to women aged 20-24 years: 91,2% and 94,3% correspondingly. In 2011 this indicator made up 88,2%, which means that there is certain improvement of the awareness level about this way to prevent transmission of HIV.

78,5% of respondents agreed to the statement that a healthy looking person could have HIV (80,2% of women and 76,7% of men). In 2011 the value of this indicator was 84,4%.

73,9% of respondents (74,8% of women and 72,9% of men) disagreed with the statement that a person could become HIV infected through mosquito bite. According to the survey results, there are differences both between men and women aged 15-19 years and 20-24 years.

The statement that a person can be HIV infected if he/she would drink from the same glass with an HIV infected person was recognized as false by 72,9% of young respondents (73,5% of women and 72,2% of men). It should be also noted that in 2011 the statement was proposed on whether a person can get HIV-infection through shared use of a lavatory, swimming pool or sauna with someone who is HIV infected. In 2011 the proportion of young people, who gave correct answers to this questions, made up 62,9%.

So, we can state that the value of this indicator had not changed since 2007 till 2011 and still remained at the level of 40%. Only in 2012 the value of this indicator increased and made up 48,0%.

However, it should be noted that the received data cannot be compared as in 2012 the indicators were calculated based on the results of multiple indicator cluster survey (MICS) of households, which sample size was 12459 households. The denominator for this indicator calculation was 3419 people. In 2011 a representative sociological survey was carried out among the general population, during which 2003 respondents were interviewed.

It should be noted, that within implementation of the provisions of Declaration of Commitment on HIV/AIDS the target value of this indicator made 95% to be achieved in 2010. Taking into consideration everything mentioned above, there is still a need to conduct information and educational campaigns at national and regional levels, especially for young people, to increase their awareness in the area of HIV prevention.

Indicator 1.2 «Percentage of young women and men aged 15-24 who have had sexual contacts before the age of 15»

Encouraging safer sexual behavior is crucial for reducing the spread of HIV-infection. In most countries, more than a half of new HIV cases are diagnosed among young people of 15-4 years, therefore, it is particularly important to change the behavior of this age group in order to reduce the number of new cases of HIV-infection.

In 2012 the percentage of young women and men aged 15-24 years who have had sexual contacts before the age of 15 made up 1,0%⁸.

This indicator value made up 1,8% among men, 0,4% among women; 1,6% among men aged 15-19 years and 2,0% among man aged 20-24 years; 0,2% among women aged 15-19 years and 0,5% among women aged 20-24 years.

As far as the type of respondents' settlement is concerned, there is some difference despite quite low general percentage. Thus, 1,2% of urban residents and 0,6% of rural residents aged 15-24 years reported having had sexual contacts before the age of 15.

In 2011 the value of the indicator 1.2 made up 6,7%. However, it should be noted that the received data cannot be compared as in 2012 the indicators were calculated based on the results of multiple indicator cluster survey (MICS) of households, which sample size was 12459 households. The denominator for this indicator calculation was 3419 people. In 2011 a representative sociological survey was carried out among the general population, during which 2003 respondents were interviewed.

Efforts to develop the culture of sexual relationships among adolescents and young people before the beginning of their sexual life are very important in order to prevent HIV-infection.

Indicator 1.3 «Percentage of women and men aged 15-49 years who have had sexual contacts with more than one partner in the last 12 months»

In 2012 the percentage of adults aged 15-49 years who have had sexual contacts with more than one partner in the last 12 months made up 7,6%⁹. In 2011 this indicator value was 9,7%.

The proportion of women who reported having had more than one sexual partner is four times less than the proportion of men— 3,1% and 12,6% correspondingly. The similar situation was fixed in 2011: 4,6% and 14,9% correspondingly.

The largest proportion of men and women who have had more than one sexual partner was in the age group of 20-24 years. Thus, this indicator value was 20,3% among men aged 20-24 years, 14,8% among men aged 15-19 years and 11,1% among men aged 25-49 years. As far as women are concerned, this indicator made up 6,0% in the age group of 20-24 years, 3,1% in the age group of 15-19 years and 2,6% in the age group of 25-49 years.

As far as the type of respondents' settlement (urban/rural) is concerned, the observed differences are inessential and not statistically significant. The indicator value among urban residents was 7,7% and 7,5% among rural residents.

Thus, young men aged 20-24 years (20,3%) and 15-19 years (14,8%) were the most sexually active. That is why men from these age groups should be more covered with specialized prevention programmes.

⁸ The indicator was calculated based on the results of multiple indicator cluster survey (MICS) of settlements, conducted in 2012 in Ukraine in cooperation with the State Statistics Service of Ukraine and the United Nations Children's Fund (UNICEF) Office in Ukraine. The sample size of 12459 households and overall response rates of over 90% for households, women, men and children under five years of age (mothers/caretakers were interviewed) ensured representative data for the national level, and the strata of urban (including subdivision in large cities/small towns) and rural areas, as well as five regions (North, West, Centre, East and South).

⁹ The indicator was calculated based on the results of multiple indicator cluster survey (MICS) of settlements, conducted in 2012 in Ukraine in cooperation with the State Statistics Service of Ukraine and the United Nations Children's Fund (UNICEF) Office in Ukraine. The sample size of 12459 households and overall response rates of over 90% for households, women, men and children under five years of age (mothers/caretakers were interviewed) ensured representative data for the national level, and the strata of urban (including subdivision in large cities/small towns) and rural areas, as well as five regions (North, West, Centre, East and South).

However, it should be noted that the received data cannot be compared as in 2012 the indicators were calculated based on the results of multiple indicator cluster survey (MICS) of households, which sample size was 12459 households. The denominator for this indicator calculation was 3419 people. In 2011 a representative sociological survey was carried out among the general population, during which 2003 respondents were interviewed.

Indicator 1.4 «Percentage of women and men aged 15-49 years who have had sexual contacts with more than one partner in the last 12 months and who reported condom use during last sexual intercourse»

In 2012 the percentage of adults aged 15-49 years who have had sexual contacts with more than one partner in the last 12 months and who reported condom use during last sexual intercourse made up 65,6%¹⁰.

The value of this indicator was 69,0% among men and 53,3% among women. This indicator was higher among men aged 15-19 years than among men aged 20-24 years making up 89,8% and 80,4% correspondingly, while it was much lower among men aged 25-49 years – 62,1%.

Among women aged 20-24 years this indicator value made up 66,6% and 46,35 among women aged 25-49 years. The sample size turned out to be not representative in order to perform reliable statistical calculations of this indicator among women aged 15-19 years.

As far as the type of settlement (urban/rural) is concerned, there are some significant differences in the responses. Thus, this indicator is higher among urban residents than among rural residents – 67,6% and 59,5% correspondingly.

In 2011 the value of the indicator 1.4 made up 63,9%, in 2009 it was 61,0%. During 2009 – 2011 the value of the indicator 1.4 remained almost at the same level. However, it should be noted that the received data cannot be compared as in 2012 the indicators were calculated based on the results of multiple indicator cluster survey (MICS) of households, which sample size was 12459 households. The denominator for this indicator calculation was 3419 people. In 2011 a representative sociological survey was carried out among the general population, during which 2003 respondents were interviewed.

Indicator 1.5 «Percentage of women and men aged 15-49 years who have been tested for HIV in the last 12 months and know their results»

In 2012 the percentage of women and men aged 15-49 years who have been tested for HIV in the last 12 months and know their results made up 8,4%¹¹. This indicator was calculated with the use of MICS data of 2012.

In 2012 values of the indicator 1.5 had statistically significant differences as compared to the data of 2011 – 12,4% and to the data of 2009 – 13,1%. However, it should be noted that the received data cannot be compared as in 2012 the indicators were calculated based on the results of multiple indicator cluster survey (MICS) of households, which sample size was 12459 households.

¹⁰The indicator was calculated based on the results of multiple indicator cluster survey (MICS) of settlements, conducted in 2012 in Ukraine in cooperation with the State Statistics Service of Ukraine and the United Nations Children's Fund (UNICEF) Office in Ukraine. The sample size of 12459 households and overall response rates of over 90% for households, women, men and children under five years of age (mothers/caretakers were interviewed) ensured representative data for the national level, and the strata of urban (including subdivision in large cities/small towns) and rural areas, as well as five regions (North, West, Centre, East and South).

¹¹The indicator was calculated based on the results of multiple indicator cluster survey (MICS) of settlements, conducted in 2012 in Ukraine in cooperation with the State Statistics Service of Ukraine and the United Nations Children's Fund (UNICEF) Office in Ukraine. The sample size of 12459 households and overall response rates of over 90% for households, women, men and children under five years of age (mothers/caretakers were interviewed) ensured representative data for the national level, and the strata of urban (including subdivision in large cities/small towns) and rural areas, as well as five regions (North, West, Centre, East and South).

The denominator for this indicator calculation was 3419 people. In 2011 a representative sociological survey was carried out among the general population, during which 2003 respondents were interviewed.

In 2012, according to the survey results, the percentage of individuals aged 15–49 who have been tested for HIV in the last 12 months and know their results was 8,4%, particularly 8,7%, among women, 8,1% among men, 8,9% among urban residents and 6,9% among rural residents. The higher testing rate among women of all age groups as compared to men is explained by the fact that all pregnant women who visit antenatal clinics are offered to undergo an HIV test on a voluntary basis. The higher testing rate among urban residents as compared to the rural residents is explained by a better developed infrastructure.

The indicator value made up 6,9% among women aged 15-19 years, 16,4% among women aged 20-24 years, 7,5% among women aged 25-49 years. The indicator value in the age group of 20-24 years is significantly different due to the fact that the largest number of pregnant women is in this age group. The indicator value made up 9,9% among men aged 15-19 years, 12,8% among men aged 20-24 years, 7,1% among men aged 25-49 years.

Indicator 1.7. Percentage of female sex workers covered with HIV prevention programmes

Indicator value:

General	Among FSW under 25 years	Among FSW of 25 years and older
70,1%	64,5%	72,7%

Commercial sex workers are a hard-to-reach group for HIV prevention programmes. However, in order to effectively prevent HIV-infection prevalence among this group and general population on the whole, it is important for this group to have access to such services. The given indicator measures the achieved progress in implementation of the main prevention programmes for commercial sex workers in Ukraine.

The indicator of female sex workers'¹² coverage with prevention programmes is calculated based on the data of the integrated bio-behavioural survey conducted in 2013¹³. In order to calculate the indicator, answers to the following questions have been analyzed: “Do you know where to go if you want to be tested for HIV?” and “Have you received condoms in the last 12 months?”.

In 2013 the indicator of FSW coverage with prevention programmes made up 70,1% (in 2009 the indicator was 59%, in 2011 – 61,2%), which confirms the positive dynamics as compared to previous years. FSW of 25 years and older are the best reached with prevention programmes as compared to younger representatives of this group: 72,7% vs. 64,5% (p<0.001).

¹² Hereinafter the term “female sex workers” will be used as data concerning male sex workers are extremely limited.

¹³ The survey “Monitoring the behavior and HIV-infection prevalence among commercial sex workers as a component of HIV second generation surveillance” was conducted among 4806 female sex workers of 14 years and older in 25 administrative and territorial units of Ukraine. The survey was carried out by NGO “Ukrainian Institute of Social Research named after O.Yaremenko” in cooperation with the SI “Ukrainian Centre for Socially Dangerous Disease Control of the Ministry of Health of Ukraine” on request of the ICF “International HIV/AIDS Alliance in Ukraine”. The survey was conducted according to the following methodologies: RDS in Donetsk, Zaporizhzhia, Kyiv, Mykolaiv, Sumy (751 FSW were interviewed); TLS in Bila Tserkva, Vinnytsia, Dnipropetrovsk, Donetsk, Zhytomyr, Zaporizhzhia, Ivano-Frankivsk, Kyiv, Lugansk, Lutsk, Lviv, Mykolaiv, Odesa, Poltava, Rivne, Sevastopol, Simferopol, Uzhgorod, Kharkiv, Kherson, Chernivtsi (3705 FSW were interviewed); KI in Kirovograd, Ternopil, Khmelnytskyi (350 people were interviewed).

Analysis of respondents' separate answers to the questions that are included into the indicator shows that the respondents are quite aware of where they can be tested for HIV – 95,2% (in 2011 – 91,1%, in 2009 – 89%). The proportion of FSW who reported having received free condoms in the last 12 months makes up 71,0% (in 2011 – 64,2%, in 2009 – 61,0%). The highest indicator values of coverage with prevention programmes were received in Simferopol, Vinnytsia, Dnipropetrovsk, Lugansk, Lviv, Mykolaiv, Odesa, Khmelnytskyi (please, see Fig. 9).

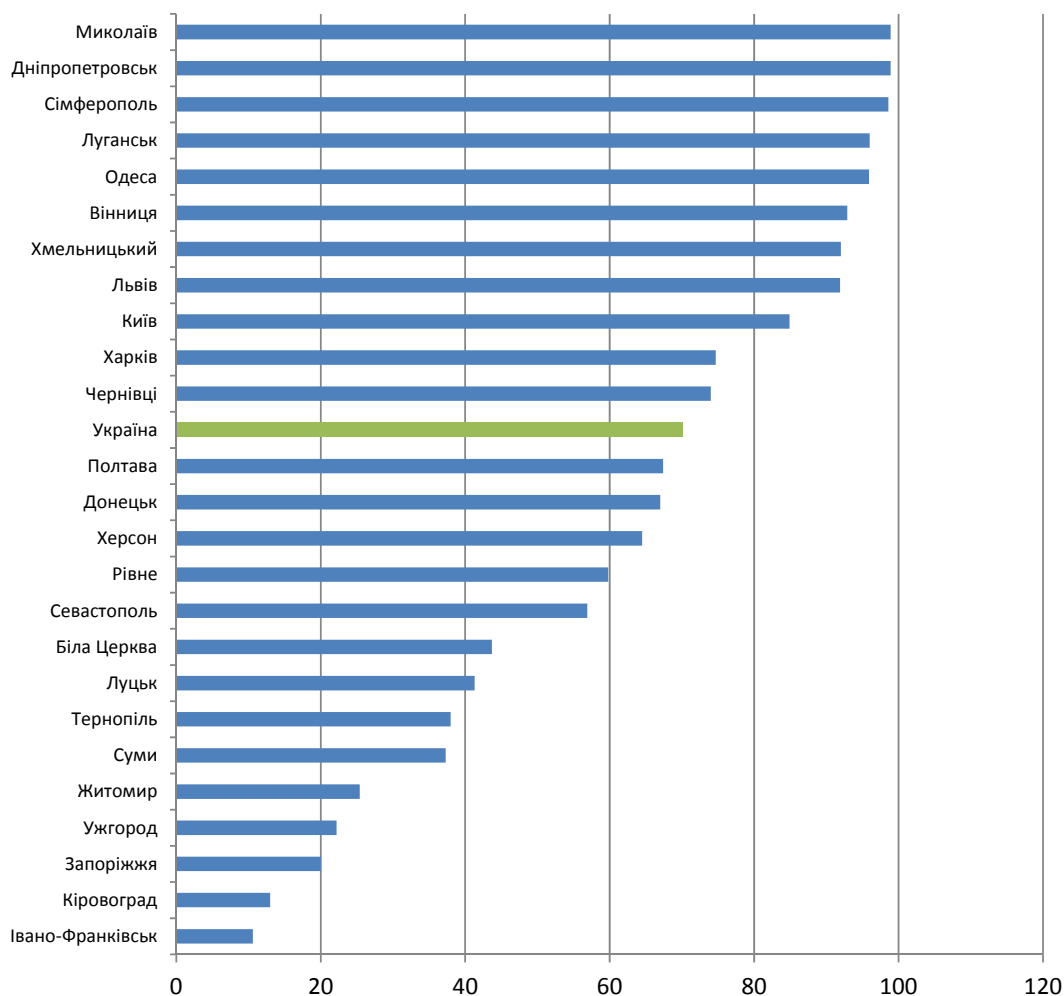


Fig. 9. Percentage of FSW covered with prevention programmes, by regions

The positive dynamics of the indicator is related to constant increase of the number of FSW covered with prevention programmes that are realized by non-governmental organizations. According to the programme monitoring data¹⁴, 47 non-governmental organizations provided services for commercial sex workers in 2013, and they managed to reach 37 394 FSW with the minimum package of prevention services, which makes up 46,7%¹⁵ (in 2009 – 36%, in 2010 – 37% and in 2011 – 40,3%). Calculation of the number of those covered with prevention programmes according to the programme monitoring data includes more rigid criteria than the one based on the data of bio-behavioural survey: receipt of condoms, informational materials and consultation. Therefore, this indicator is a bit lower than the one calculated on the survey data basis, though there is some growing dynamics both according to the survey data and to the programme monitoring data.

¹⁴ According to Syrex database, provided by the ICF "International HIV/AIDS Alliance in Ukraine".

¹⁵ According to the estimated data, there are 80 thousands of FSW in Ukraine. – Analytical report based on the results of the survey «Estimation of the size of groups most-at-risk for HIV-infection in Ukraine» as of 2012 / G. Berlieva, K. Dumchev, M. Kasianchuk et al. – K.: ICF "International HIV/AIDS Alliance in Ukraine", 2012. – 68 p.

Indicator 1.8. Percentage of female sex workers who reported condom use with their last client

Indicator value:

General	Among FSW under 25 years	Among FSW of 25 years and older
96,7%	96,5%	97,0%

There are many factors that influence HIV prevalence among female sex workers: practice of sexual contacts with a big number of partners, with casual partners, high sexual activity, etc. The below-described indicator estimates the progress reached in prevention of HIV transmission through unprotected sexual contacts with clients.

The indicator has been calculated according to the data of the bio-behavioural survey of 2013 based on the question: «Try to remember sexual contact with your most recent client. Did you/your partner use condoms?».

The percentage of female sex workers who reported condom use during sexual contact with their last client made up 96,7%¹⁶ in 2013. In 2009 this indicator made up 88%, while in 2011 – 92%, which indicates constant increase of the proportion of FSW who practice unprotected sexual contacts with their clients.

The indicator analysis according to the age of interviewed FSW shows that condom use during sexual contact with a last client is equally high both among FSW under 25 years and among older FSW: 96,5% and 97,0% correspondingly.

¹⁶ The survey “Monitoring the behavior and HIV-infection prevalence among commercial sex workers as a component of HIV second generation surveillance” was conducted among 4806 female sex workers of 14 years and older in 25 administrative and territorial units of Ukraine. The survey was carried out by NGO “Ukrainian Institute of Social Research named after O.Yaremenko” in cooperation with the SI “Ukrainian Centre for Socially Dangerous Disease Control of the Ministry of Health of Ukraine” on request of the ICF “International HIV/AIDS Alliance in Ukraine”. The survey was conducted according to the following methodologies: RDS in Donetsk, Zaporizhzhia, Kyiv, Mykolaiv, Sumy (751 FSW were interviewed); TLS in Bila Tserkva, Vinnytsia, Dnipropetrovsk, Donetsk, Zhytomyr, Zaporizhzhia, Ivano-Frankivsk, Kyiv, Lugansk, Lutsk, Lviv, Mykolaiv, Odesa, Poltava, Rivne, Sevastopol, Simferopol, Uzhgorod, Kharkiv, Kherson, Chernivtsi (3705 FSW were interviewed); KI in Kirovograd, Ternopil, Khmelnytskyi (350 people were interviewed).

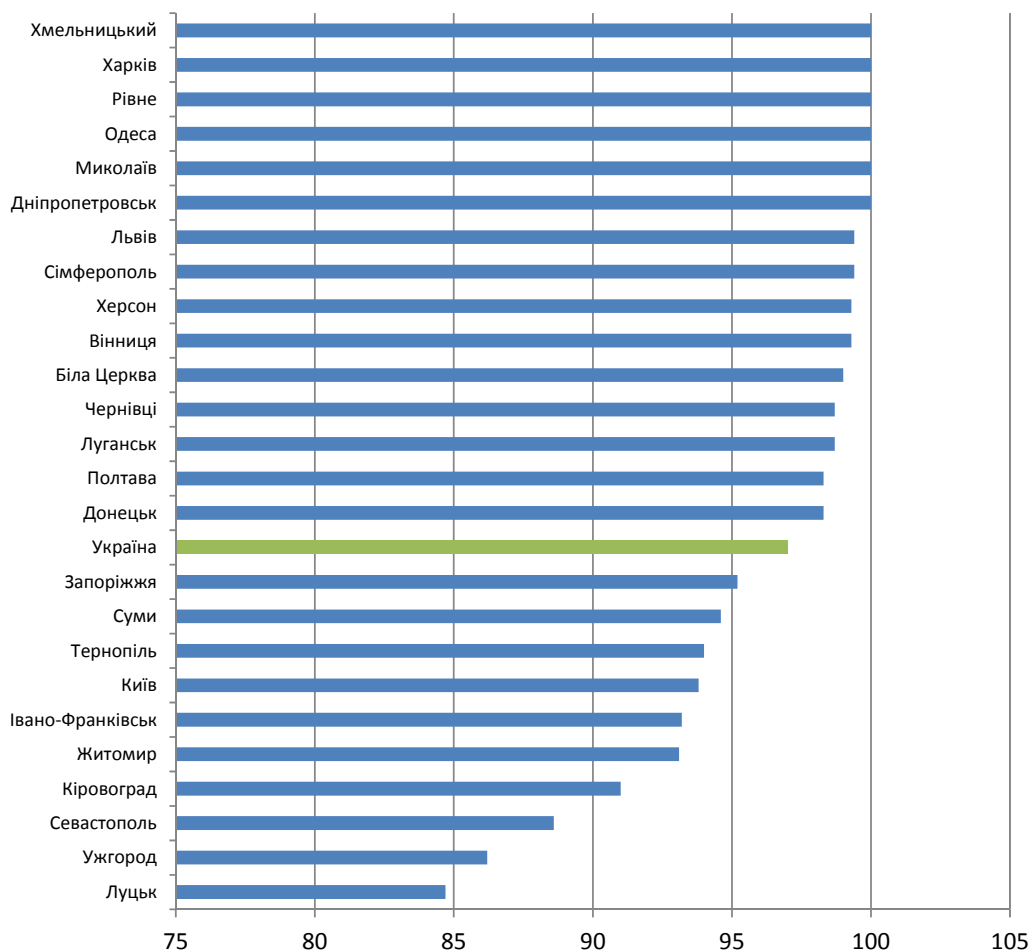


Fig. 10. Percentage of FSW who reported condom use during sexual contact with their last client, by regions

FSW who did not use condoms during sexual contact with their last client mostly indicated that it happened because the client insisted on condom non-use.

The majority of FSW (69%) had vaginal sexual contact with their last client, nearly a third (28%) – oral, the others – anal. The lowest indicator of condom use was fixed during oral sexual contacts – 94% (98% during vaginal and anal sexual contact).

Data on the frequency of condom use in the last 7 and 30 days illustrate safety of sexual practices in the context of HIV-infection. 84% of FSW reported regular condom use with their clients in the last 7 days. Questions on the frequency of condom use in the last 30 days were asked depending on the type of sexual contacts: 68% always used condoms during oral sex, 85% - during vaginal sex, 71% - during anal sex¹⁷.

Therefore, despite the 100% indicator of condom use with the last client, practice of unsafe sexual behavior exists among FSW, if taking into account data analysis on condom use during a longer period (30 days), which confirms the necessity of further implementation of prevention activities.

¹⁷ Among those who reported such contacts.

Indicator 1.9. Percentage of female sex workers who have been tested for HIV in the last 12 months and know their results

Indicator value:

General	Among FSW under 25 years	Among FSW of 25 years and older
63,1%	59,5%	64,7%

The indicator has been calculated according to the data of the bio-behavioural survey of 2013 based on the questions: «I'm not asking you now about the result, but have you been tested for HIV?», «Let's clarify whether you have been tested in the last 12 months?», «I'm not asking you about the test result, but have you received it?».

The percentage of female sex workers who have been tested for HIV in the last 12 months and received their results in 2013 made up 63,1%. In 2009 this indicator made up 59%, while in 2011 – 58,5%. The proportion of FSW of 25 years and older who have been tested for HIV in the last 12 months and received their results, is a bit higher than among FSW under 25 years: 64,7% vs. 59,5%. Such indicator values can be explained by the fact that FSW of 25+ years are better aware of the available prevention programmes and more often become clients of NGOs that realize such programmes. 63,9% of FSW of 25 years and older reported being a client of NGOs, while the proportion of such among FSW under 25 years made up 55,6% (p<0.001).

The indicator value depending on the surveyed region is presented at Fig. 11.

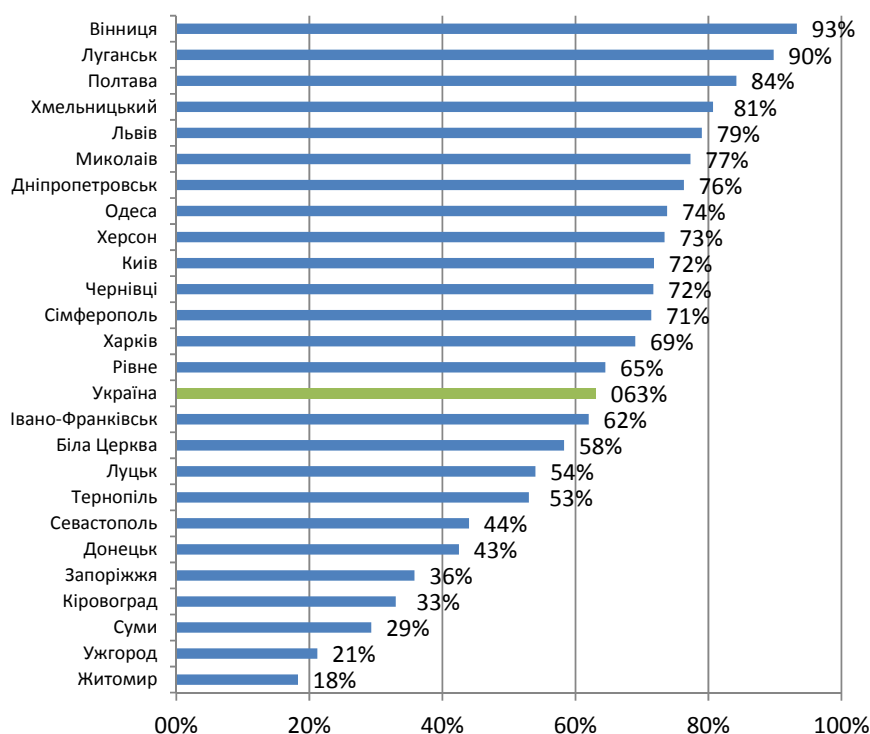


Fig. 11. Percentage of female sex workers who have been tested for HIV in the last 12 months and know their results, by regions

One of the most effective factors that influence the increase of the number of FSW covered with HIV counseling and testing services is quite widespread use of rapid tests realized by non-governmental organizations. In 2013 47 NGOs provided basic services on harm reduction for FSW.

During 2013 13 763 FSW received VCT with the help of rapid tests, which is about 17% of the total estimated population of FSW in Ukraine.

Indicator 1.11. Percentage of men who have sex with men covered with HIV prevention programmes

Indicator value:

General	Among MSM under 25 years	Among MSM of 25 years and older
43,8%	42,9%	44,5%

It is quite difficult to involve men who have sex with men into prevention programmes.

The indicator of coverage of men who have sex with men with prevention programmes has been calculated based on the data of the integrated bio-behavioural survey conducted in 2013¹⁸. In order to calculate the indicator, answers to the following questions have been analyzed: “Do you know where to go if you want to be tested for HIV?” and “Have you received condoms in the last 12 months?”.

In 2013 the indicator made up 43,8% (in 2009 the indicator made up 63%, in 2011 – 53,1%). The indicator decrease is connected to the lack of prevention programmes in some surveyed regions of Ukraine, particularly in Chernigiv, Zhytomyr, Ivano-Frankivsk, Kirovograd, Lutsk, Vinnytsia, Khmelnytskyi, Lugansk, Poltava, Sumy, Uzhgorod. The indicator of coverage with prevention programmes in other cities remains to be almost at the same level as in 2011 (please, see Fig. 12).

¹⁸ The survey «Monitoring the behavior and HIV-infection prevalence among men who have sex with men as a component of HIV second generation surveillance» was conducted among 8100 MSM of 16 years and older in 28 administrative and territorial units of Ukraine. The survey was carried out by the Centre of Social Expertize of the Institute of Sociology NAS of Ukraine in cooperation with the SI “Ukrainian Centre for Socially Dangerous Disease Control of the Ministry of Health of Ukraine” on request of the ICF “International HIV/AIDS Alliance in Ukraine”. The survey was conducted according to RDS methodology.

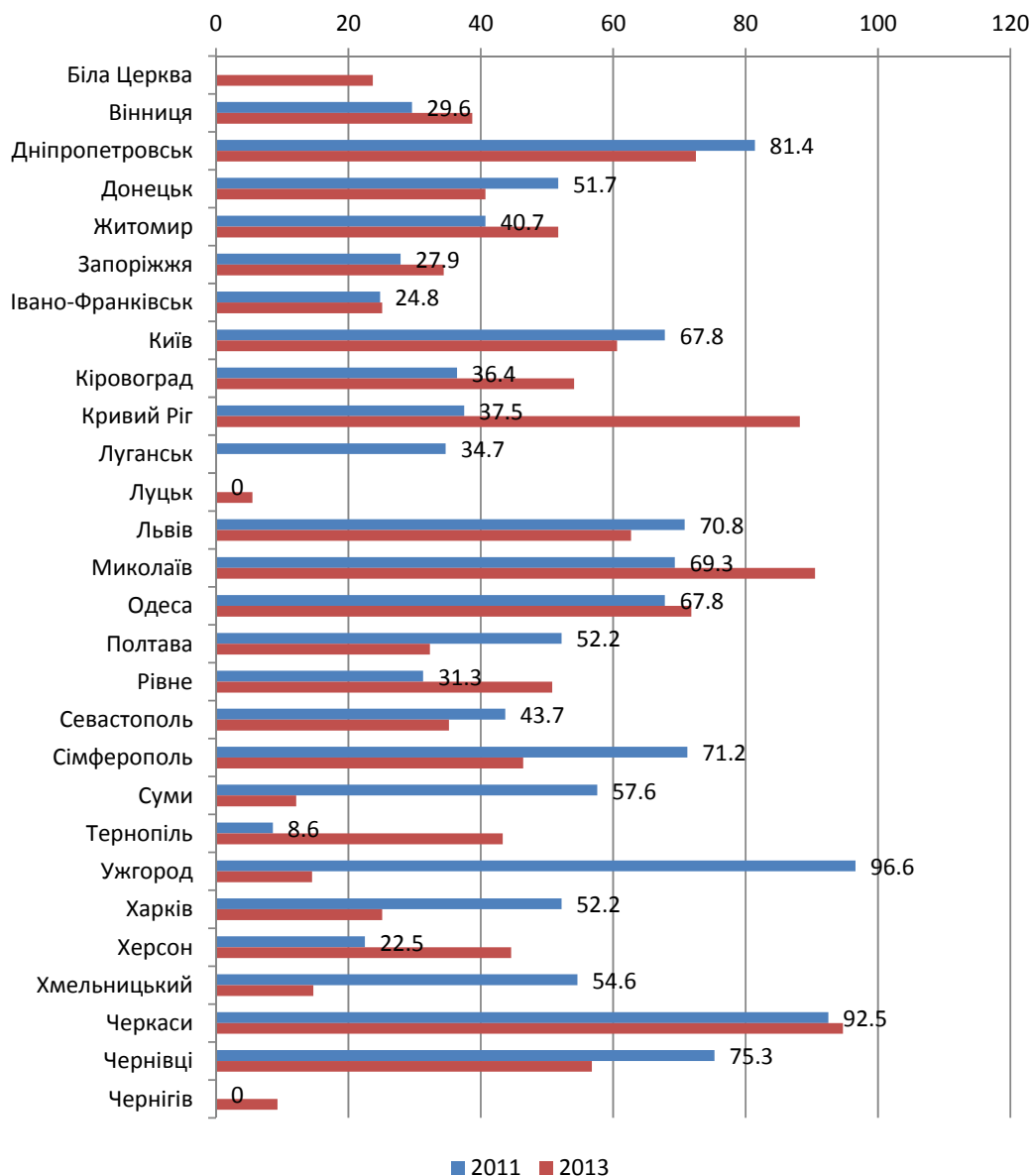


Fig. 12. Percentage of men who have sex with men covered with HIV prevention programmes, by regions

The indicator of coverage with prevention programmes among MSM under 25 years and older is approximately the same: 42,9% and 44,5%.

According to the programme monitoring data¹⁹, 18 non-governmental organizations provided services for men who have sex with men in 2013, and they managed to reach 21 988 MSM with the minimum package of prevention services, which makes up 12,5%²⁰ (in 2011 – 20,1%) of the estimated number of MSM in Ukraine. Calculation of the number of those covered with prevention programmes according to the programme monitoring data includes more rigid criteria than the one based on the data of bio-behavioural survey: receipt of condoms, informational

¹⁹ According to Syrex database, provided by the ICF “International HIV/AIDS Alliance in Ukraine”.

²⁰ According to the estimated data, there are 80 thousands of CSW in Ukraine. – Analytical report based on the results of the survey «Estimation of the size of groups most-at-risk for HIV-infection in Ukraine» as of 2012 / G. Berlieva, K. Dumchev, M. Kasianchuk et al. – K.: ICF “International HIV/AIDS Alliance in Ukraine”, 2012. – 68 p.

materials and consultation. Moreover, the distribution of free condoms is widespread in clubs and other places of MSM meetings, which helps promoting such services to a number of MSM, who are not clients of NGOs. Therefore, this indicator is a bit lower than the one calculated on the survey data basis, though there is similar decreasing dynamics due to the lack of programmes in certain Ukrainian regions.

Indicator 1.12. Percentage of men who have sex with men who reported condom use during last anal sex with a male partner

Indicator value:

General	Among MSM under 25 years	Among MSM of 25 years and older
71,5%	70,7%	72,1%

The indicator has been calculated according to the data of the bio-behavioural survey of 2013 based on the question: «Did you use condoms during your last anal sex with a male partner?»

The percentage of men who have sex with men who reported condom use made up 71,5% in 2013. In 2009 this indicator made up 64%, while in 2011 – 70,5%. In 2009 the survey was carried out only in 15 regions, therefore it is appropriate to compare the data of 2011 and 2013, when surveys were carried out in all regions of Ukraine. According to these surveys, the indicator value remains approximately the same, even though there is some noticeable tendency to its increase.

Condom use during last sexual contact with a male partner is a bit higher among MSM of 25 years and older as compared to MSM under 25 years: 72,1% and 70,7% correspondingly.

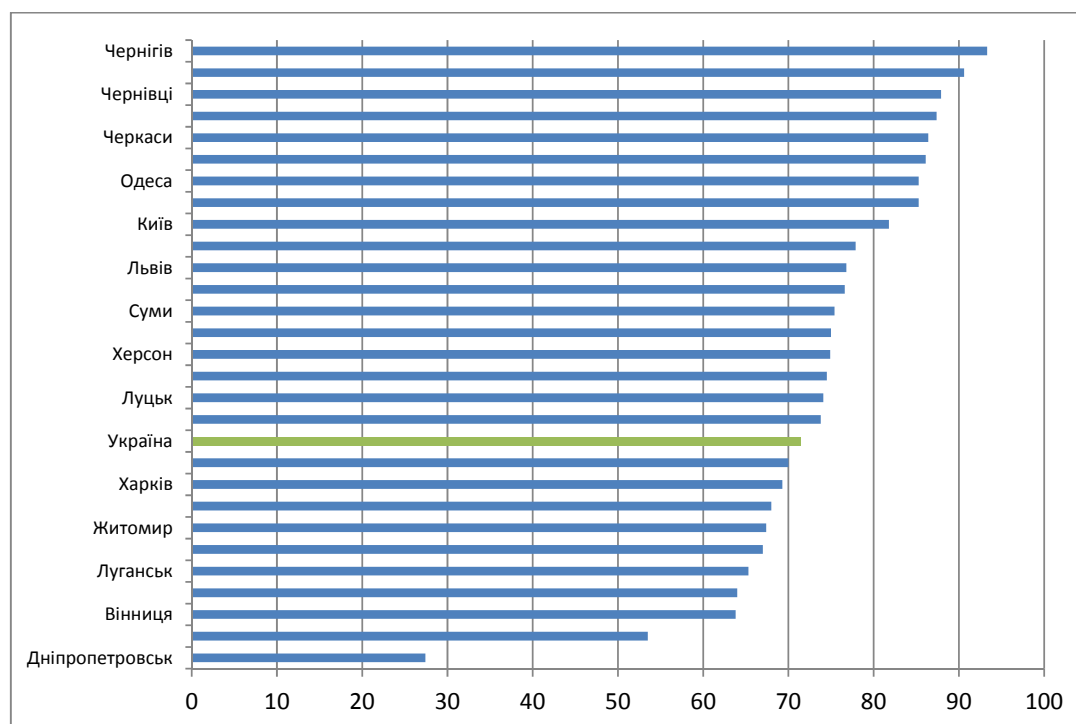


Fig. 13. Percentage of men who have sex with men who reported condom use during last anal sex with a male partner, by regions

Analysis of the frequency of condom use is more representative in terms of safe behavior. Thus, according to MSM interviewing, only 45% of respondents reported regular condom use during anal sexual contacts with men in the last 30 days. These data confirm that a significant part of MSM continues practicing risky sexual behavior and needs further coverage with prevention programmes.

Indicator 1.13. Percentage of men who have sex with men, who have been tested for HIV in the last 12 months and know their results

Indicator value:

General	Among MSM under 25 years	Among MSM of 25 years and older
38,3%	32,8%	41,9%

The indicator has been calculated according to the data of the bio-behavioural survey of 2013 based on the questions: «I'm not asking you now about the result, but have you been tested for HIV?», «Let's clarify whether you have been tested in the last 12 months?», «I'm not asking you about the test result, but have you received it?».

The percentage of men who have sex with men who have been tested for HIV in the last 12 months and received their results made up 38,3% in 2013. In 2009 this indicator made up 43%, while in 2011 – 37,8%. These data confirm that the indicator on the experience of HIV testing remains almost at the same level as compared to 2011, and slightly more than a third of interviewed MSM has been tested for HIV in the last 12 months and knows their results.

The proportion of MSM of 25 years and older who have been tested for HIV in the last 12 months and received their results, is much higher than among youth: 41,9% vs. 32,8% ($p < 0.001$) correspondingly. The indicator value depending on the surveyed region is presented at Fig. 14.

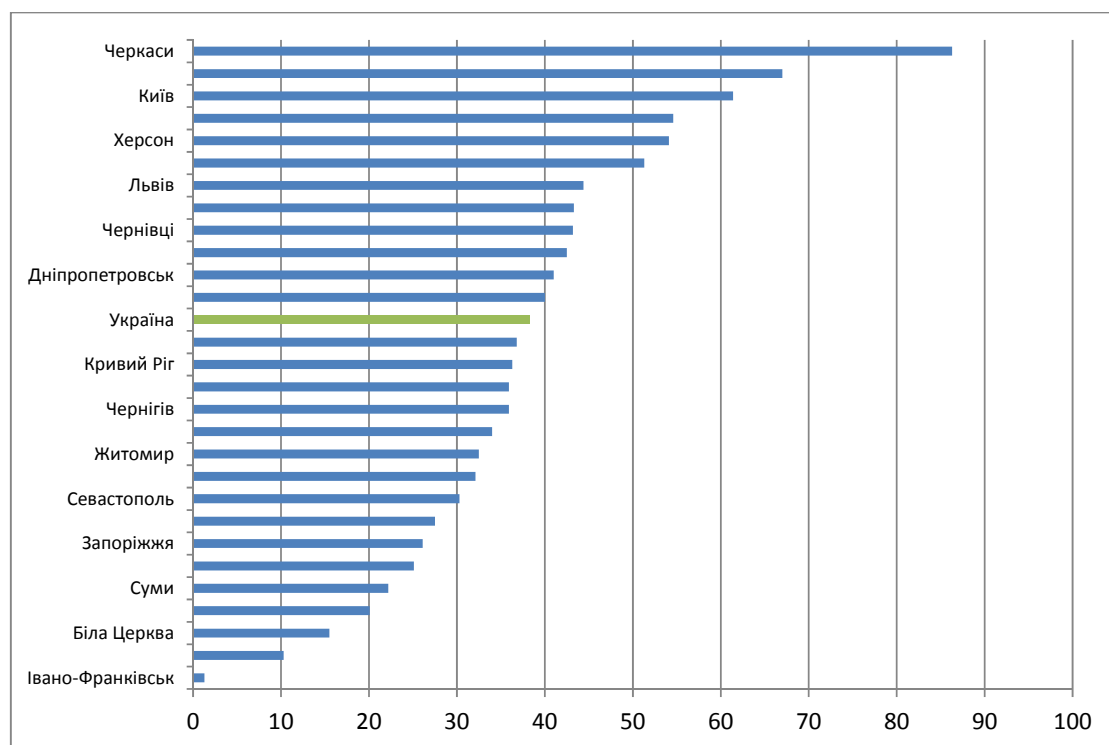


Fig. 14. Percentage of men who have sex with men who have been tested for HIV in the last 12 months and know their results, by regions

One of the most effective factors that influence the increase of the number of MSM covered with HIV counseling and testing services is quite widespread use of rapid tests realized by non-governmental organizations. In 2013 18 NGOs provided basic services on harm reduction for MSM. During 2013 8 030 MSM²¹ were tested at NGOs with the help of rapid tests, which demonstrates the need to expand geography of prevention programmes and testing for MSM.

Target 2. To reduce transmission of HIV among injecting drug users by 50% by 2015

Indicator 2.1. Number of distributed syringes per one injecting drug user through needle/syringe exchange programmes per year

Indicator value: 77 syringes

In 2013 the number of distributed syringes per one injecting drug user through needle/syringe exchange programmes made up 77,03. This indicator slightly increased as compared to 2011, when the number of distributed needles/syringes was 75,3. According to the programme monitoring data, almost 24 million of needles/syringes were totally distributed. The indicator value depending on the region is presented at Fig. 15.

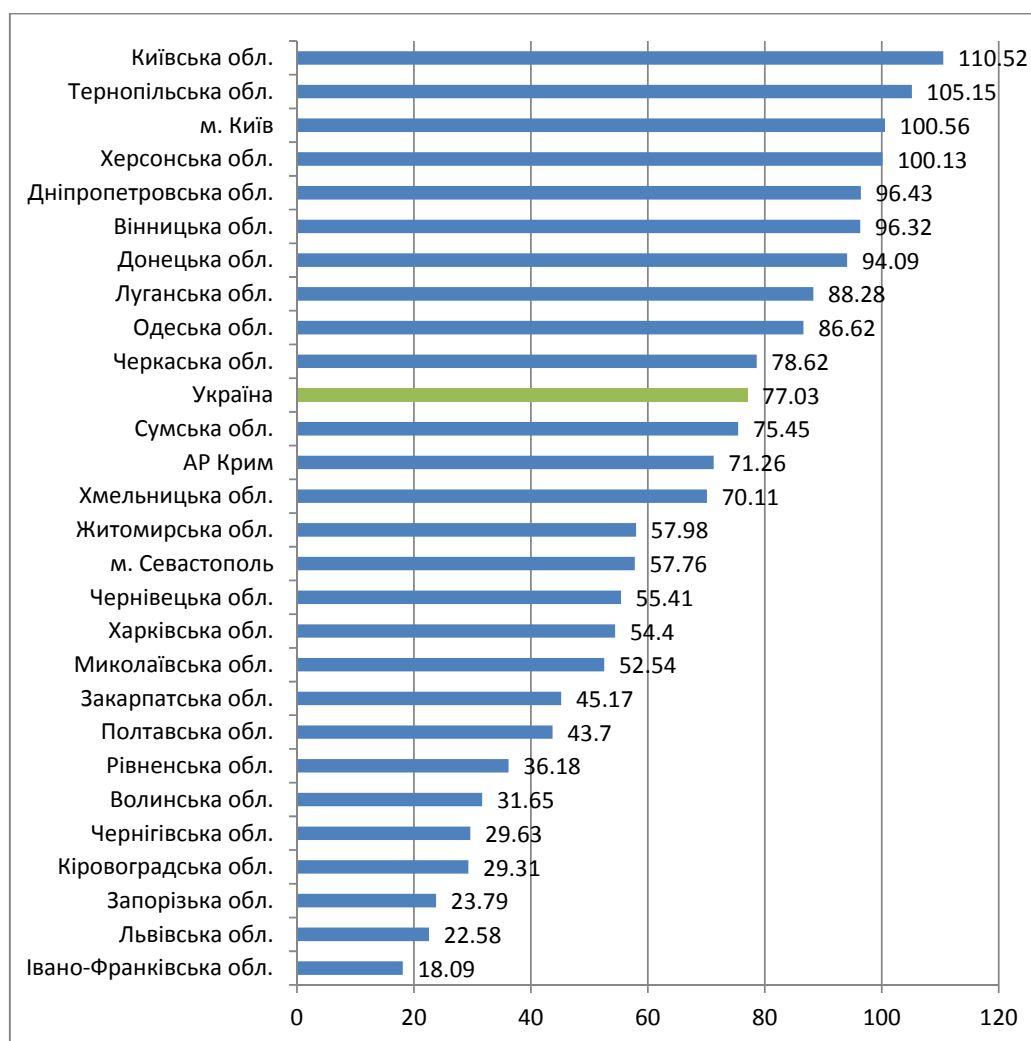


Fig. 15. Number of distributed syringes per one injecting drug user through needle/syringe exchange programmes per year, by regions, absolute numbers

²¹ According to SYREX database, provided by the ICF "International HIV/AIDS Alliance in Ukraine".

The scale of prevention programmes on needle/syringe distribution and exchange influences the indicators of safe injection behavior. Thus, according to the data of the bio-behavioural survey of 2013, 96,9% of IDU reported using sterile drug injection equipment during the last injection.

Syringe exchange programmes operating all over Ukraine give the possibility to provide IDU with sterile drug injection equipment and establish stable contacts with representatives of this risk group. Syringe exchange programmes represent low-threshold services that require the collection of minimal and anonymous information about clients. Such services are provided for free and at places comfortable for IDU.

As of 01.01.2014, there are 530 needle and syringe exchange sites in Ukraine (including pharmacies, where a person can get free needles and syringes). In 2013 the level of IDU coverage with comprehensive package of HIV prevention services, provided by NGOs, made up 63,3% of the estimated size of IDU in Ukraine. In order to calculate this indicator the following criteria were used: receipt of condoms, needles/syringes, IEM during the year as well as provision of consultations. In 2011 this indicator was 54,11%, which demonstrates constant increase of the indicator of IDU coverage and involvement of a growing number of new clients to HIV prevention programmes.

Indicator 2.2. Percentage of injecting drug users who reported condom use during their last sexual contact

Indicator value:

General	Among IDU under 25 years	Among IDU of 25 years and older
54,1%	62,9%	52,5%

The indicator has been calculated according to the data of the bio-behavioural survey of 2013²² based on the question: «Did you (or your partner) use condoms during last sexual contact?»

The percentage of injecting drug users who reported condom use during last sexual contact made up 54,1% in 2013. In 2009 this indicator made up 48%, while in 2011 – 47,8%, which indicates some slight improvement of the indicator on safe sexual behavior in 2013. The indicator value based on different types of partners has also slightly increased as compared to 2009: with permanent partners – 48.1% in 2009, 49.7% in 2013 (p=0.292), with casual partners – 68.9% in 2009, 75.9% in 2013 (p<0.0001), with commercial partners – 80% in 2009 and 79% in 2013 (p=0.426). The received data suggest some improvement concerning condom use during last sexual contact with casual partners. Condom use with commercial partners has slightly decreased, though changes are not statistically significant.

The indicator analysis according to the age of interviewed IDU showed that condom use during last sexual contact is a bit higher among IDU under 25 years as compared to older IDU: 62,9% and 52,5% correspondingly. As far as the gender of interviewed IDU is concerned, the received data show that men practice protected sex more often than women – 55,1% vs. 51,2%. Regional indicators of condom use during last sexual contact are presented at Fig. 16.

²² The survey «Monitoring the behavior and HIV-infection prevalence among injecting drug users as a component of HIV second generation surveillance» was conducted among 9502 IDU of 14 years and older in 29 administrative and territorial units of Ukraine. The survey was carried out by NGO «Ukrainian Institute of Social Research named after O.Yaremenko» in cooperation with the SI «Ukrainian Centre for Socially Dangerous Disease Control of the Ministry of Health of Ukraine» on request of the ICF «International HIV/AIDS Alliance in Ukraine». The survey was conducted according to RDS methodology.

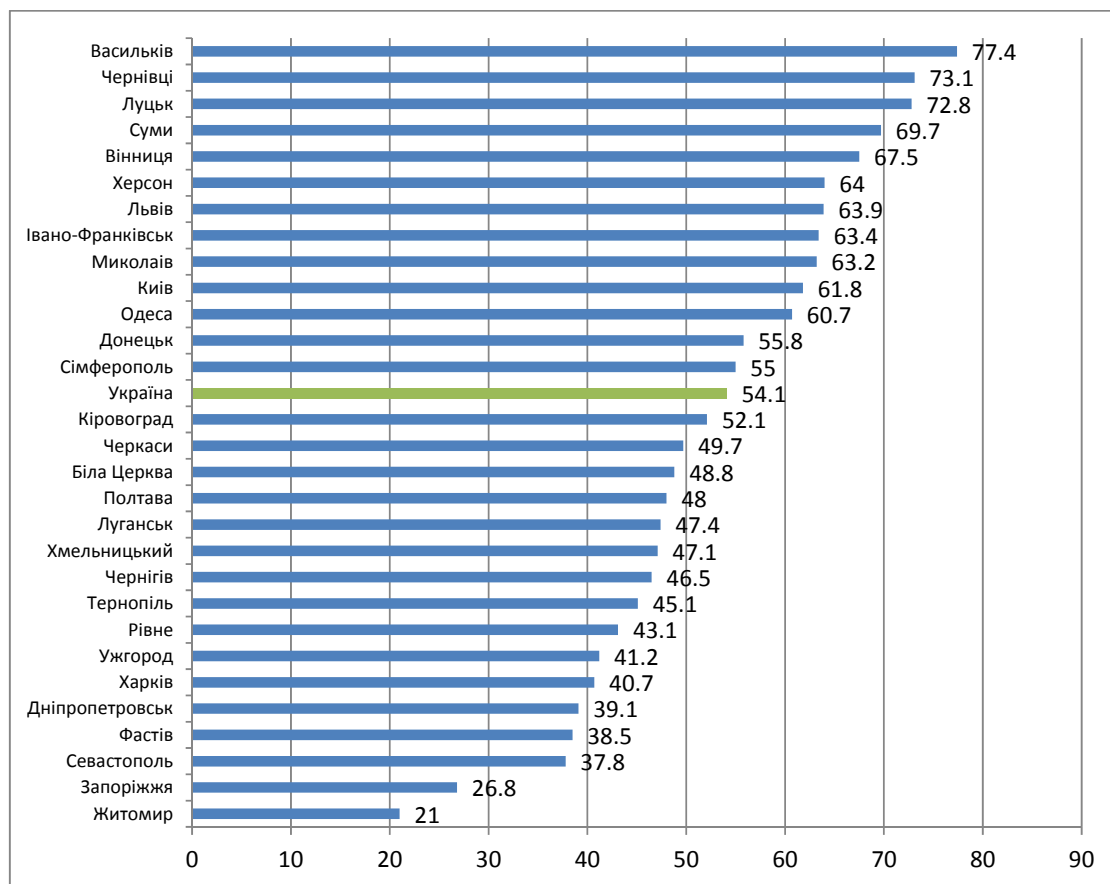


Fig. 16. Percentage of injecting drug users who reported condom use during their last sexual contact, by regions

Indicator 2.3. Percentage of injecting drug users who reported using sterile drug injection equipment during the last injection

Indicator value:

General	Among IDU under 25 years	Among IDU of 25 years and older
96,9%	97,8%	96,8%

The indicator has been calculated according to the data of the bio-behavioural survey of 2013 based on the question: «Did you use a sterile needle and syringe during the last time you injected drugs?».

In 2013 the indicator of the use of sterile drug injection equipment during the last injection made up 96,9%. In 2009 this indicator was 87%, in 2011 it was almost at the same high level as in 2013 – 95,5%.

Use of sterile drug injection equipment does not almost differ by gender of IDU: 96,8% among men and 97,3% among women. There are also no significant differences of the indicator depending on age of IDU: 97,8% of IDU under 25 years use sterile drug injection equipment and 96,8% of older IDU do that. Regional distribution of the indicator is presented at Fig. 17.

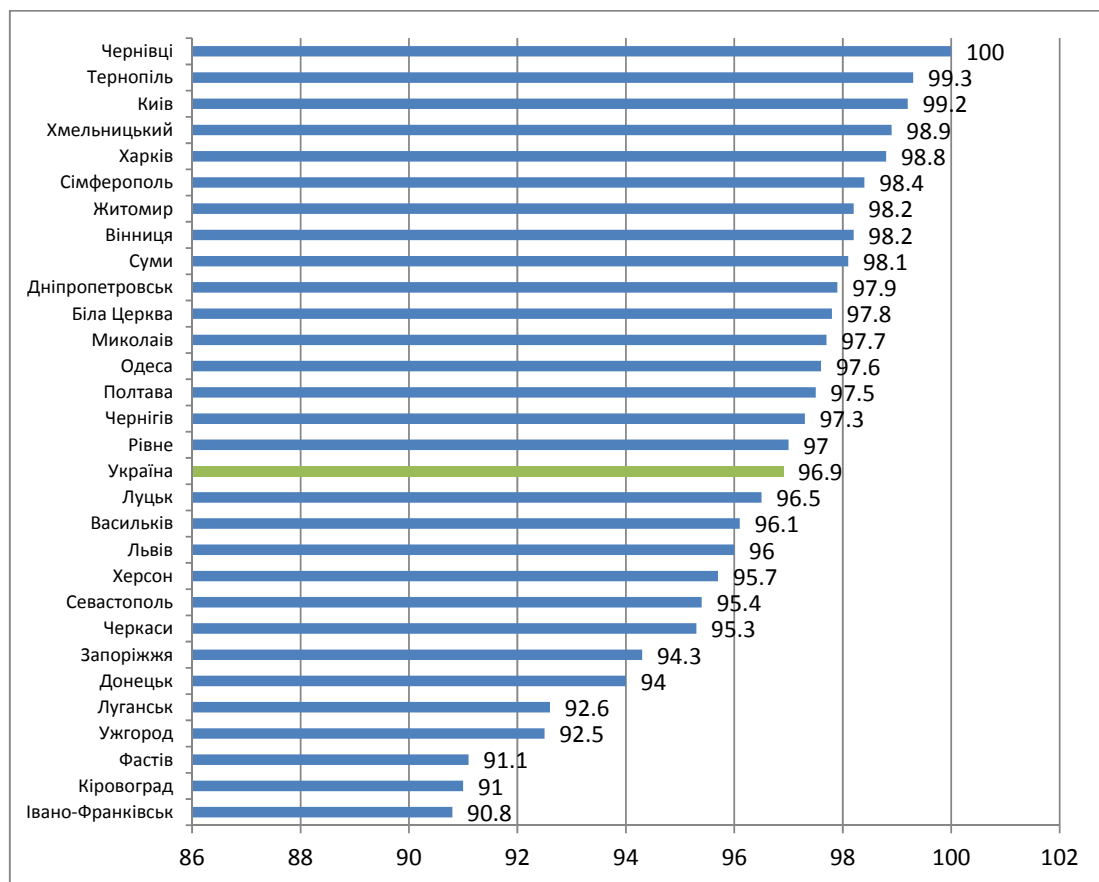


Fig. 17. Percentage of injecting drug users who reported using sterile drug injection equipment during the last injection, by regions

In order to understand the scale of unsafe injection behavior, other indicators should be also taken into consideration, such as frequency of using sterile drug injection equipment, use of sterile utensils for preparation and sharing of injecting drugs, etc. The analysis of such indicators demonstrates higher prevalence of unsafe injection behavior among IDU, which can lead to HIV-infection: 5,7% of IDU reported cases of sharing drug injection equipment in the last 30 days, 45% received an injection from an already filled syringe and did not know how it had been filled, 48,1% shared equipment/utensils to prepare/share drugs.

Indicator 2.4. Percentage of injecting drug users who have been tested for HIV in the last 12 months and know their results

Indicator value:

General	Among IDU under 25 years	Among IDU of 25 years and older
42,8%	34,7%	44,1%

The indicator has been calculated according to the data of the bio-behavioural survey of 2013²³ based on the questions: «I'm not asking you now about the result, but have you been tested for HIV?», «Let's clarify whether you have been tested in the last 12 months?», «I'm not asking you about the test result, but have you received it?».

The percentage of injecting drug users who have been tested for HIV in the last 12 months and received their results made up 42,8% in 2013. In 2009 this indicator made up 26,4%, while in 2011 – 35,7%. These data confirm that the indicator on the experience of HIV testing tends to constant increase as compared to previous years.

The proportion of IDU of 25 years and older who have been tested for HIV in the last 12 months and received their results, is much higher than among youth: 44,1% vs. 34,7% (p<0.001) correspondingly. There is bigger proportion of female IDU among those who applied for VCT services as compared to men: 46,8% vs. 41,0% correspondingly. The indicator value depending on the surveyed region is presented at Fig. 18.

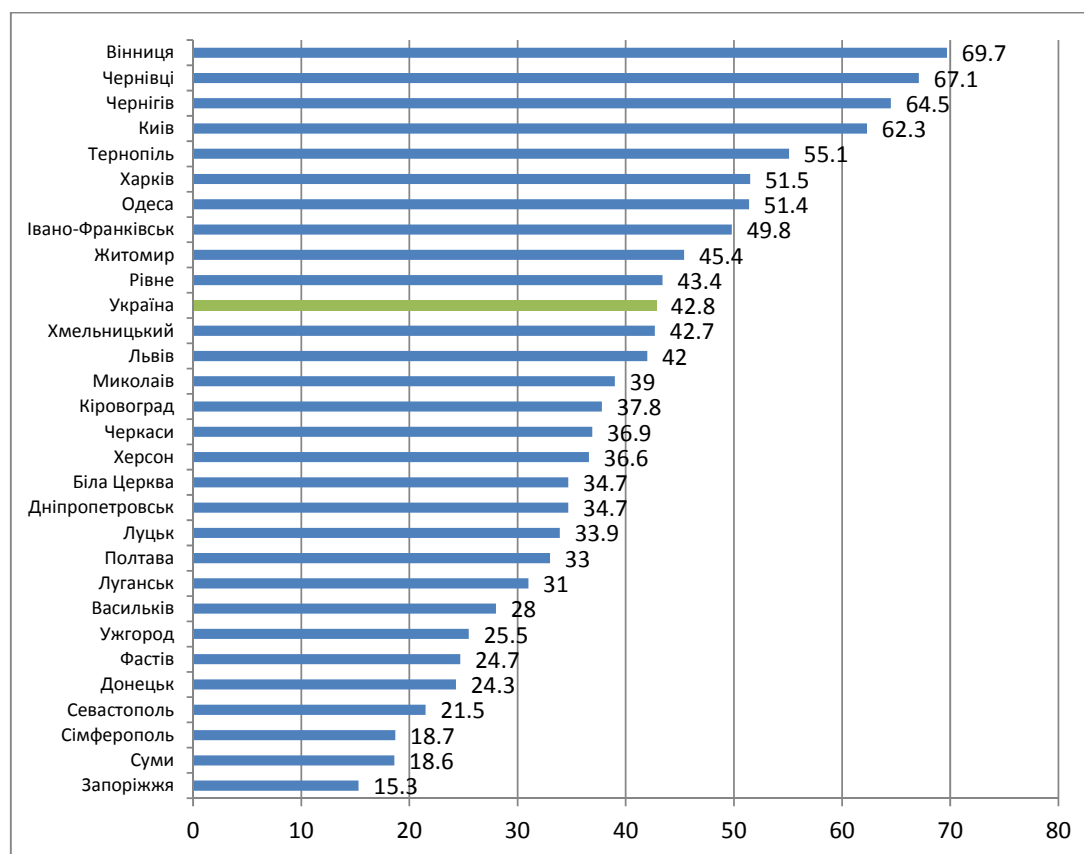


Fig. 18. Percentage of injecting drug users who have been tested for HIV in the last 12 months and know their results, by regions

One of the most effective factors that influence the increase of the number of IDU covered with HIV counseling and testing services is quite widespread use of rapid tests realized by non-governmental organizations. In 2013 77 NGOs provided basic services on harm reduction for IDU. During 2013 71 508 IDU²⁴ were tested at NGOs with the help of rapid tests, which makes up 23,1% of the estimated size of IDU group in Ukraine.

²³ See reference 22

²⁴ According to SYREX database, provided by the ICF "International HIV/AIDS Alliance in Ukraine".

Target 3. To eliminate cases of mother-to-child transmission of HIV by 2015 and significantly reduce AIDS-related maternal deaths

Indicator 3.1 «Percentage of HIV-infected pregnant women who received antiretroviral medications in order to reduce the risk of mother-to-child transmission of HIV»

Since 1999 till 2007 the coverage of HIV-infected pregnant women with antiretroviral therapy in order to reduce the risk of mother-to-child transmission of HIV had increased from 9,0% to 92,5% in Ukraine, and since 2008 this indicator has been ranging from 94,5 to 95,5%.

The percentage of HIV-positive pregnant women, who received antiretroviral medications in order to reduce the risk of mother-to-child transmission of HIV made up 95,5% in 2011, 95,8% in 2012, and 96,2% in 2013.

The system of data collection and reporting on the measures to prevent mother-to-child transmission of HIV was established in 2004 and since then has been functioning in Ukraine. This made it possible to monitor actual rather than estimated use of different antiretroviral treatment schemes for HIV-positive women in order to prevent mother-to-child sexual transmission of HIV.

In Ukraine pregnant women receive antiretroviral prophylaxis only in public sector clinics. Standards of ARV prophylaxis of HIV-positive pregnant women and birthing mothers are defined in the National clinical protocol on obstetric care “Prevention of mother-to-child transmission of HIV”, approved by the Order of the Ministry of Health of Ukraine # 716 as of November, 14, 2007.

In 2012 there were 3 833 HIV-positive pregnant women who received ARV prophylaxis from the total number of HIV-positive pregnant women, who gave birth to a child; in 2013 there were 3 739 such women (please, see Table 1):

Table 1. Number of HIV-positive pregnant women who received ARV prophylaxis during 2012-2013 in order to prevent mother-to-child transmission of HIV

	Indicators	2012		2013	
	General number of HIV-positive pregnant women who gave birth to a child	4 002	00	886	00
	The number of HIV-positive pregnant women who received ARV prophylaxis, out of the total number of HIV-positive pregnant women who gave birth to a child	3 833	5,8	739	6,2
.1	including: ART on medical grounds before and during pregnancy	1237	1,0	579	0,6
.2	RV prophylaxis during pregnancy	2399	9,9	969	0,7
	including: with one ARV-drug	144	,6	8	,7
	with two ARV-drugs	2	,05		,2
	with three ARV-drugs	2253	6,3	935	9,8

.3	ARV prophylaxis during delivery single dose of nevirapine)	197	,9	91	,9
	The number of HIV-positive pregnant women who did not receive ARV prophylaxis	169	,2	46	,8

During 2010 – 2013 there was also gradual reduction of the number of HIV-positive pregnant women who received prophylaxis with nevirapine only during delivery: 286, 171, 169, 149 women correspondingly, which indicates use of more effective antiretroviral regimens. There is increase of the number of women receiving ART on medical grounds before and during pregnancy: 2010 – 2013 – 629, 810, 1237, 1579, correspondingly.

Indicator 3.2 «Percentage of infants born to HIV-infected mothers receiving a virological test for HIV within 2 months since birth»

There is steady progress in Ukraine in expanding prevention services to children born to HIV-positive mothers. Almost all infants receive ARV prophylaxis and are bottle-fed. The coverage of infants born to HIV-positive mothers with polymerase chain reaction (PCR) testing in order to determine the HIV status is also constantly increasing – 84,3% in 2011, 94,0% in 2012, 94,5% in 2013.

WHO recommends providing early virological testing of infants for HIV as soon as possible to guide clinical decision-making at the earliest possible stage of HIV-infection in a child. In Ukraine, according to the Clinical Protocol on the treatment of opportunistic infections and HIV-associated diseases in children living with HIV/AIDS, approved by the Order of the Ministry of Health of Ukraine # 206 as of April, 07, 2006, the first PCR DNA testing of babies, born to HIV-positive mothers, should be carried out within 1-2 months of birth, and the second testing – at the age of 3-5 months.

The indicator «Percentage of infants born to HIV-infected mothers receiving a virological test for HIV within 2 months since birth» had been designed to estimate the progress of coverage and timeliness of early diagnosis for HIV-infection of children born to HIV-positive mothers. In 2013 the value of this indicator made up 65,0% (55,3% in 2011, 68,8% in 2012).

According to the research results, the value of the indicator 3.2 (65,0%) has the following distribution: children with positive results of PCR DNA testing – 1,6% (62 children), children with negative results of PCR DNA testing – 62,7% (2447 children), children with unidentified results or samples were discharged by a lab – 0,7% (28 children). Disaggregation of data by testing results cannot ensure their representativeness in terms of the level of mother-to-child transmission of HIV due to low coverage of infants born to HIV-positive mothers with HIV-testing within first two months since birth.

Therefore, insufficient level of the indicator «Percentage of infants born to HIV-infected mothers receiving a virological test for HIV within 2 months since birth» needs improvement of approaches to HIV diagnosis among children with unidentified status, namely consideration of the possibility to widely use the dried blood spot method, studying potential resources and ensuring implementation of measures to decentralize early diagnosis of HIV-infection in children according to the current legislation.

Target 4. To provide antiretroviral therapy to 15 millions of people living with HIV by 2015

Indicator 4.1 «Percentage of adults and children who meet the eligibility criteria of antiretroviral therapy prescription and who currently receive it»

The general number of HIV-infected people who were receiving ART in Ukraine as of the end of 2013 was 55 784 people, including 51 044 people treated at health care facilities of the Ministry of Health of Ukraine, 2 119 people treated at the SI “Institute of Epidemiology and Infectious Diseases named after L. Gromashevskiy of the NAMS of Ukraine”, 2 621 people treated at institutions of the State Penitentiary Service of Ukraine.

As of January, 1st, 2014, 93,2% (53 163 people out of 57 066) of people under medical supervision and eligible for ART (according to the Form № 56) have been covered with ART. Among adults this indicator makes up 92,0 % (50 218 people out of 54 059), for children – 97,9% (2 945 people out of 3 007).

Among people receiving ART adults (18 years and older) make up 94,5% (50 218 people), including 25 883 men (51,5%), 24 335 women (48,5%). As far as the total need for ART is concerned, the proportion of men makes up 51,7% (27 965 people), the proportion of women makes up 48,3% (26 094 people), which indicates equal access of men and women to ART. Children (under 18 years old) receive ART exclusively from the state budget, making up 5,5% (2 945 people) of all people receiving ART.

Percentage of adults and children who meet the eligibility criteria of antiretroviral therapy prescription and who currently receive it from the estimated number of HIV-positive patients made up 23,8 % (in absolute figures – 55 784 people receiving ART of 233 922 HIV-infected people, according to the estimated data).

Comparison of the received data with those of the previous year is impossible due to the fact that in the current reporting round, the methodology of indicator calculation was changed (it is currently calculated from the estimated number of HIV-infected people, not from the estimated number of people in need of ART as in previous years).

Target 5. To reduce the number of deaths from tuberculosis among people living with HIV by 50% by 2015

Indicator 5.1 «Percentage of estimated HIV-positive incident TB cases that received treatment for both TB and HIV»

In 2012 by the end of the reporting year the percentage of estimated HIV-positive incident TB cases that received treatment for both TB and HIV was 50,5%. The data are provided for 2012 due to the lack of WHO data on the estimated number of HIV-positive incident TB cases that received treatment for both TB and HIV in Ukraine in 2013.

This indicator was calculated based on the primary reporting forms № 025/o “Medical card of an outpatient client” and № 510-3/o “registration log for patients on ART at a health care facility” and on the data provided by WHO Office in Ukraine

In 2012 antiretroviral therapy was provided to 3 032 HIV-infected people with incident TB, who had already started tuberculosis treatment. According to the WHO European Regional Office, in 2012 the estimated number of HIV-positive incident TB cases in Ukraine was 6 000 people ranging from 5000 to 7000.

During 2007-2012, a number of activities aimed at early detection of tuberculosis among HIV-infected people and ensuring of adequate treatment for them was implemented in Ukraine, including screening for TB with the financial support from the Global Fund. In 2010 a new “Clinical Protocol for Antiretroviral Therapy of HIV-infection in Adults and Adolescents” was adopted, which identifies tuberculosis as an indication to initiate antiretroviral therapy. In 2012 patients’ access to ART significantly increased due to the increase of funding to procure medications. As a result, the given indicator increased from 35,73% in 2010 to 50,5%. in 2012.

Target 6. To reach a significant level of annual global investment (US\$22-24 billion) in low- and middle-income countries

Indicator 6.1 «Domestic and international AIDS spending by categories and financial sources»²⁵

Funding sources	2011		2012	
	UAH	% of the total amount of expenses	UAH	% of the total amount of expenses
State and local budgets	407 219 188.49	42.3	492 874 605.80	45.2
International sources	552 300 957.90	57.4	596 136 556.01	54.6
<i>Including the Global Fund</i>	<i>359 209 051.56</i>	<i>65.0</i>	<i>490 924 969.13</i>	<i>82.4</i>
Non-governmental sources	2 174 741.86	0.2	2 514 596.95	0.2
Total amount of expenses	961 694 888.25	100	1 091 525 758.76	100

According to the results of the research on estimation of national expenditures aimed at response to the HIV/AIDS epidemic in Ukraine, the amount of corresponding financial expenses was 961 694 888 UAH in 2011, 1 091 525 758 UAH in 2012.

Sources of information include reports of the departments on the implementation of programmes, financed from state and local budgets; budget reports of facilities that provide medical and social services; reports of non-governmental organizations, etc. Data on the remuneration expenses for specialists providing services are also important.

Analysis of expenses by the funding source demonstrates the Ukraine’s dependence on international funding for the implementation of the HIV/AIDS epidemic response. Almost 57% of all expenditures in 2011 and 55% in 2012 were covered by external sources, with the Global Fund to Fight AIDS, Tuberculosis and Malaria being the main donor (65% in 2011 and 82% in 2012 of the total amount of expenditures from international sources).

Information about the amount and structure of expenses in the field of combatting the HIV/AIDS is the basis to form state policy on funding measures to prevent spread of the HIV/AIDS epidemic. In the process of development of national projects and programmes to counteract the HIV/AIDS epidemic in Ukraine, it is necessary to envisage the introduction of mechanisms for gradual reduction of the dependence on external funding and to ensure support to the most efficient models for the organization of prevention, treatment, care and support services with the maximum possible involvement of state and local funding sources.

²⁵ Unverified data. Final data can be presented to the April 30, 2014

Research on estimation of national expenditures is conducted once in two years. The financial amount of expenses aimed at combatting the spread of the HIV/AIDS epidemic in Ukraine for 2013 will be presented at the end of 2014.

Target 8. Elimination of stigma and discrimination

Indicator 8.1 «Percentage of men and women aged 15-49 years who reported discriminatory attitudes towards people living with HIV»²⁶

Discrimination is a human rights violation and is prohibited by international human rights law and most national constitutions. Discrimination in the context of HIV refers to unfair or unjust treatment (an act or an omission) of an individual based on their HIV status. Discrimination exacerbates risks and deprives people of their rights and entitlements, and finally leads to further development of the HIV/AIDS epidemic. The indicators of attitude towards people living with HIV first of all reflect the overall level of tolerance within the society.

In 2012 the indicators were calculated based on the results of multiple indicator cluster survey (MICS) of households, which sample size was 12459 households. The denominator for this indicator calculation was 15189 people (all respondents aged 15-49 who have heard of HIV).

According to standard MICS methodology, the level of stigma and discrimination of people living with HIV/AIDS are estimated by answers on the following four questions:

- 1) If your family member was infected with the HIV, would you like to keep it in secret?
- 2) Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the HIV/AIDS virus?
- 3) Do you think that a female teacher who is HIV positive, but not sick with AIDS should be allowed to teach in school?
- 4) If your family member became ill with AIDS, would you agree to take care of him/her at your home?

According to the methodology of the 2014 Harmonized AIDS Response Progress Reporting, the given indicator is calculated based on answers to the following two questions:

- 1) Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the HIV/AIDS virus?
- 2) Do you think children living with HIV should be able to attend school together with children who are HIV-negative?

This indicator is new, so it is likely that most countries will not be able to report on the indicator during the 2014 reporting round. Instead countries should provide data on the first question, which was used in the previous version: “Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus?” The decision on this indicator reporting was supported at the meeting of cross-sectoral working group on monitoring and evaluation of response to the HIV/AIDS epidemic as of March, 20, 2014 (protocol #3 as of 20.03.2014).

²⁶The indicator was calculated based on the results of multiple indicator cluster survey (MICS) of settlements, conducted in 2012 in Ukraine in cooperation with the State Statistics Service of Ukraine and the United Nations Children’s Fund (UNICEF) Office in Ukraine. The sample size of 12459 households and overall response rates of over 90% for households, women, men and children under five years of age (mothers/caretakers were interviewed) ensured representative data for the national level, and the strata of urban (including subdivision in large cities/small towns) and rural areas, as well as five regions (North, West, Centre, East and South).

According to MICS data of 2012, 85,3% of respondents are not ready to buy fresh vegetables from an HIV-positive shopkeeper or a vendor (chose answer: «No» or «Do not know» / I'm not sure / It depends on the situation), with 83,7% of urban residents and 89,8% of rural residents.

This indicator value does not depend on respondents' gender: 85,1% of men and 85,4% of women.

As far as different age groups are concerned, the indicator does not differ significantly, thus there are 82,6% of men aged 15-19 years, 85,9% of men aged 20-24 years, and 85,3% of men aged 25-49 years; 85,4% of women aged 15-19 years; 81,8% of women aged 20-24 years, 86,1% of women aged 25-49 years.

It should be noted that the given indicator does not measure the level of discrimination as such; it measures the level of discriminatory attitude in the society, which can lead to discriminatory actions (or inactions).

CHAPTER IV. BEST PRACTICES.

During 2011-2012, the development of best practices and innovative approaches to HIV prevention, treatment, care and support of people living with HIV/AIDS has been going on as well as creation of positive environment and policy that would allow most successfully realize the potential of the country on response to HIV-infection.

Prevention of mother-to-child transmission of HIV

One of the goals of combatting HIV epidemic in Ukraine is introducing the strategy towards the “zero” goal, in particular the elimination of vertical HIV transmission. It is possible by ensuring the sustainability of the system of providing qualified and accessible services on prevention of mother-to-child transmission of HIV, especially among groups most-at-risk for HIV infection, including drug-addicted women of reproductive age and pregnant women.

According to the data of the surveys as well as the analysis of the current state of prevention of mother-to-child transmission of HIV, nearly one third of HIV-infected drug-addicted pregnant women do not receive preventive health care and social services when applying to medical institutions during childbirth. The level of HIV transmission to newborns among this group of pregnant women is much higher than the national one and reaches 11,7% as compared to the national of 3,7% in 2011.

In order to broaden access of drug-addicted pregnant women to PMTCT services and to reduce the risk of HIV transmission to newborns, since 2011 in 4 cities of Ukraine a pilot model of integrated comprehensive health and social services has been implemented with the financial and technical support of UNICEF Ukraine in cooperation with the ICF “William J. Clinton Foundation”. The model provides close integration and coordination of different services and service providers, including maternity and child welfare services, AIDS centres, drug treatment services, social services and establishment of cooperation with non-governmental organizations working with the target group.

Integrated care centres for drug-addicted pregnant women based on obstetric facilities provide all necessary medical services, including SMT by “one-stop shop”. Social support and “peer-to-peer” counseling is provided by involved non-governmental organizations. Strengthening the professional capacity of medical and social workers in order to ensure gender-sensitive comprehensive services has promoted the formation of tolerant attitude to women representing a high-risk group and, accordingly, the increase in service quality, which is confirmed by the survey on estimation the effectiveness of the pilot project in 2012.

During the project implementation, services were provided to 185 women, 98 (53%) of whom were HIV-positive. According to the data analysis, the level of vertical HIV transmission among children, whose HIV-positive mothers received services within the project, makes up 0% - the results of early diagnostics by PCR method showed that there was no HIV-infected child, which confirms the model effectiveness. Implementation of the model of integrated services at national level, as provided in the planned new National State Target Social Programme on HIV/AIDS Counteraction for 2014-2018, will reduce the barriers that limit access to prevention services for drug-addicted pregnant women, which in its turn will contribute to reducing the risk of mother-to-child transmission of HIV, followed by liquidation of HIV cases among infants born to HIV-infected women in Ukraine.

Adolescents and youth most-at-risk for HIV infection

Despite the existing tendency on decrease of the number of officially registered cases of HIV-infection among population aged 15-24 years old (from 2 475 in 2005 to 1 534 in 2013; the proportion of youth aged 15-25 years in the structure of new registered cases of HIV reduced from 9% in 2011 to 7% in 2013, which may indicate the positive impact of informational and educational programs and behavioural changes within this group¹), there is still some particular concerns about the situation among adolescents and youth most-at-risk for HIV-infection.

Young injecting drug users, adolescent girls involved in providing commercial sex services and street adolescents are at particular risk for HIV-infection due to the extremely limited access to prevention, care and support services related to HIV, which are now mostly aimed at the population older than 25 years²⁷. Many of these young people have certain barriers to care and support services, as they are afraid of persecution by the police or referral to appropriate governmental structures.

According to the results of the firstly conducted size estimate of the target group, which is most-at-risk adolescents aged 10-19 years (MARA), their number makes up 1 602 per 100 000 of adolescents of this age group²⁸. Surveys of behavioural practices²⁹ confirm that nearly half of MARA in Ukraine is at risk for HIV infection, while at the same time HIV prevention services are mostly designed for at-risk adult population and are hard to be reached by adolescents.

Due to consolidation of efforts of governmental institutions and non-governmental organizations, there is a number of positive changes on HIV prevention among MARA in Ukraine during the recent years of active work in this area: evidence base to strengthen the response to the epidemic has been obtained; the group size has been estimated; MARA have been recognized as the target group to counteract HIV epidemic and provide services, in particular appropriate activities among MARA have been proposed in the new draft National State Target Social Programme on HIV/AIDS Counteraction for 2014-2018; Ukrainian legislation has been amended concerning the possibility of self-testing for HIV of adolescents older than 14 years. Another important achievement of Ukraine was the inclusion of the target indicator on reduction of the number of new cases of HIV-infection among MARA by 70% into the new draft National State Target Social Programme on HIV/AIDS Counteraction for 2014-2018.

In seven cities (Dnipropetrovsk, Donetsk, Kyiv, Mykolaiv, Odesa, Lviv and Simferopol) targeted interventions for MARA and models of service provision were implemented with the support of UNICEF. Due to them the proportion of people who know where to go for counseling and testing for HIV increased by 10%, while the proportion of adolescents, who have been tested for HIV in the last 12 months and received its results, almost doubled³⁰.

However, the following significant problems still remain:

- Low motivation and awareness of adolescents about the possibility of obtaining services, including testing for HIV-infection;
- Insufficient training of service providers to work exactly with this group;
- Incompleteness of regulatory and legal framework on service provision to most-at-risk adolescents according to their daily needs³¹ (legislative ambiguity of key terms “adolescents” and “most-at-risk adolescents”; age groups of adolescents with an appropriate amount of legal rights and duties for each age group);
- Absence of well-functioning referral system among institutions.

27 UNAIDS web-site in Ukraine, 2014

28 Population size estimate of most-at-risk children and youth in the 10-19 age group / UNICEF, Ukrainian Institute of Social Research named after O. Yaremenko. – K., 2010. – 48 p. – Access mode: <http://www.unicef.org/ua/ukr/>

29 Most-at-risk adolescents in Ukraine: challenges and time to act. Advocacy document / UNICEF, Ukrainian Institute of Social Research named after O. Yaremenko. – K., Bepco 04, 2011. – 56 p.

Adolescents living and working on the streets: relevant focus for effective HIV prevention (based on the results of repeated socio-behavioural survey). / UNICEF, Ukrainian Institute of Social Research named after O. Yaremenko. – K. 2011, – 112 p.

30 HIV prevention among most-at-risk adolescents: implementation results of the targeted models in Ukraine / UNICEF, Ukrainian Institute of Social Research named after O. Yaremenko. – K., 2010. – 90 p.

31 Regulatory and legal review on HIV/AIDS prevention and access of adolescents, including most-at-risk adolescents, to medical and social services: [analytical report] / V.M. Steshenko [et al.]. – K.: Ukrainian Institute for Social research named after O. Yaremenko, 2013. – 230 p. http://www.unicef.org/ukraine/ukr/1_normativno-pravoviy_oglyad.pdf

Moreover, the regulations are not aligned concerning the age of self-receiving of medical and social services and the necessity of parental consent. Exactly that is why 8% of interviewed children and adolescents reported that they had to hide their true age when being tested for HIV-infection³².

Another problem is specialists' prejudice towards testing of adolescents, particularly those belonging to vulnerable groups. The main reason for this is lack of awareness about the legality of professional actions of medical workers and rights of adolescents. In particular, it has been fixed that 23% of respondents (out of interviewed medical workers) did not say that a teenager had the right to refuse testing, 17% of interviewed adolescents reported having not been asked permission for testing³³. In order to solve current problems in this area, work on preparation of appropriate instructions and methodical explanations has been started as well as additional training for service providers has been initiated on VCT of minors taking into account observance of adolescents' rights, possibility/impossibility of VCT provision in the presence of parents/official minor's representative, further prescription of ARV therapy in case of getting HIV-positive result.

Monitoring of public procurement of drugs for the treatment of HIV-infection and tuberculosis in Ukraine

According to the SI "Ukrainian Centre for Socially Dangerous Disease Control of the Ministry of Health of Ukraine", 55 784 people have been receiving ART in Ukraine as of 01.01.2014. 43 790 people living with HIV receive treatment by means of the state budget. As of the beginning of 2013, the total estimated number of people who need ART makes up 111 393 people (according to the National Estimate of Situation with HIV/AIDS in Ukraine as of the beginning of 2013 using the Spectrum programme). Official data indicate lack of available funding of ART programmes, especially related to funding of HIV/AIDS and tuberculosis counteraction programmes from the state budget.

However, one of the problems that causes inefficient use of public funds and contributes to significant loss of medical supplies is substantial weaknesses of centralized tender procedures. Monitoring of the situation at pharmaceutical market in Ukraine shows low effectiveness of state policy in the field of regulating price formation for medicines, including antiretroviral and anti-tuberculosis drugs. Prices for public procurement of certain drugs during 2012 were 1.5-3 times higher than prices for the same drugs, purchased by patient organizations in Ukraine. It has been found out that more than 39 million UAH was overpaid out of 174 million UAH spent on public procurement of drugs in 2012.

In order to increase access of HIV-positive people to treatment and to reduce the morbidity level, since 2013 the "All-Ukrainian Network of People Living with HIV" in cooperation with the NGO "Anti-Corruption Action Centre" (hereinafter referred to as AntAC) within Round 10 of the project supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria have established public audit of public procurement in the field of HIV and tuberculosis treatment at national level.

The model envisages the following activities implemented by a team of lawyers specialized in public procurement, experts on advocacy in combating corruption and PR-specialists or journalists:

1. Analysis of the preparation process of state agencies responsible for procurement of medicines to the conduction of public procurement, analysis of plans of public procurement;
2. Operational analysis of the documentation in the procurement process in order to verify its compliance to statutory regulations and absence of corruption component (procurement notice, nomenclature, publicly available tender documents);

³² Comprehensive study on motivation and accessibility of VCT on HIV for children and youth: [analytical report / O.M. Balakirieva et al.]; Advocacy document. — K. : KIC, 2013. — 124 p. http://www.unicef.org/ukraine/ukr/3_ukr_complexsne_doslidzheniya_motivacii.pdf

³³ The same.

3. Monitoring the observance of competitive bidding procedures for public procurement by customers and committees (the process of receiving, opening and acceptance of proposals, conclusion of agreements with the winners);

4. Monitoring the observance of terms of the signed procurement agreements, timely supply of medicines and their expiration dates, validity of registration documents (corresponding appeals to the Ministry of Health, local health care departments, relevant state institutions – if necessary);

5. Analysis of procurement results and effectiveness in terms of competition and price level as compared to the prices of medicines procured by funds of principal GF recipients and to the prices of other international agencies;

6. Investigation of the ownership structure of participants and winners of competitive bidding for procurement of ARV medications and anti-tuberculosis therapy;

7. Public procurement appeal by regulatory and law enforcement agencies in case of signs of corruption or violations;

8. Analysis of legal gaps in the field of public procurement;

9. Training of PLWH representatives on monitoring the public procurement of drugs and medical supplies.

During the project realization, public procurement of antiretroviral and anti-tuberculosis drugs carried out by the Ministry of Health of Ukraine, the National Academy of Medical Sciences, the State Penitentiary Service of Ukraine was analyzed. Except overpricing of public procurement, the AntAC identified another important problem during the monitoring – tender conduction without actual competition, but collusion of bidders. Although the majority of antiretroviral and anti-tuberculosis medications are produced by foreign companies, neither manufacturers nor their authorized representatives participate in public tenders. However, in 2013, only 6 out of 6,500 pharmaceutical companies authorized for medicine trading participated in the public procurement of ART, sharing the market of 247 million UAH. 8 companies shared the procurement of anti-tuberculosis medications at a total cost of 109 million UAH.

AntAC experts have defined four conditional behavioural schemes of the companies during the bidding, which are used in order to guarantee the victory:

1. Competition among companies that are controlled by one actual (beneficial) owner;

2. Previous collusion of competitive companies by preliminary dividing winning on different lots, which is otherwise called “cartel agreements”;

3. Speculation of the “manufacturer” status by the company, which is actuary a “dealer”;

4. Adding of notoriously high drug prices to the State Register of Wholesale Prices for Medicines, which instead of regulating the cost of procurement serves to cover overprice during public tenders and allows holders of registration certificates to submit bids with intentionally over-inflated prices for medicines.

The AntAC in cooperation with Members of Parliament – members of the Global Organization of Parliamentarians Against Corruption (GOPAC) sent corresponding appeals on the facts of revealed violations of the law or unfair bidding to regulatory and law enforcement agencies: the State Financial Inspection of Ukraine, the Antimonopoly Committee of Ukraine, the Ministry of Economic Development and Trade of Ukraine, the Prosecutor General’s Office of Ukraine. Additionally, informational requests were sent to pharmaceutical companies, governmental agencies involved in procurement of medicines, and to regulatory authorities. As a result, 2 criminal proceedings were initiated, as well as 7 investigations and inspections of procurement of ARV and anti-tuberculosis medications by regulatory authorities.

In February, 2013, the AntAC managed to eliminate the case of violation, when the customer of public procurement did not publish competitive bidding documentation, which limited competition during the tender. The situation was corrected through sending an open appeal (in partnership with Members of Parliament) to the customer of public procurement. The AntAC also found discriminative requirements within the bidding conditions, in particular the procurement notice of an ARV medication in certain form and presentation (only tablets or capsules), despite the availability of appropriate medicines in alternative pharmaceutical form and presentation. Such conditions limited competition during the bidding. As a result of appeals initiated by the AntAC together with MPs, it became possible to remedy the violations. Another found type of limitation of competition is combining the procurement of different medications into one lot, which makes impossible the participation of manufacturers and dealers that are not able to supply all drugs declared in the lot.

The public audit allowed significantly reducing prices of public procurement of antiretroviral medications. In 2013, it became possible to save about \$ 1,5 million of state funds only to purchase such drugs as Efavirenz, Tenofovir/Emtricitabine and Zidovudine/Lamivudine, which in its turn made it possible to procure a year of therapy for more than 3 200 patients and broaden the access to ART under the state programme.

Strengthening the communities' cooperation to ensure sustainable impact on policy related to HIV/AIDS.

HIV/AIDS programmes are mostly effective in case of active involvement of vulnerable communities in all processes, which is evidenced by the Global Fund long-term experience. GF strategy for 2012-2016 clearly defines the community as a key partner.

In order to solve social and health-related problems, the community members should have stable and efficient systems to support their activity, which in its turn requires certain efforts aimed at capacity-building, development of human and financial resources that would allow communities being equal players along with state health-care and social welfare systems. However, there has been a number of obstacles on the way towards creation of such systems: communities in Ukraine demonstrated separateness, there was no work consistency even for integral and mobilized communities, not to mention the joint activities of different communities to address current issues and satisfy same-type needs. In response to this challenge, the All-Ukrainian Council of Communities (hereinafter referred to as the Council) was established in 2012, which brought together leaders of different vulnerable groups (MSM, CSW, IDU, prisoners and street children).

The Council has developed the Strategy to strengthen the systems of communities vulnerable to HIV in Ukraine, aimed at:

- Ensuring 100 % availability of state services on diagnostics, treatment and social support (especially SMT and ART);
- Increasing the availability of preventive means of HIV-infection, viral hepatitis and other diseases;
- Ensuring the rights to sexual and reproductive health taking into account the community needs and gender identity.

It is important to note that both the strategy development and, therefore, its consistent implementation by the decision of communities took place in close cooperation, coordination and collaboration of representatives of different communities together. The main activity on implementation of the strategy tasks was carried out at the regional level. In particular, communities focused on coordination frameworks for decision-making and improving the real influence of communities on formation of local policies.

As a result of such activity on strengthening the systems of communities, communication among different groups vulnerable to HIV-infection was established: activists of substitution

maintenance therapy programs, LGBT community, former prisoners and CSW community (up to 556 representatives of vulnerable groups were involved in cooperation).

Communities created the system of planning and coordination of their joint activities on the basis of regional councils, as well as developed and implemented action plans. As a result, some current problems of vulnerable groups in the regions were managed to be solved, that were not able to find solution in previous years. There was a real increase of professionalism and expertise of community representatives in the field of monitoring and policy development. It was for the first time when community leaders prepared and submitted reasonable proposals for inclusion in local HIV/AIDS programmes for 2014-2018, which included calculations of target indicators and necessary funding. Calculations were carried out based on deep analysis of the needs of different communities in prevention, treatment, care and support services. 70 community leaders from 18 regions of Ukraine contributed to this activity. Nowadays, communities are recognized as participants of the policy process: work as members of the already established systems, such as local councils on HIV/TB and cross-sectoral working groups; the government considers the opinion and expertise results of the communities.

Community-based treatment support

In order to maximize access to HIV treatment programmes among most-at-risk groups, since March, 2013 the ICF “International HIV/AIDS Alliance in Ukraine” (hereinafter referred to as the Alliance) has launched the project “Community-based treatment support» (hereinafter referred to as CTS). The main aim of this project is to create favourable conditions for early health examination and timely access to ART for HIV-infected representatives of risk groups in Ukraine.

The relevance of this project is determined by the fact that despite the high percentage of clients covered with harm reduction programmes (hereinafter referred to as HR), who apply to medical institutions in order to confirm their HIV-status, many of them do not get on dispensary supervision and/or start treatment. A significant part of HIV-positive clients knowing their status has not taken any steps for years for the timely initiation of treatment, even if they may already be under medical supervision. As a result, the treatment of HIV-positive representatives of most-at-risk groups starts at the late stages of HIV-infection, and therefore the level of mortality because of AIDS-related diseases among them remains to be quite high. In order to solve this problem, HR projects were proposed to be structurally enhanced by launching the project that would carry out “navigation” of HIV-positive representatives of most-at-risk groups at all stages of taking under medical care and ART prescription.

This project also contributes to fulfillment of several objectives of the State Programme to Ensure HIV Prevention, Treatment, Care and Support to HIV-positive People and Patients with AIDS for 2009-2013 and the following Programme which will be realized in 2014-2018 on providing access to continuous treatment with antiretroviral therapy for all HIV-infected people who need it, as well as on involving non-governmental organizations in providing prevention, treatment, care and support services to groups most-at-risk for HIV and PLWH.

The project “Community-based treatment support” currently provides systematic support for clients to ensure early health examination and timely ART prescription, based on HR projects realized by non-governmental organizations. The given project is aimed at improving access to treatment for all HIV-positive clients of HR projects. Such client-centered approach gives the possibility to ensure planning and realization of care and individual support services through monitoring, evaluation, planning and realization. In this case, CTS project is limited by patient’s “movement” only to receiving services directly related to ART provision.

This approach uses all available physical, financial and human resources of harm reduction projects, SMT and systems of health facilities and, first of all, trust-based relationships of regional NGO staff with representatives of vulnerable groups, which have been established over years.

Therefore, outreach workers with long-term experience of working with IDU and influence within the community are involved into CTS projects realization. In turn, these employees understand and take into account during their work the full range of life circumstances of the clients (first of all related to their drug addiction) and solve the issue of access to ART in this context.

The project's clients can be HIV-positive representatives of most-at-risk groups, who have been first detected during VCT conduction with the use of rapid tests, know about their status, but are not under supervision as well as those who do not follow the conditions of medical supervision at AIDS Centres and/or do not receive or stopped receiving ART.

CTS is currently implemented in 11 regions and includes 26 projects. During the direct project implementation since March, 1st, 2013, 2 866 people have become clients as of the end of 2013, 1 868 of them have been taken under medical supervision, 1 052 have already started receiving ART, 198 have been included into the waiting list and/or started receiving substitution maintenance therapy. The indicated tasks are performed based on the principles of voluntariness and confidentiality, leadership of civil society organizations and their cooperation with the existing network of health-care institutions.

This pilot project is planned to be completed in June, 2014; the clear implementation algorithm will be worked out at the end of the project in order to further implement this approach to all harm reduction programmes.

Increasing access to HIV testing for prisoners and detained persons staying at institutions of the State Penitentiary Service of Ukraine

In order to implement the tasks and objectives of the State Programme to Ensure HIV Prevention, Treatment, Care and Support to HIV-positive People and Patients with AIDS for 2009-2013, in 2012 the All-Ukrainian Network of PLWH in cooperation with the State Penitentiary Service of Ukraine started large-scale activities on HIV testing of prisoners and detained persons. During 2012-2013 98 000 people staying at institutions of the State Penitentiary Service of Ukraine (hereinafter referred to as SPS of Ukraine) were tested, which made it possible to increase the access to VCT by several times – from 18,2 % in 2011 to 77,2 % in 2013.

Achievement of such results became possible due to establishment of cooperation between non-governmental organizations and governmental institutions. In particular, in 2012 32 NGOs covered 104 institutions of the SPS of Ukraine, while at the end of 2013 the number of institutions covered increased up to 128 (from 182 available). Due to joint efforts of social workers of NGOs, who conducted pre-test counseling and medical workers of institutions where testing and post-test counseling of prisoners and detained persons was conducted, 6 811 new cases of HIV-infection were discovered (6,95% of the total number of tested), 4 863 of whom were later taken under medical supervision and received treatment. 8 476 HIV-positive prisoners received care and support services.

Moreover, 10 trainings for 278 medical staff representatives of the SPS of Ukraine were conducted on providing pre- and post-test counseling and working with rapid tests. Prevention activities were also accompanied by informational materials that had been developed and forwarded to penitentiary institutions. These materials are distributed among the target group during the awareness-raising lectures, conducted by social workers of NGOs. All this helped to improve the quality of services provided to HIV-infected people and increase the prisoners' motivation for voluntary HIV counseling and testing.

SECTION V. MONITORING AND EVALUATION ENVIRONMENT

A. An overview of the current monitoring and evaluation system

Initially presented by UNAIDS at the International Conference on AIDS and STIs in Africa (ICASA) in 2003, the Three Ones Principles were endorsed in Washington D.C. on April, 25, 2004, by UNAIDS major bilateral donors, UNAIDS Co-sponsors, other key international organizations and national governments, to reinforce the commitment of international stakeholders to coordinate response to the HIV epidemic at the national level.

The Three Ones Principles for concerted action at country level have been recognized by international organizations and national governments as the guiding principles to ensure effective coordination of national responses to HIV and AIDS. The Three Ones Principles are:

1. One agreed HIV/AIDS Action Framework that provides the basis for coordinating the work of all partners;
2. One National HIV/AIDS Coordinating Authority, with a broad-based multi-sectoral mandate;
3. One agreed HIV/AIDS country-level Monitoring and Evaluation (M&E) System.

The Three Ones principles aim to mobilize national leadership, participation and responsibility, to promote coordination of the efforts at the national level in an inclusive and transparent manner, and to achieve the most effective and efficient use of HIV and AIDS related resources (i.e. to avoid duplication and fragmentation of resources) through an accelerated process of national coordination to achieve measurable results.

Ukraine has reached significant progress in demonstrating certain features of formation and development of a single system of monitoring and evaluation (SS M&E). In 2012-2013 certain positive changes happened in the field of M&E. In particular, the Order № 97 of the MoH of Ukraine as of February, 9, 2012 “On approval of the National Monitoring and Evaluation Plan of the National Programme on HIV Prevention, Treatment, Care and Support to HIV-positive People and Patients with AIDS for 2009-2013” was adopted.

In order to facilitate the development of a single system of monitoring and evaluation of the response to the HIV/AIDS epidemic in the country, measures to improve epidemiological surveillance system are constantly implemented, including development of an updated national monitoring and evaluation plan, system of national indicators, introduction of regular structured biological and behavioural surveillance within the draft National Programme on HIV Prevention, Treatment, Care and Support to HIV-positive People and Patients with AIDS for 2014-2018. Moreover, social surveys necessary to understand epidemiological trends are supported.

One of the best developed components of the M&E system is the system of routine epidemiological surveillance that is almost fully funded from the state budget and uses new international approaches and recommendations.

Another well-established source of data for M&E is the programme monitoring of NGO project activities, in particular related to the implementation of the Global Fund grant programmes with the financial support of the “All-Ukrainian Network of PLWH” and the ICF “International HIV/AIDS Alliance in Ukraine”, as well as bio-behavioural, epidemiological, economic and other studies and evaluations. These components of the M&E system apply up-to-date methodological approaches and tools and are characterized by the data high quality (according to the results of external quality audits and data verification by the Global Fund to Fight AIDS, Tuberculosis and Malaria). These activities are funded mostly from international sources; therefore, their sustainability and further development are rather unlikely in view of reduction of such funding in the long run.

Nowadays, the one national M&E system is an extensive network of national and regional institutions, governmental and non-governmental organizations. However, despite all present difficulties, in 2012-2013 certain positive developments occurred in the area of M&E. Key achievements within this period included:

- Approval of regional monitoring and evaluation plans of implementation of the National Programme on HIV Prevention, Treatment, Care and Support to HIV-positive People and Patients with AIDS for 2009-2013 in 27 regions of Ukraine;

- Approval of relevant regulations and regional action plans for monitoring and evaluation of the implementation of the National Programme on HIV Prevention, Treatment, Care and Support to HIV-positive People and Patients with AIDS for 2009-2013;

- Further development and establishment of regional M&E systems within the objectives of the National Programme with the financial support from the State Budget of Ukraine and the Global Fund Round 6 and 10. Regional Centers for Monitoring and Evaluation of Implementation of Programme Activities in Response to the HIV/AIDS Epidemic (RC M&E) were established and are functioning within the structure of AIDS Centres. As of January, 1st, 2014, 26 RC M&E have been functioning as separate structural divisions of 27 regional AIDS Centres (in Kherson the M&E Centre was established under the regional AIDS Centre as part of outpatient department). As of January, 1st, 2014, the total number of staffing positions makes up 75,75, 85% of which is employed (64,25);

- In order to strengthen the cooperation between NGOs and health care facilities as well as to increase control over HIV-infection diagnosis among most-at-risk groups and to register HIV-positive people, an agreement on cooperation and coordination of HIV pre- and post-test counseling with the use of rapid tests for most-at-risk populations was concluded at regional level among non-governmental organizations, centers of social services for family, children and youth and health facilities responsible for HIV medical care as well as the algorithm of referral and registration of HIV-positive clients by these organizations was developed. As part of these agreements, all partners are obligated to regularly exchange programme data. It became the first step of consolidation towards the single system of monitoring and evaluation;

- During July-December, 2012, a group of 15 independent national and international experts conducted the comprehensive evaluation of the National Programme in order to identify its achievements, strengths, weaknesses and challenges. The Methodology on Achieving Millennium Development Goals (MDGs), developed by the United Nations, was used for evaluation. The obtained results formed the basis of a concept of the new National Target Programme on Combatting HIV-infection/AIDS for 2014-2014;

- In 2013 the single national M&E system was evaluated in 4 areas of strategic information: routine epidemiological monitoring, epidemiological surveys, programme monitoring, evaluation and research (with the financial support of the Centres for Disease Control and Prevention (CDC) in the framework of the United States President's Emergency Plan for AIDS Relief (PEPFAR). The purpose of the evaluation was to identify key gaps in strategic information in the field of M&E as well as needs of M&E specialists and decision-makers in improving their knowledge and skills on its collection and use for decision-making. The evaluation results were used when developing work plans on study and research in the field of M&E;

- Systematic training of M&E specialists both at national and regional levels;

- Conduction of the Fifth National Scientific and Practical Conference “Development of a single system of monitoring and evaluation of response to the HIV/AIDS epidemic in Ukraine: effectiveness of managerial decisions and strengthening of cross-sectoral cooperation” in 2013. The Conference was held under the auspices of the Ministry of Health of Ukraine and was included into the “Register of congresses, symposia and scientific conferences of the Ministry of Health of Ukraine, National Academy of Medical Sciences of Ukraine, the Ukrainian Centre of Medical Information, Patent and Licensing Work of the MoH of Ukraine”. More than 130 specialists participated in the Conference, including representatives of the Joint United Nations Programme on HIV/AIDS in Ukraine (UNAIDS), the WHO Country Office in Ukraine, USAID RESPOND

Project, UNODC, World Bank, etc. Following the Conference results, participants identified priority areas for the development of a single system of monitoring and evaluation in Ukraine as a tool for effective management and control over the HIV/AIDS epidemic in Ukraine;

- Starting the development of a medical information system “HIV-infection in Ukraine”. In 2013 a concept of the information system “HIV-infection in Ukraine” was developed and approved by the Order of the State Service on HIV/AIDS and Other Socially Dangerous Diseases within the project “Access of communities to HIV treatment and care services through strengthening of health care systems” (ACCESS) with the support of the Centres for Disease Control and Prevention (CDC). Moreover, concepts of five modules of an information system were developed; expert meetings were conducted, by the results of which a list of data fields that would be entered to the information system was compiled;

- In order to prevent and control HIV medical resistance, which is particularly important in terms of treatment scaling up, the “National monitoring strategy of HIV resistance to antiretroviral medications in Ukraine” was developed and approved by the Order of the State Service on HIV/AIDS and Other Socially Dangerous Diseases within the ACCESS project. WHO recommendations of 2010 and 2012 formed the basis of the National monitoring strategy of HIV resistance to antiretroviral medications in Ukraine. The strategy outlines main directions of the state policy in the field of HIV resistance monitoring;

- Civil society representatives, charitable funds, international organizations, etc. remain being one of the key partners of the state in the SS M&E development. Thus, representatives of the All-Ukrainian Network of PLWH and the ICF “International HIV/AIDS Alliance in Ukraine” as principal recipients of the Global Fund Round 10 Programme “Building a sustainable system of comprehensive services on HIV prevention, treatment, care and support for MARPs and PLWH in Ukraine” make significant efforts to support and develop M&E systems of the public sector, ensure the conduction of important behavioural and bio-behavioural surveys, have a high level of expertise at the national level, etc.;

- The All-Ukrainian Network of PLWH and the ICF “International HIV/AIDS Alliance in Ukraine” use modern tools of information collection, storage and processing, which allows maintaining high data quality and performing deep analysis of programme activity results of regional partners that implement projects all over Ukraine.

B. Challenges faced in the implementation of a comprehensive M&E system

In general the SS M&E development is characterized by individual initiatives and successes at national and regional levels, but there is still the lack of a comprehensive approach and understanding of the essence and content of M&E as the instrument for public governance.

One of the recommendations of the Comprehensive External Evaluation of the National Response to the HIV/AIDS Epidemic in Ukraine, conducted in 2012, was the following:

«Progress in the development of national and regional M&E is impressive. Nowadays, the M&E system exists mainly through grants of external donors, but if this financial support disappears, the M&E system functioning may fail. The sustainability of the above-mentioned achievements is the main concern of national stakeholders. Another problem for M&E is the way of the national planning, according to which only official statistical data are taken into consideration. This peculiarity is typical not only for the M&E system in the field of HIV/AIDS, but also for the management culture in the country in general³⁴. That is why estimated data on the number of vulnerable groups, the number of HIV-positive people in need of ART, or the required number of laboratory test kits are not included in national planning and budgeting, which limits the use of comprehensive data generated by the national M&E and reduces the national political support of this rather functional system. As long as there is no relevant national need for information and no

³⁴ Ukraine Harmonized AIDS Response Progress Report. Reporting period: January, 2010 – December, 2011. Kyiv, 2012.
<http://www.unaids.org/en/dataanalysis/knowyourresponse/countryprogressreports/2012countries>

state funding for extremely important M&E activities, the availability of information for monitoring and planning of national response may suffer negative impact in case of donor support absence».

Moreover, the recommendation of the Comprehensive External Evaluation of the National Response to the HIV/AIDS Epidemic in Ukraine, conducted in 2008, has also not been implemented. It regarded the creation of the National M&E Unit as an extremely important component to ensure future progress in the establishment of the SS M&E. In the end of 2009 the Ukrainian Center for Monitoring and Evaluation of Implementation of Programme Activities in Response to the HIV/AIDS Epidemic (UC M&E) was established as a structural division of the SI “Ukrainian Centre for Socially Dangerous Disease Control of the Ministry of Health of Ukraine”. It has the responsibilities to ensure organizational and methodological support and coordination to the processes of M&E data collection, analysis and presentation. However, UC M&E is not an independent organizational unit and cannot coordinate M&E development activities, because it does not have respective authorities needed to convey all information flows into the single M&E system. Therefore, the issue of ensuring coordination of all national efforts in the area of M&E of HIV epidemic response in the country still remains relevant.

Therefore, key obstacles towards the full introduction of SS M&E and use of its potential include:

- lack of internal public demand to the provision of information to be used in public governance in order to improve policies and programmes, to ensure the efficiency of use of financial resources, to achieve the declared goals related to the commitment on epidemic response;
- lack of effective coordination of efforts of all partners (national, international, governmental, non-governmental, etc.) in the field of M&E at national and regional levels.

Other barriers to the development of SS M&E are just the consequences of the key obstacles mentioned above:

- de-jure existence of the single coordination structure on M&E and its de-facto inability to perform coordinating functions;
- practically complete lack of state funding of M&E activities both at national and regional levels;
- imperfect legal and normative acts that regulate the M&E activities;
- lack of knowledge management strategy and a complicated access to the accumulated data;
- insufficient level of infrastructure development and lack of modern tools used for collecting and analyzing large data amounts (epidemiological, treatment, etc.) in the public sector of response to the epidemic at national and regional levels. Lack of adequate funding and strategy of IT-business involvement into development of such infrastructure;
- inability to provide sustainable funding;
- some actual separation of the M&E system of the State Penitentiary Service of Ukraine from the M&E system of the SI “Ukrainian Centre for Socially Dangerous Disease Control of the MoH of Ukraine”.

C. Actions planned to overcome the challenges

The relevance to review the strategies and policies on the response to the HIV epidemic in Ukraine has been determined not only by gradual decrease of external funding, but also by introduction of new evidence-based comprehensive approaches and recommendations for public health, especially in terms of limited resources aimed at increased use of antiretroviral medications for HIV treatment and prevention. Their full-scale gradual implementation can prevent new AIDS-related deaths and new cases of HIV-infection.

Under conditions of limited resources and growing needs, the need to correctly identify priorities and channel resources to the activities that can potentially lead to the largest impact on

epidemic process becomes ever more pressing. In its turn, changeover to state funding of programmes to combat HIV/AIDS will potentially increase the demand for quality data and analytical information on the national level. As a consequence, a breakthrough of vision can happen and the demand for quality data to ensure the result oriented management will be clearly articulated on the governmental level.

Under such conditions further development of the SS M&E becomes possible, and, in particular, will include:

- coordination of activities of all partners in the area of M&E on the basis of consolidated national M&E plan that meets the real information needs of the country and takes into account the external obligations of the country related to international reporting;
- review of authorities and responsibilities of the national M&E unit, legal and normative formalization of its status, as well as respective steps to create M&E units at the subnational level;
- development and introduction of the guiding documents in the area of M&E of HIV epidemic response including: knowledge management policy, national agenda of HIV researches, methodological guidelines and protocols for research and evaluation, review of current indicators and determination of priority ones, etc.;
- strengthening of human capacities of M&E specialists on data collection, analysis and use to make strategic decisions on formation of effective response to the HIV/AIDS epidemic in Ukraine; capacity building of M&E specialists to ensure the quality of data and analysis at all levels;
- strategy development of a single system of monitoring and evaluation of the effective response to the HIV/AIDS epidemic within the Law of Ukraine “On Approval of the National Target Programme on Combatting HIV-infection/AIDS for 2014-2018”;
- development and governmental support of a certified course on M&E, aimed at continuous training of M&E specialists at national and regional levels;
- development and practical implementation of modern tools and databases for collection, processing and analyzing of large data amounts, support and development of appropriate infrastructure, specialized training of experts at national and regional levels.

D. The need for M&E technical assistance and capacity development

The existing M&E system has the following key technical support needs:

- strategy development of the M&E of treatment programmes (ART, SMT, OI, HIV/TB, HIV/VH, etc.);
- development of strategic documents, in particular, M&E and knowledge management policies;
- implementation of a comprehensive mapping of existing information flows in the area of HIV epidemic response in Ukraine and conducting the analysis of the information exchange system in order to identify duplication or gaps in this system;
- development of a concept of external information policy of the SI “Ukrainian Centre for Socially Dangerous Disease Control of the Ministry of Health of Ukraine”, in particular, the concept and terms of reference for the creation and functioning of the national information portal on the issues of HIV infection and epidemic response activities;
- development of a comprehensive, multi-module training course on M&E and provision of support for its implementation.

The following short-term and long-term activities on the SS M&E development can be distinguished:

1. To develop the strategy of the single system of monitoring and evaluation of implementation of activities in response to the HIV/AIDS epidemic within the Law of Ukraine “On Approval of the National Target Programme on Combatting HIV-infection/AIDS for 2014-2018”;
2. To ensure the use of monitoring and evaluation data as an integral part of the process of elaboration, implementation and development of official regional and local HIV/AIDS programmes;
3. To develop mechanisms, guidelines and tools of the received data verification (within the routine surveillance, specialized surveys, etc.) in order to ensure data quality control. To provide the data quality estimation at all levels;
4. To ensure the implementation and sustainability of cooperation among all key partners of the single system of monitoring and evaluation of effective response to the HIV/AIDS epidemic in terms of data collection, exchange, compilation and dissemination at all levels;
5. To use best international and national practices and approaches for further development of the monitoring and evaluation system, taking into consideration regional needs and peculiarities of sub-epidemic development in Ukraine;
6. To develop a national research plan and ensure clear mechanism of the coordination of research conduction in the field of combatting socially dangerous diseases;
7. To develop standard approaches to evaluate the effectiveness of preventive interventions aimed at adequate relocation of financial and technical resources, including the sources of GF grant;
8. To improve the monitoring and evaluation system of health care programmes in accordance with international recommendations and national needs;
9. To establish a separate M&E area of efficiency of health care activities aimed at timely prevention and treatment of opportunistic infections (OI) through revising and making amendments to medical statistical forms on registration of OI cases in order to determine indicators of OI incidence and prevalence among PLWH as well as the role of separate medical entities in PLWH disability and mortality, etc.