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Tracking Global HIV/AIDS Initiatives and their Impact on the Health System in Ukraine

Author
Tetyana Semigina, PhD, MSW
Kyiv Mohyla Academy, Ukraine

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GLOBAL HIV/AIDS INITIATIVES NETWORK

Researching the national and sub-national effects of global HIV/AIDS initiatives at the country level

The Global HIV/AIDS Initiatives Network (GHIN) is a network of researchers established in 2006 that aims to track the effects of the major global HIV/AIDS initiatives:

- The World Bank's Global HIV/AIDS Programme including the Multicountry AIDS Programme (MAP)
- The Global Fund to Fight AIDS, TB and Malaria (GFATM)
- The United States President's Emergency Plan for AIDS Relief (PEPFAR).

The Members of the Network are researching the country effects and inter-relationships of these initiatives at national and sub-national levels. This network builds on two earlier studies: the Tracking Study, led by the London School of Hygiene and Tropical Medicine (2003-2004) and the System-Wide Effects of the Fund (SWEF) Research Network (since 2003) coordinated by the Partners for Health Reformplus project.

GHIN countries undertaking 2-4 year studies include: Angola, Benin, China, Ethiopia, Georgia, Kyrgyzstan, Malawi, Mozambique, Peru, South Africa, Tanzania, Uganda, Ukraine, Vietnam and Zambia. The Network is facilitating comparative work across these countries and will synthesise research findings.

For further information on the Network, please visit our website:
www.ghinet.org
Alternatively please contact: Neil Spicer, neil.spicer@lshtm.ac.uk or Aisling Walsh, aislingwalsh@rcsi.ie, or any of the individual country researchers listed on the GHIN website.

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Abbreviations

ARV	Antiretroviral
ART	Antiretroviral Therapy
CF	Charity Foundation
HIV	Human Immunodeficiency Virus
WHO	World Health Organization
GHI	Global HIV/AIDS Initiatives
GFATM/Global Fund	Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria
VCT	Voluntary Counselling and Testing
CSW	Commercial Sex Workers
SST	Substitutive Supportive Therapy
STD	Sexually Transmitted Diseases
PLWHA	People Living With HIV/AIDS
ICF	International Charity Foundation
MOH	Ministry of Health of Ukraine
MOE	Ministry of Education and Science of Ukraine
NGO	Nongovernmental Organization
UNDP	United Nations Development Program
WB	World Bank
IDU	Intravenous Drug Users
AIDS	Acquired Immunodeficiency Syndrome
MSM	Men who have Sex with Men
UNAIDS	Joint United Nations Program on HIV/AIDS
USAID	US Agency for International Development

Background to the study

In July 2006 the School of Public Health and the School of Social Work at the National University "Kyiv-Mohyla Academy", began work on the Ukrainian part of an international research project. This set out to explore the effects of Global HIV/AIDS Initiatives (GHIs) on the Ukrainian health system. The research, funded by the Open Society Institute in New York, was completed in December 2008.

The Ukrainian team is part of the Global HIV/AIDS Initiatives Network (GHIN), a network of researchers in 22 countries that studies the effects of the three largest GHIs on health systems. These are the Global Fund to Fight AIDS, TB and Malaria (Global Fund) the United States President's Emergency Plan for AIDS Relief (PEPFAR), and the World Bank Global HIV/AIDS Program including the Multi-Country AIDS Program (MAP). The Network focuses on collecting evidence of these effects from regions, services, and communities, in order to inform policy development at national and international level. GHIN is coordinated by the London School of Hygiene and Tropical Medicine, UK, and the Royal College of Surgeons in Ireland.

This report presents results from the final stage of the study based on fieldwork carried out in Ukraine January – June 2008. Context, Interim and Final reports from the Ukrainian study can be found on the Kyiv-Mohyla Academy website: http://www.sph.ukma.kiev.ua and the GHIN website: www.ghinet.org/countrystudies_europe_ukraine.asp
Findings from GHIN studies can be found on the GHIN website: www.ghinet.org

Studying the influence of GHIs in Ukraine is particularly important given the slow progress that Ukraine has made in stabilising and reducing the spread of HIV/AIDS (see the Context Mapping report and Interim Report from this project for an overview of the epidemiological context in Ukraine and the policy and programmatic response). This is despite the legislative, political, organizational and administrative measures which have been taken in response to the epidemic, including the recently formed National Coordination Council for HIV/AIDS and increased activities of nongovernmental organizations (NGOs) providing HIV/AIDS services. Previous research has not provided a systematic analysis of the GHIs that operate in Ukraine and their influence on HIV/AIDS services and the health system.

The research aims to strengthen and support the Ukrainian government and the public sector to overcome the HIV/AIDS epidemic, by providing reliable research findings on the effects of global HIV/AIDS initiatives in Ukraine at national and sub-national levels including the effects on scale-up of HIV/AIDS services, health systems capacity and equitable access to HIV/AIDS services. As PEPFAR is not present in Ukraine, and the World Bank loan was delayed, the study focused largely on the Global Fund to Fight AIDS, TB and Malaria. Specific objectives of the study are to:

- Review previous studies on HIV/AIDS programs and policies in Ukraine;
- Review legislative, political and organizational aspects of activities of government and NGOs in the field of HIV/AIDS;
- Provide an overview of GHI activities in Ukraine focusing on programs financed through the Global Fund to Fight HIV/AIDS TB and Malaria Rounds One and Six HIV/AIDS grants and the World Bank HIV/AIDS and TB Loan;

- Assess the effects of the Global Fund on the scale-up of HIV/AIDS services in Ukraine and reflect on key barriers to scale-up;
- Assess the effects of the Global Fund on human resources for HIV/AIDS services in terms of numbers, incentives, motivation and workloads;
- Evaluate the effects of the Global Fund on the coordination of HIV/AIDS programs focusing on the effective functioning of national and sub-national level coordination structures, and the effects of GHIs on coordination between HIV/AIDS services;
- Identify key access barriers experienced by clients to HIV/AIDS services;
- Evaluate the quality of services provided by government and nongovernmental organizations to 'risk' groups and people living with HIV/AIDS (PLWHA), and to evaluate the effects of the Global Fund on these services;
- To use the study as the basis for advocacy and dissemination activities aimed at policymakers, international donors and service providers in order to improve evidence-based policies and programmes in Ukraine.

Executive Summary

- In July 2006 the School of Public Health and the School of Social Work at the National University "Kyiv-Mohyla Academy", began work on the Ukrainian part of an international research project. The study aims to explore the effects of Global HIV/AIDS Initiatives (GHIs) on the Ukrainian health system. The research, funded by the Open Society Institute in New York, was completed in December 2008.

- The partners in this project are the London School of Hygiene and Tropical Medicine and the Royal College of Surgeons in Ireland. The study forms a part of the Global HIV/AIDS Initiatives Network (GHIN): www.ghinet.org

- This report presents results from the final stage of the study based on fieldwork carried out in Ukraine from January – June 2008. It aims to assess the effects of GHIs in Ukraine at national and sub-national levels including the effects on scale-up of HIV/AIDS services, coordination of HIV/AIDS programs, health systems capacity and equitable access to HIV/AIDS services. The study focuses largely on the Global Fund to Fight AIDS, TB and Malaria (Global Fund) which is the largest external funder of HIV/AIDS programs in Ukraine.

Key findings of the study include:

Scale up of HIV/AIDS services

- As a result of funding from GHIs the number of people receiving antiretroviral therapy (ART) increased considerably from 53 (2003) to 5,684 (2008) and is currently approximately 9,000 (March 2009).
- The percentage of PLWHA receiving ART increased from 21% in 2005 to 35% in 2007. By 2007 75% of children with HIV and 93% of HIV positive pregnant women were receiving treatment. Despite this progress, demand for ART still outweighs supply, and increases in the number of people receiving treatment are less than the number of newly registered HIV cases.
- In Ukraine, almost 80% of the work aimed at preventing the spread of HIV/AIDS is financed by the Global Fund. Preventative programmes include needle/syringe exchange programmes, opiate substitution therapy, and the distribution of information materials for young people. Most preventative services are carried out by NGOs who sometimes collaborate with government organizations.
- In 2003, 0.12% of the population had been tested for HIV. By 2007 this had risen to 15.5%. Despite improvements in figures, testing without consent (for instance at tuberculosis and drug clinics) is common and few people receive pre- and post-test counselling. Implementation of the Global Fund program has spurred the development of social support and care services including new community services and palliative care programmes. Scale-up has, however, been limited by a lack of trained social workers and social institutions outside large cities.

Human resources for HIV/AIDS programs

- Between 2004 and 2007, numbers of workers increased in most governmental and nongovernmental HIV-service organizations.
- Despite this scale up, interviews with service providers reveal that staff shortages remain, and workloads have increased. The general feeling of increased workload is likely to be a result of more administrative responsibilities such as keeping records, maintaining databases and preparing reports.
- The implementation of Global Fund programs in Ukraine has been accompanied by increased attention on developing the skills of managers and workers that provide HIV/AIDS services and prevention programs. Common training programmes include VCT, HIV prevention and social support. These are usually short-term lasting between 1-3 days.

- Most staff working at HIV-service organizations considered themselves to be motivated to work. Important factors that motivate staff include: feelings of empathy towards clients, positive experiences of team work and good working conditions.

HIV/AIDS coordination structures

- In 2002 a national HIV/AIDS coordination council was established, consisting of government members, international development actors and civil society members in response to the Global Fund requirement as a condition of receiving a grant.
- Whilst many key stakeholders consider the creation of the Council to be a positive step because it serves as a good example of cooperation between government and nongovernmental organizations, the functioning of the Council has been criticised as it meets infrequently and has limited powers beyond advising and dealing with financial issues and preparing grant proposals.
- Coordination structures at the sub-national level are particularly weak and lack decision making authority in some regions.
- Key factors impeding the effective functioning of national and sub-national coordination structures include: frequent changes in senior official within the Ministry of Health; limited legal culture and failure to execute laws; orientation of coordination mechanisms towards processes rather than results; and a lack of effective communication between partners.
- Key informants reported that HIV/AIDS is considered to be an exclusively medical problem in Ukraine, thereby justifying the limited engagement of non-health government departments in HIV/AIDS-related matters.

Access to HIV/AIDS services

- Evaluation of HIV/AIDS service providers' and users' accounts of access to HIV/AIDS services reveals differences in opinion between these groups: HIV service providers claimed that the majority of clients who presented to their organizations were offered services, where as respondents pointed out that significant barriers to access exist.
- Stigma and discrimination are major barriers to accessing services with half of interviewed clients saying that they had experienced negative attitudes and exclusion due to their HIV-positive status.
- Other barriers include: lack of qualified personnel, equipment, medication and information regarding available services, poor coordination between services and geographical inaccessibility.

Health systems capacity

- The Global Fund has had a positive impact on governance and leadership - for instance by promoting transparency among government health service providers and improved management practices. It has also contributed to strengthened systems of epidemiological surveillance and country monitoring and evaluation systems.
- The introduction of the Global Fund grant has led to gradual changes in regulation and legislation such as the development and publication of national clinical protocols on ART, treatment of opportunistic infections in HIV/AIDS patients and methodological recommendations for laboratory monitoring of HIV infection and ART.
- The Global Fund has also strengthened civil society as many of the services funded by the Global Fund are provided by NGOs and CSOs. NGOs are playing an increasingly important role in delivering HIV prevention, care and support services. In particular, the research suggests that a peer-to-peer approach for providing services to vulnerable groups such as drug users and sex workers is effective.
- The dependence of many NGOs on support and financing from the Global Fund and other GHIs raises issues of their sustainability in the long-term.

Chapter 1. Research methodology

1.1 Timeframe

There were five stages of the study in Ukraine:

Stage 1: Preparatory (national level) - establishing contacts; review of policy, programmatic and research documents relevant to the field of HIV/AIDS; interviewing national stakeholders; preparing the Context Report (August-November 2006).

Stage 2: Sub-national baseline - data collection in Kyiv, Odessa and L'viv by analyzing policy, programmatic and research documents relevant to the field of HIV/AIDS; semi-structured interviews with sub-national level stakeholders including providers of government and nongovernmental HIV/AIDS services and local government officials (see 1.3 for details); interviews with clients of HIV/AIDS services; conducting a facility survey with a sample of HIV/AIDS services that received GFATM financing; analysis and interpretation of data; preparation of the Interim Report; dissemination of the results at a round table/seminar in Kyiv and through distribution of the report and briefing sheets to appropriate organizations (December 2006 - November 2007).

Stage 3: National level – document review; interviewing national stakeholders (January - April 2008).

Stage 4: Sub-national follow-up - data collection in Kyiv, Odessa and L'viv by analyzing policy, programmatic and research documents relevant to the field of HIV/AIDS; semi-structured interviews with sub-national level stakeholders including providers of government and nongovernmental HIV/AIDS services and local government officials (see 1.3 for details); interviews with clients of HIV/AIDS services; conducting a facility survey with a sample of HIV/AIDS services that received GFATM financing; analysis and interpretation of data (February - July 2008).

Stage 5: Dissemination of results - analysis and interpretation of data collected during the whole study; preparation and distribution of the Final Report; dissemination of the study results at a conference and press-conference in Kyiv in December 2008 and through the distribution of the Final Report and briefing sheets to appropriate organizations (August - December 2008).

1.2 Study regions

The selection of study regions (Kyiv, Odessa and L'viv) was based on a number of criteria: the epidemic situation in those regions; the activities of Global Fund in each region; and the level of development of the nongovernmental sector. Kyiv and Odessa are priority regions where high levels of GHI financing (reflecting high HIV/AIDS prevalence) have been invested and a substantial number of projects have been implemented by NGOs. L'viv is a non-priority region where official statistics indicate a low level of

HIV/AIDS. There are few Global Fund-financed projects in this region, although the nongovernmental sector is relatively active there. Including L'viv in the study makes it possible to compare priority and non-priority regions and to identify the influence of the Global Fund on the development of HIV/AIDS programs and services in contrasting regions of Ukraine.

1.3 Study methods and participants

Methods of data collection and analysis
Qualitative and quantitative research methods were used to collect the data. Tools for the study include: document review (research reports and papers, presentations, statistics and policy and programmatic documents); semi-structured interviews with national and sub-national stakeholders and including members of NGOs and semi-structured and structured interviews with clients of HIV/AIDS services; and structured interviews with providers of medical and social services. Tools were developed jointly by the Ukrainian team and London GHIN partners. Quantitative data from the questionnaires were analyzed using SPSS using descriptive statistical techniques. The analysis of qualitative data from documents and semi-structured interviews was conducted using the using the Framework Approach to qualitative data analysis to capture both a priori and emerging themes.

Semi-structured stakeholder interviews
A total of 49 stakeholders were interviewed using a semi-structured topic guide during the 2008 phase of the study: national stakeholders (n=21); Kyiv (n=12); Odessa (n=10); L'viv (n=6). Stakeholders were defined as individuals making decisions about HIV/AIDS programs or implementing those programs at national or sub-national levels. They include representatives from government and international organizations, from regional government departments, and from national and sub-national NGOs including members of national and sub-national HIV/AIDS coordination councils.

Structured service provider interviews
Fifty service providers were interviewed using a structured survey tool during the 2008 phase of the study across the three case study regions. Both providers of government and nongovernmental services were interviewed (Table 1.1).

Table 1.1 Service providers interviewed by city and organization type

City	Type of organization		Total
	Governmental medical organization	Nongovernmental social organization	
Kyiv	6	14	20
Odessa	8	12	20
L'viv	4	6	10
Total	18	32	50

Semi-structured client interviews

Twenty five clients participated in in-depth qualitative interviews which were conducted using semi-structured topic guides during the 2008 phase of the fieldwork: Kyiv (n=10); Odessa (n=10); L'viv (n=5). Clients were sampled who were using government medical services (n=12) and nongovernmental social services (n=13) across the three case study regions. This report also draws on structured interviews conducted in 2007 with HIV/AIDS service clients, data from which were originally presented in the study Interim Report.

Facility survey

Nine organizations were surveyed using a structured facility survey tool during the 2008 phase of the fieldwork (Table 1.2).

Table 1.2 Organizations where a facility survey was completed in 2008

City	Type of organization		Total
	Governmental medical organization	Nongovernmental social organization	
Kyiv	1	2	3
Odessa	1	3	4
L'viv	2	0	2
Total	4	5	9

1.4 Difficulties and ethical issues

The study ran into a number of methodological problems. It has been difficult to identify the impact of specific inputs from the Global Fund as there are several national and international funding streams for HIV/AIDS programs operating simultaneously, which are at times channeled through the same organization. Understanding the problems of attribution and the multitude of influences of healthcare programs and their effects on the health system has led us to evaluate the development of HIV/AIDS services in general and not in relation to specific international programs. Moreover, the study focused on HIV/AIDS programs in a limited number of case study regions making it difficult to generalize these sub-national findings to the whole of Ukraine. Thus, the study is more oriented towards the evaluation of inputs, processes and outputs and identifying key lessons for policymakers and program implementers, and less to the evaluation of outcomes and impacts attributable to a specific program.

Another methodological limitation was the fact that clients participating in the research were selected by HIV/AIDS service providers rather than being randomly sampled. This created a degree of sampling basis in terms of: a) not eliciting the perceptions of people not using HIV/AIDS services; b) clients with particularly problematic experiences of using a service are unlikely to have been nominated by service providers. Nevertheless, interviews with the clients took place in private spaces without the participation of organizations' staff to maintain confidentiality, which also made their responses more valuable.

The facility survey was problematic to administer. Sensitivities around providing routinely collected activity and financial data among managers and administrators of GFATM-financed government and nongovernmental organisations meant that it was not possible to systematically conduct the survey in the three study sites: only nine organisations agreed to participate in the 2008 phase of the study. Indeed, some stakeholders interviewed indicated that incomplete and/or inaccurate record keeping is common among government and nongovernmental organisations, which may have explained the lack of willingness to provide data or to allow the field researchers to directly access records.

Most organisations employed a number of parallel information systems relating to different aspects of their activities including client interventions, commodity management, human resources and financial flows. Individual organisations used different computer-based and paper-based information systems in parallel, each with a different format. This made it difficult and time consuming to extract data from their records for the purpose of completing the facility survey form, especially for busy, under-paid staff. Hence, while nine facility surveys were completed some data were missing from completed forms.

Chapter 2. Context: HIV/AIDS Policy and Programs in Ukraine

2.1 Context of the Government policy on HIV/AIDS

Currently, HIV/AIDS is identified as a priority issue for Ukrainian state public health and social care policy. HIV/AIDS policy covers a broad range of interventions including prevention and treatment, care and support for PLWHA. There have been several distinct periods that have influenced the development of HIV/AIDS policy in Ukraine:

1. Post-Soviet period (first half of the 1990s) whereby HIV positive people were marginalized and stigmatized. During this period, IDUs were forced to have HIV tests, and HIV-related services were entirely within the domain of medical rather than social institutions. Whilst national legislation on HIV/AIDS met international standards[1], a number of studies conducted in Ukraine have shown that these standards were often violated[2].
2. A bureaucratically-orientated period (mid-1990s to 2004) characterized by political rhetoric concerning the prevention of HIV/AIDS and treatment for PLWHA that was not backed up with financial support. As a result national HIV/AIDS programs were not implemented or evaluated effectively.
3. A period of rapidly expanding HIV/AIDS programs and services (2005 until present). This is a result of substantial donor support, in particular Global Fund grants, and significant funding of nongovernmental organizations to provide prevention, care and support services[3].

National programs for the prevention and treatment of HIV/AIDS

A law on the "Prevention of AIDS and Social Protection of Population"[4] has been in effect since 1991, and this is the first political document that sets out the role and responsibilities of the state in reducing the spread of HIV/AIDS in Ukraine. Since 1992, the Government has implemented five successive national programs for the prevention of HIV.

The fifth national program was implemented in 2004-2008. It had two components: one aimed at preventing the spread of HIV/AIDS, and another for providing treatment, care and support for PLWHA. The program promoted actions that focused on specific groups of people including 15-24-year-olds and IDUs. It also highlighted measures to reduce mother to child transmission of HIV. However, the priorities, content and structure of the national program were similar to previous programs; it did not build upon the successes and failures of past efforts, even when these have been ineffective in reducing the spread of HIV/AIDS.

[1] Rudyi V. The Legislation of Ukraine in the sphere of the fight with HIV/AIDS: Current condition and the ways to improve. K.: Sphera, 2004. (p. 187)
[2] Deshko T. et al. The Rights of HIV-positive people and the availability of services to them, *Social policy and social work*. 2005. (Vol 2, p. 31-52); Rhetoric and Risk. Violation of human rights impedes the fight with HIV/AIDS in Ukraine. *Human Rights Watch*. March 2006. Available at: http://www. hrw.org
[3] Semigina T. The Policy of Counteraction to HIV/AIDS epidemic in Ukraine: between hopes and disappointments. *Scientific Notes NaUKMA: political sciences*. 2007. (p.22-27)
[4] The Law of Ukraine of December 12, 1991 # 1972-XII. "On prevention of AIDS and Social Protection of Population". Available at: www.rada.gov.ua

In order to implement the national strategy, local level programs have been developed across Ukraine. However, previous research on the programs in Kyiv, Odessa and L'viv[5] suggests that these correspond with the national strategy: they do not reflect regional differences and priorities.

Role of Government Ministries

Currently, there are three sub-divisions in the Ministry of Health that deal with HIV/AIDS issues:

1. AIDS-centers, which were created during the Soviet era, and concentrate on providing medical services;
2. A department of state sanitary-epidemiological inspection which aims to identify and eliminate the causes and conditions relating to the emergence of infectious diseases;
3. A committee for counteraction to HIV/AIDS and other socially dangerous diseases which was created as a body of state administration.

HIV/AIDS is a disease that mostly affects young people in Ukraine: nearly 95% of PLWHA are 15-49 years old, and almost one in five is 18-24 years old. In response, the Ministry of Family, Youth and Sports has also had substantial involvement in implementing HIV-related policies. Specifically, the State Social Service for Families, Children and Youth and its regional departments provide social services to HIV-positive children and IDUs.

In addition to the MOH and the Ministry of Family, Youth and Sports, the following actors are obliged to participate in HIV/AIDS programs: the Ministry of Education and Science, the Ministry of Finance, the Ministry of Economics, the Ministry of Defense, the Ministry of Internal Affairs, Security Service, State Department of Punishment Execution, State Committee of television and radio broadcasting, State Committee of nationalities and religions, National Council for television and radio broadcasting, as well as some civil society organizations[6].

Barriers to the effective implementation of HIV/AIDS policies

One impediment to the effectiveness of HIV/AIDS policies in Ukraine is the discrepancy between the considerable need for care, support, treatment and preventative measures, and the modest state financing of these needs. There is also a contradiction between the centralized system of public health and decentralized provision of medical and social services. Other barriers to the implementation of policies include: frequent changes of government resulting in a lack of continuation of policies, an absence of political will, and poor interdepartmental and intradepartmental cooperation between various government structures.

It should be noted that whilst members of the government speak about their commitment towards preventing HIV/AIDS, society's negative attitude towards PLWHA - largely vulnerable groups, such as IDUs and commercial sex workers - limits the measures that can be used to control the epidemic as this may affect their popularity with voters. Research suggests that although many government officials view

[5] The decision of the Kyiv City Council of March 9, 2006 # 161/3252 "On ratification of the Program of prevention of the HIV/AIDS spread in Kyiv, providing help and treatment to people living with HIV/AIDS for 2006-2008" Available at: http://www.kmv.gov.ua/divisions.asp?Id=3551;
Odessa regional Program of HIV prophylaxis, help and treatment of HIV-positive people and those living with AIDS for 2004-2008 ratified by the regional Council on October 20, 2004 #505-IV. Available at: http://oda.odessa.gov.ua/Main.aspx?sect=Page&IDPage=8067&id=1;
The Program of HIV prophylaxis, help and treatment of HIV-positive people and those living with AIDS for 2004-2008 in Lviv region, ratified by the decree of the Head of Lviv regional state administration of November 17, 2004 # 927.

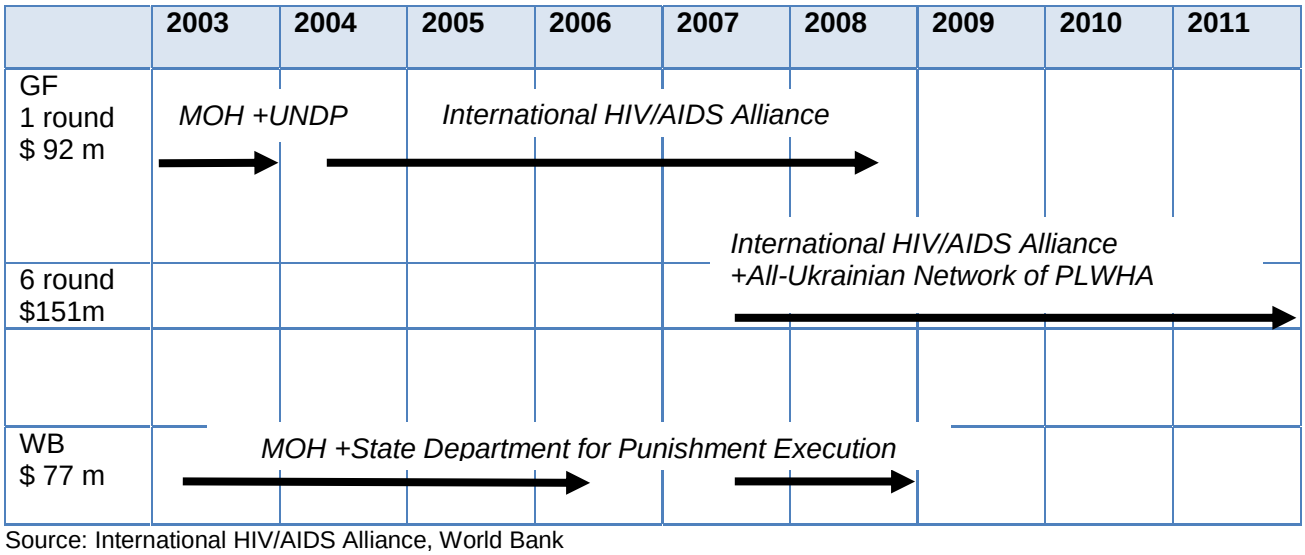
[6] In accordance with the Decree of the Cabinet of Ministers #264 of March 4, 2004.

HIV/AIDS as a priority issue for state social policy, current measures employed to prevent the infection are considered to be ineffective: the rating of such measures is very low[7].

2.2 Global HIV/AIDS Initiatives in Ukraine

Over the past decade, many international organizations and global initiatives have responded to the global HIV/AIDS epidemic. Ukraine has benefited from financial assistance from the GFATM and the World Bank. Timeframes showing the implementation of these global initiatives, their volumes and recipients are presented in Figure 2.1.

Figure 2.1 GFATM and World Bank programs in Ukraine



Source: International HIV/AIDS Alliance, World Bank

The Global Fund to Fight HIV/AIDS Tuberculosis and Malaria

Ukraine was one of the first countries to apply to the GFATM for financing. In 2002, it received US$92 million for a program entitled "Overcoming the HIV/AIDS epidemic in Ukraine". The program had four components:

1. Treatment, care and support for PLWHA;
2. Development of preventative services, aimed at vulnerable groups including IDUs, CSWs, MSM and prisoners;
3. Creation of informational and educational measures and advocacy;
4. Monitoring and evaluation[8].

Between 2002 and 2004 GFATM funding was administered by the Ministry of Health, which acted as the Principal Recipient. However following accusations of ineffective use of the funding, the grant was

[7] Factors of forming state HIV/AIDS policy in Ukraine: analytical report after the results of the interviews with officials of different levels / United Nations Development program, project "Governing the HIV/AIDS issues" 2005. (p.84)
[8] Global Fund Observer (GFO). 2004, October 18. - N 33. Available at: www.aidspan.org/gfo/archives/newsletter.

suspended. Since 2004 an international charity, the International HIV/AIDS Alliance, has been the principal recipient of the GFATM round one grant in Ukraine.

Joint efforts between the government of Ukraine and other key stakeholders have ensured the longer-term external financing for an HIV/AIDS program as part of the sixth round of GFATM funding: the five-year program entitled "Support for HIV/AIDS prevention, treatment and care for the most vulnerable populations in Ukraine" received funding of up to US$151 million between August 2007 and July 2012. Two Ukrainian nongovernmental organizations act as the Principal Recipients of this program - the International HIV/AIDS Alliance of Ukraine and the All-Ukrainian Network of People Living with HIV/AIDS. These two organizations signed grant agreements for the first stage (August 2007 - July 2009) with the total budget of US$ 29.65 million.

The priorities of the current program are HIV prevention among the most vulnerable groups and the provision of treatment for PLWHA, tuberculosis and drug addiction. The HIV/AIDS Alliance is responsible for providing access to integrated prevention, treatment, care and support services, support to vulnerable groups and the creation of a favorable environment for an effective and continuous response to the HIV/AIDS epidemic. It will also monitor and evaluate the grant implementation and work towards strengthening the national system of monitoring and evaluation. The All-Ukrainian Network is responsible for taking measures towards increasing complex care and treatment for PLWHA, and providing access to services for IDUs and other vulnerable groups[9].

World Bank

In addition to the GFATM, the World Bank has provided financial support to HIV/AIDS programs in Ukraine. Specifically, it has funded a program called the "Control over tuberculosis and HIV/AIDS in Ukraine" that was intended to be carried out between 2003 and 2007[10]. It consisted of US$60 million (plus US$17 million that was contributed by the government of Ukraine) for prevention of HIV/AIDS among prisoners.

In April 2006 the World Bank suspended its support because it argued the government did not distribute the funds and implement the program sufficiently well. Support resumed in November 2006 under conditions that Ukraine would improve the management and implementation of the project. The program was scheduled to end in the middle of 2008 but was extended until the end of 2008; the funds, however, were reported as having not been used by the end of 2008[11].

United Nations and other global organizations

The UN organizations that are involved in HIV/AIDS prevention in Ukraine are the World Health Organization (WHO), Joint United Nations Program on HIV/AIDS (UNAIDS), United Nations Children's Fund (UNICEF), United Nations Development Program (UNDP), and the International Labor Organization (ILO). These organizations have developed a special joint plan to prevent the spread of HIV/AIDS in Ukraine for 2007-2010[12]. They have also assisted in the implementation of treatment strategies, the development of clinical protocols, and the protection of rights of PLWHA. One important achievement of these organizations is the creation of a road map towards achieving universal access to HIV/AIDS

[9] Support for HIV and AIDS Prevention, Treatment and Care for the Most Vulnerable Populations in Ukraine: Ukraine Proposal for GFATM Sixth Call for Proposals. - Kyiv, 2006.
[10] The Law of Ukraine "On ratification of the Loan Agreement (Project "Control over tuberculosis and HIV/AIDS in Ukraine") between Ukraine and the International Bank for Reconstruction and Development" of November 18, 2003. *Bulletin of the Supreme Council*. 2004. N. (p.159)
[11] Ukraine TB and HIV/AIDS Control project: Current status. - Materials from the 13th meeting of the parties involved (December 7, 2007) Available at: http://www.network.org.ua
[12] Joint United Nations Programme of Support on AIDS: Ukraine, 2007-2010. K. 2007. (p.56)

prophylaxis, treatment, care and support by 2010. This was jointly developed by the Ministry of Healthcare and UNAIDS in April 2006.

Nevertheless financial support from UN organizations remains relatively limited and short-term, and there have also been problems coordinating activities between the UN organizations and corresponding priorities with national HIV/AIDS programs[13].

Other global actors involved in HIV/AIDS-related activities in Ukraine include the following: Regional Mission of the US Agency for International Development (USAID); the International Renaissance Foundation; Transatlantic Partners Against AIDS; Clinton Foundation HIV/AIDS Initiative; Elton John AIDS-Foundation; Swedish Agency for International Development (SIDA) in Central and Eastern Europe; Open Society Institute; National Red Cross Committee.

Volume of international aid for HIV/AIDS programs

International organizations designate considerable financing that has in the past exceeded national spending for HIV/AIDS prevention. As Table 2.1 below shows, the volume of government spending (including state budget, local budget, and World Bank funding that must be repaid by the government) in 2006 exceeded the volume of funding from the various global initiatives.

Table 2.1 Funding allocated to HIV/AIDS in Ukraine 2005 and 2006 (millions)

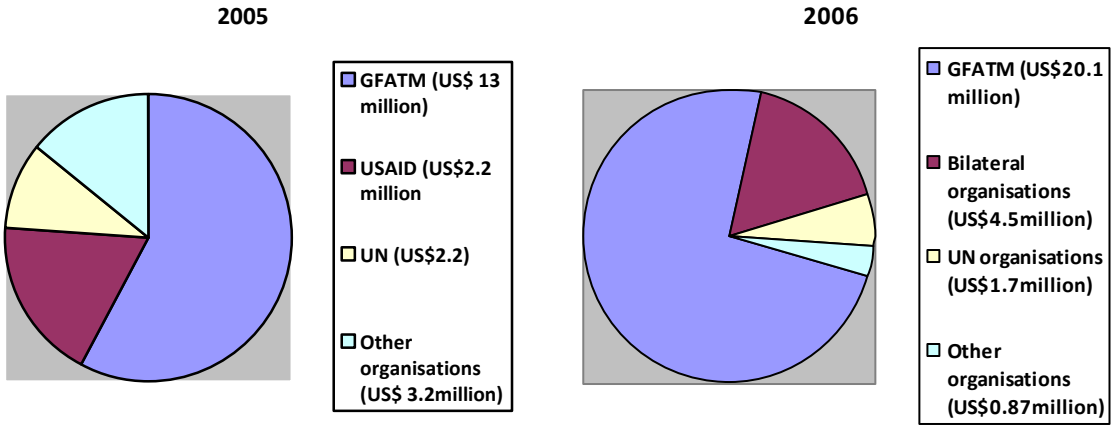
Year	Government spending (including World Bank loan)	Global initiatives (including GFATM, UN organizations and others)
2005	US$ 16.9 (UAH 86.6)	US$ 22.5 (UAH 115.4)
2006	US$ 28.1 (UAH 142.1)	US$ 27.3 (UAH 137.7)

Source: Ministry of Health of Ukraine[14]

The volume of international aid directed to HIV/AIDS programs in Ukraine is increasing every year. This is primarily due to the expansion of programs financed by the Global Fund (in 2005 the share of the Fund's financing was 33% of all national expenses for HIV/AIDS; in 2006 it was 35%)[15]. Figure 2.2 below shows a breakdown of the different sources of funding from global initiatives and international organizations in 2005 and 2006.

[13] Pavlenko P. Factors affecting public health policy in the area of HIV/AIDS prevention and control in Ukraine: Thesis for receiving the Master in Health Care Management/ SPH NaUKMA. - Kyiv, 2006.
[14] National report on Monitoring Progress toward the UNGASS Declaration on Commitment on HIV/AIDS (2008).
[15] National report on Monitoring Progress toward the UNGASS Declaration on Commitment on HIV/AIDS (2008).

Figure 2.2 External funding for HIV/AIDS programs in Ukraine



Source: Ministry of Health of Ukraine[16]

[16] National report on Monitoring Progress toward the UNGASS Declaration on Commitment on HIV/AIDS (2008).

Chapter 3: Implementation of Global Fund HIV/AIDS Programs in Ukraine

3.1 Global Fund HIV/AIDS programs in Ukraine

Developing the Global Fund HIV/AIDS program

At the beginning of 2004 there were few HIV-services in Ukraine and most government–run AIDS centers only operated in regions with relatively high infection levels (priority regions). Government medical services dominated: social services for children, families and youth had a limited role in preventing the epidemic and few other HIV/AIDS-related nongovernmental organizations existed. Those which did had limited funds to deliver services.

In 2004, Ukraine received funding as part of the Round One Global Fund HIV/AIDS Program worth over US $9million. The Principal Recipient of the grant, the International HIV/AIDS Alliance, concentrated efforts in the eight priority regions with the highest incidences of HIV: Kyiv, Cherkassy, Donetsk, Dnipropetrovsk, Kherson, Mykolaiv, Odessa and Crimea. The program disbursed over 200 sub-grants to 130 Ukrainian and international organizations to implement the work. Their purpose was to provide prevention, care and support services for local communities, and to undertake program activities at the national level including ARV treatment, mass media campaigns and the implementation of HIV/AIDS educational programs.

Respondents indicated that the decision to invest in the eight priority regions was influenced by earlier activities funded by USAID, whose presence in these regions had developed the infrastructure to deliver some HIV/AIDS services. This was seen by interviewees as allowing Global Fund money to be used more effectively.

Some support was also given to non-priority regions, although the amount of resources for these was small. As Table 3.1 shows the number of projects and level of funding in L'viv, a low priority region, is considerably smaller than in Odessa, a high priority region in 2004 and 2007.

Table 3.1 HIV/AIDS programs in Odessa and L'viv

	2004			2007		
	Total funding	**Number of projects funded**	**Number of organizations**	**Total funding**	**Number of projects funded**	**Number of organizations**
Odessa	$364,000	25	7	$882,000	39	16
L'viv	$25,000	5	3	$93,000	9	6

Source: International HIV/AIDS Alliance (annual reports for 2004 and 2007)

By 2007 the Global Fund grant funded 469 government and nongovernmental organizations to carry out HIV/AIDS projects in all regions of Ukraine. Funds were spent on various activities including:

- Voluntary counselling and testing and support services, including services for HIV positive children
- First and second line ART

- Prevention services including the distribution of condoms
- Mass media campaigns
- Advice on healthy lifestyles
- Syringe exchange services
- The development of a self-support movement and nongovernmental centers
- Implementing support and care programs in prisons
- Purchasing and delivering treatment and equipment
- A national HIV/AIDS information "hotline"

Global Fund HIV/AIDS grant disbursement

There are two categories of HIV/AIDS service providers that receive Global Fund direct and indirect support: government institutions and nongovernmental organizations. In 2007, over 580 government institutions, including national and regional AIDS centers and narcological clinics, received either grants and/or nationally purchased commodities such as drugs, laboratory equipment, test systems and reagents. Global Fund support to nongovernmental organizations has been even more significant. Indeed, many NGOs have become increasingly dependent on Global Fund money, which for some organizations, constitutes up to 85% of their annual income. The development of HIV services delivered by NGOs in Ukraine has developed substantially and, according to study respondents, owes much to the Global Fund program:

> *"There wouldn't be as many organizations working on projects in the regions without the Global Fund. It is not a secret that nongovernmental organizations depend on the grant money."*

> *"A lot of nongovernmental organizations were invited to participate in [the Global Fund project] implementation, and now… we have about 150 nongovernmental organizations which implement the grant not only in the sphere of prevention, but also in the sphere of non-medical care and support of HIV-positive at the non-medical stage, mostly those who received ARV, or those who need such palliative care and support."*

Table 3.2 shows the proportion of Global Fund financing for a number of illustrative organizations surveyed, and demonstrates the dependency of NGOs.

Table 3.2 Global Fund financing of selected NGOs delivering HIV/AIDS services

	Financed by Global Fund	Other financing sources
All-Ukrainian Network of PLWHA (Kyiv municipal office)	70%	20% other donors, 10% state budget
“Steps” Rehabilitation Center (Kyiv office)	85%	15% local state budget
“Faith. Love. Hope” NGO, Odessa	60%	40% international donors

Source: Facility survey

Organizations receive Global Fund financial and material aid through the following means:

1. Grants from the International HIV/AIDS Alliance in Ukraine that are distributed to regional structures through quotas or through bid competitions, that are in turn distribution to HIV service providers. The Fund's recipients at the national level include: the All-Ukrainian Network of PLWHA; International Renaissance Foundation; Ukrainian Center for Prevention and Fight with AIDS of the Ministry of Healthcare of Ukraine; the Foundation for Prevention of Chemical Addictions and AIDS; the Program of Adequate Technologies in Healthcare (PATH); IDA; Regional Information Center for Care and Treatment of HIV/AIDS in Eurasia; AIDS-Foundation East-West; All-Ukrainian Association for the Decrease of Damage.
2. Directly from the International HIV/AIDS Alliance in Ukraine through open and closed bid competitions.

The procedures for submitting bids and selecting applicants was considered by many respondents to be democratic since independent experts are used to check and evaluate organizations. However, interviewees reported that some problems persist and there are misunderstandings about the procedures for distributing grants, namely:

1. Differences between the priorities of the Global Fund which are decided at the national level and those of different regions in the country. As a result, the Global Fund program was criticized for being centrally (nationally) determined and not responsive to different priorities and needs in different regions of the country.
2. Distrust towards regional organizations through which funds flow: several respondents said that it would have been better to directly finance small organizations, rather than to channel the funds through large organizations which then distribute the funds to smaller implementers.
3. Open competitions are felt to not always be fair as applicants who have personal relations at the International HIV/AIDS Alliance are more likely to win bids. As a respondent said: "Of course there is a certain degree of relations and other ties… some organizations are better and some are worse [connected]. Undoubtedly it means the conditions are not equal."
4. Complicated and confusing procedures for receiving grants, which are felt especially in non-priority regions such as L'viv.

Governance of the Global Fund program

At the end of 2007 and in 2008 HIV/AIDS service organizations received financing through two Principal Recipients as part of the Global Fund Round Six HIV/AIDS grant - the International HIV/AIDS Alliance in Ukraine and the All-Ukrainian Network of People Living with HIV (Network of PLWHA). There were diverse views among respondents about the transition from one to two Principal Recipients, and about the performance of the Network of PLWHA, which was seen as having limited experience in managing large programs. Some respondents, especially regional representatives, suggested that the Network of PLWHA needed to develop its capacity so that it could adequately perform the functions required for managing grants:

> *"The Network of People Living with HIV needs half a year to become an organization, learn to form management, personnel, and policies."*

> *"Their work lacks harmonious organization and concrete priorities of work directions."*

Others have argued that the projects managed by the Network of PLWHA are not actively distributed amongst all the NGOs and are only allocated to PLWHA organizations specifically. Another criticism of the Network of PLWHA is the high level of bureaucracy and demands for reports. For example:

> *"The Network is more bureaucratic than the Alliance; they have crazy demands as to the reports and documentation. We have some organization that refused to work with the Network. It is much easier to work with the Alliance."*

> *"Now at the Network, even if financing has been delayed we need to report by a predefined deadline. Financing hasn't arrived yet and they come from the Network to monitor and check our activities."*

> *"[The procedure of receiving grant] it has become stricter, there are many "warnings" in the competition paperwork: you can't do this, don't go there, don't step here. In my opinion, to non-governmental organizations that work in the regions and receive very small wages this all looks very humiliating."*

Some respondents noted the positive aspects of introducing in another nongovernmental organization; two national Ukrainian organizations strengthened the level of publicity of grant implementation and avoided the phenomenon of monopolism. However there were also some concerns about the difficulties of coordination of program activities within the Sixth Round:

> *"We can say that certain positive changes have taken place because there is a certain increase in mutual responsibility between these two recipients of the Global Fund funds and at the same time certain responsibilities which are now delegated to the Network of People Living with HIV/AIDS, it also helps this organization's development."*

> *"Competition is a healthy mechanism for organizations, for the country. We joked that before we quarreled with one manager and now we'll have to quarrel with two. In reality, it is a general culture in our NGOs when they think that they are the owners of the funds. They are supposed to be the managers, but become the owners, start calling themselves the donors."*

> *"During the first round the financial decisions were made abroad because both the manager and the recipient were the International Alliance in Brighton and not the International Alliance in Ukraine. And because of this the distribution of responsibilities between recipients is not as much important as the transition from international to national recipient. However, additional difficulties arose as to coordination of some activities that coincide."*

One reason why the Network of PLWHA has had some problems as an organization responsible for managing funds is that it was originally established as an activist organization and this has defined its mission, approach, and past relationships with government structures. Opinions have been expressed that due to the size of the Global Fund program, which requires cooperation with governmental structures, the Network of PLWHA will have to change its mission and approaches to work because it is changing from an activist organization into a program implementer:

> *"Their kind of organization should deal not with distribution of donors' money but with protection of rights of HIV-positive people, advocacy, protection of children, and actually accessibility to therapy;*

it should organize public meetings, strikes, it should fight with donors themselves and the government and demand the re-direction of resources from them. When they are, when they become recipients of resources, their essence is less."

Most representatives working for national and regional governmental institutions believe that the state should be responsible for implementing Global Fund programs rather than NGOs as this has created a parallel/duplicate system:

"The Global Fund should support the government in prevention of the epidemic and the responsibility for it should be placed on the government directly. Governmental structures should manage the funds and distribute them involving non-governmental sector and various international organizations... It seems sometimes that there is some kind of parallel work going on with the governmental structures. That is governmental entities and healthcare institutions, our social services work with limited resources and report to the President, the cabinet of Ministers and the Supreme Council. And here, with mighty resources that are directed to non-governmental organizations, parallel activities are going on to prevent HIV/AIDS epidemic. Maybe one of the reasons is that most of the financing goes to administrative costs of these organizations and not the activities. About 60-80% are running costs, 10-30% are financing of the programs."

3.2 Scale-up of HIV/AIDS services in Ukraine

Antiretroviral services

The number of people receiving antiretroviral treatment (ART) has increased considerably since 2003 when only 53 people received treatment. By August 2008, more than 5,684 people were receiving ART and currently (March 2009) approximately 9,000 PLWHA are undergoing treatment[17]. This expansion in the provision of ART is a direct result of the Global Fund grants and to a lesser extent aid from other international donors. One respondent recalled before the Global Fund grants access to treatment were very limited:

"I remember very well how the first four adults at the municipal AIDS center drew lots to see who would be a lucky one to receive the antiretroviral therapy."

The Global Fund is also seen by respondents as helping to ensure the availability of reasonably-priced drugs:

"The Global Fund has played a major role for people to receive treatments and for good prices too. Quality drugs have been checked and selected which didn't cause resistance. This is a big change."

One reason why more people are able to receive treatment is that the cost of drugs bought from the manufacturer has fallen considerably. This is partly due to national NGOs including the Network of PLWHA

[17] National AIDS centre. - http://ukraids.org.ua/stat

successfully advocating for the cost of treatment procured by the state to be reduced. As a result in 2004, the annual cost of treatment by HAART was US $10,000. In 2009, it is US $300-400[18].

Despite this progress, demand for ART still outweighs supply. In 2005, the percentage of HIV positive adults and children who were receiving ARV therapy was 21%, and in 2007 it reached 35%. More attention has been paid to treating children with HIV and in 2007 almost 75% registered with HIV were receiving ART[19]. However, the growth in the number of people receiving ART is smaller than the number of new HIV cases that are detected. In addition, some respondents suggested that some groups of PLWHA continue to have very poor access to ART, for example:

> *"As to prisoners, while only three people were treated in 2006, now it is more than 110. This is a positive fact, of course but on the other hand, it is an extremely insignificant number compared to the growth among the patients who are free and received treatments."*

Preventative services

Almost 80% of the work aimed at preventing the spread of HIV/AIDS in Ukraine is financed by the Global Fund. According to International HIV/AIDS Alliance data, by the beginning of 2008 many representatives of HIV vulnerable groups accessed preventative services provided by both the Global Fund and USAID (Table 3.3). However, these figures may be exaggerated as there is likely to be some double counting in the data. This is because risky behaviors often intersect; for example, 19% of teenagers who are commercial sex workers are also injecting drug users. Moreover, although a number of governmental organizations are responsible for preventative work, they have limited financing and most services are carried out by NGOs, sometimes in collaboration with governmental organizations. It is possible for the same person to receive services from different organizations simultaneously.

Table 3.3 Coverage of representatives of HIV vulnerable groups with preventative services provided at the International HIV/AIDS Alliance in Ukraine (cumulative data)

	End of 2004	End of 2005	Beginning of 2008	
			Global Fund program	USAID program
Injection drug users	44,000	75,000	140,555 (35% of the estimated 325,000 IDUs in Ukraine)	113,580 people
Commercial sex workers (women)	4,700	9,000	21,330 (19% of estimated 110,000)	17,695 people
Men having sex with men	466	2,000	10,361 (6% of estimated 117,000)	10,113 people
Prisoners	3,600	10,000	45,148 (34% of estimated 130,000 prisoners)	No data available

Source: Annual Reports of the International HIV/AIDS Alliance in Ukraine[20], National report on execution of decisions under the Declaration of Faithful Combat with HIV/AIDS for January 2006 - December 2007[21]

[18] На Першому Національному відбувся телемарафон «Заради життя» присвячений проблемі профілактики та боротьби з ВІЛ/СНІД [Електронний ресурс] // Перший канал. Офіційний сайт.- Режим доступу: http://www.1tv.com.ua
[19] National report on Monitoring Progress toward the UNGASS Declaration on Commitment on HIV/AIDS (2008)
[20] Annual Report (2004) International HIV/AIDS Alliance in Ukraine. - K., 2005; Annual Report (2005) International HIV/AIDS Alliance in Ukraine. - K., 2006; Annual Report (2007) International HIV/AIDS Alliance in Ukraine. - K., 2008
[21] National report on Monitoring Progress toward the UNGASS Declaration on Commitment on HIV/AIDS (2008)

Present preventative work has been criticized by some national and local stakeholders. One comment is that International donors, such as the Global Fund have paid little attention to the issues of primary prevention:

> *"We concentrate too much on the risk groups while doing absolutely nothing for prevention among the general public."*

> *"[Within the Global Fund program] primary prevention could have been more active; the program of decreasing the demand for drugs should have been more widespread. There is no work going on at schools."*

A second criticism is that preventative work can often be ineffective. For instance, some interviewees criticized the mass distribution of syringes among injection drug users:

> *"Approaches to prevention, in my opinion, are very much incorrect because there is no need for syringe exchanges in such quantities. Nowadays every pharmacy is full of inexpensive, quality syringes. That is why the drug addicts don't go to these centers. And these huge amounts of money spent on syringes are wasted because non-governmental organizations don't know what to do with these syringes and start inventing secondary exchanges, give tons of them away to the clients, drug dealers, somebody else."*

The effectiveness of syringe exchange programs is further reduced by drug cultures in Ukraine where ii is common to buy drugs already in syringes; indeed, 66% of interviewed IDUs said they had used such syringes[22]. There are also questions about the quality of syringes and other goods, such as condoms, which are distributed as part of the prevention program. Sometimes, clients' perception of poor quality means that they are not used:

> *"Though it's cool that they distribute condoms and other stuff, almost all of them are made in China. And some organizations simply refuse to distribute them because of the criticism from their clients [about the quality]."*

Research data also shows that young people (15-24 years) who participated in HIV prevention activities were usually offered traditional forms of prevention services such as lectures and brochures, and much less commonly interactive forms which are more likely to result in changes in behavior[23].

Several behavioral and epidemiological studies conducted in Ukraine point to the limits of prevention services. For example a study found that:

- The proportion of IDUs who received both a syringe and a condom over the past 12 months and also know where to go to be HIV tested was 46%.
- The number of commercial sex workers who said they used a condom over the past 12 months and know where to go to be tested for HIV was 69%.
- The number of MSM who said they used a condom over the past 12 months was 50%.

[22] Complex external evaluation of national activities to combat HIV/AIDS in Ukraine: Summary report. Version "0". K. June 2008.
[23] Monitoring of the youth behavior as a component of epidemic surveillance of the second generation (based on the sociological study "The level of knowledge about HIV/AIDS, behavior and relationship with people who live with HIV/AIDS"): Analytical report / V.L. Shcherbina, the head of the research team. - K.: State institute of the family and youth development, 2007. - p.121 [not published].

- The number of prisoners who said they used a condom over the past 12 months and know where to go to be tested for HIV was 8%.
- The number of sexually active young people who received free condoms over the past 12 months and know where to go to be tested for HIV was 16%[24].

The same study also suggests that prevention activities targeting young people require further scale-up. For example:

- The proportion of interviewed young people who said they received HIV/AIDS preventative activities was only 23%, of whom only 30% were active participants of these programs.
- The proportion of youth that had not received any printed informational materials over the past 6 months was 65%[25].

Interviews with key informants highlight the fact that international aid has deepened the existing imbalance in the distribution of resources in favor of the quick expansion of ART. In the meantime, in their opinion, the lack of effective prevention services threatens the national response to HIV/AIDS and the ability of the medical sector to handle future increases in HIV/AIDS cases.

Introducing prevention services in prisons remains particularly difficult and the range of services is mainly limited to lectures. Research shows that whilst the majority of prisoners (88%) had had sexual relations with other prisoners over the past six months, 87% said that they had never received condoms as part of an HIV prevention program[26].

Opiate substitution therapy

One of the important conditions of the receiving Global Fund grant was the introduction of opiate substitution therapy programs including the provision of methadone and buprenorphene for people dependent on drugs. Advocacy efforts of national and international NGOs led to President Yushchenko approving the distribution of methadone-based substitution therapy.

In 2003 no substitution treatment was available in Ukraine. By 2006 436 clients received the treatment with buprenorphene. Currently 1,110 people have received substitution therapy of which 270 people have received methadone therapy[27]. Although the Global Fund target of treating 5,000 people has not yet been met, respondents noted the positive role of this initiative in changing the public's attitudes towards programs aimed at reducing the harmful effects of drug abuse:

> *"The Global Fund has acted as a moving force for introduction of substitutive supportive therapy, expansion of programs for harm decrease, for introduction of preventative programs in prisons."*

> *"There is a huge break-through in substitutive supportive therapy which has been expanded in Ukraine. The fact that nearly a thousand people are receiving it is already a considerable achievement that has to do with the Global Fund."*

[24] National report on Monitoring Progress toward the UNGASS Declaration on Commitment on HIV/AIDS (2008).
[25] Monitoring of the youth behavior as a component of epidemic surveillance of the second generation (based on the sociological study "The level of knowledge about HIV/AIDS, behavior and relationship with people who live with HIV/AIDS"): Analytical report / V.L. Shcherbina, the head of the research team. - K.: State institute of the family and youth development, 2007. - p.121 [not published]
[26] Complex external evaluation of national activities to combat HIV/AIDS in Ukraine: Summary report. Version "0". - K. June 2008.
[27] Data from the 15th meeting of the interested parties (August 28, 2008). Available at: www.network.org.ua

The introduction of a new type of treatment in Ukraine has revealed several problems in the health system: for example, there is no department that is responsible for substitution therapy or staff to provide social and psychological assistance to clients.

HIV testing services

In 2003, 0.12% of the population had been voluntarily tested for HIV. By 2007 this had risen to 15.5%. Research suggests that there is considerable room for improvement in terms of increasing the number of people being voluntarily tested at medical institutions and the quality of VCT services. In 2007, of the 15-24 year olds who were interviewed, only 12% had been tested for HIV. Of them 46% were tested voluntarily and 50% were tested without giving consent (for instance at tuberculosis and narcological clinics). Only 2% of people who were tested for HIV received the complete package of services including pre- and post-test counseling[28].

The situation with injecting drug users is a little better with 29% of interviewees being tested for HIV in the 12 months leading up to 2007. However, due to the change in methodology of sampling these figures cannot be directly compared. That is why it is impossible to draw definitive conclusions about the levels of scale-up of HIV testing services nationally.

The Global Fund has also financed new testing services including express tests. Although over 46,000 of these had been carried out by August 2008, major obstacles remain:

> *"For two years now beginning in 2006 we have been fighting for the non-governmental organizations to test vulnerable groups using express-tests (they don't go to medical institutions - no confidentiality and discrimination stigma). We can't get this ball rolling. There was a seminar, working groups got together, the strategy for the use of express-tests has been developed, but things are just so slow."*

Prevention of mother to child transmission services

Preventing the transmission of HIV from mother to child is viewed by many stakeholders as one of the biggest achievements of the Global Fund. One interviewee said:

> *"The most successful program is the program of vertical transmissions which is financed partly by the Global Fund and partly from the local budget."*

According to data from the Ministry of Health, the percentage of HIV-positive pregnant women who received antiretroviral drugs in order to reduce the risk of HIV transmission was 93% in 2007. This has led to considerable reductions in the levels of HIV transmission from mother to child from 28% in 2001 to 7% in 2006. In some regions, transmission from mother to child is as low as 4%[29].

Support and care services

Implementation of the Global Fund program has also spurred the development of social support and care services. As one respondent pointed out:

[28] Monitoring of the youth behavior as a component of epidemic surveillance of the second generation (based on the sociological study "The level of knowledge about HIV/AIDS, behavior and relationship with people who live with HIV/AIDS"): Analytical report / V.L. Shcherbina, the head of the research team. - K.: State institute of the family and youth development, 2007. - p.121 [not published].
[29] National report on Monitoring Progress toward the UNGASS Declaration on Commitment on HIV/AIDS (2008).

"Infrastructure of providing social and social-medical services was developed with funds from the Global Fund programs. This is what was very important to us as we basically couldn't help those clients with whom we had started working back in 2002."

By the end of 2004, the Network of PLWHA, with the support of International HIV/AIDS Alliance, had implemented a range of small scale projects through which 4,000 people in fifteen regions received support and care services. Also five community centers were created to provide a variety of services including consultations with psychologists and doctors, social care, day centers and places for recreation.

By the end of 2008, 27 community centers had been established in 22 cities to provide services to IDUs and CSWs and also to mobilize communities. External evaluations show that Global Fund grants, coordinated by the Network of PLWHA, had financed 45 NGOs to provide care and support services[30]. Nearly 40,000 HIV positive people have benefited from these services including over 5,000 children. This represents approximately one third of those who tested positive for HIV and almost one half of people registered at AIDS centers.

In some instances non-medical support and care services are provided by NGOs with the participation of government social services for families, children and youth. These do not officially receive financing from the Global Fund but have been invited to work within the program. This was reported by representatives of both national and regional governmental social organizations:

"We [the state municipal social service] managed to combine financing and resources with funds from the Global Fund within our joint programs with nongovernmental organizations, namely with the Network of people living with HIV/AIDS."

In 2007 palliative care programs for HIV-positive people were established in some regions including Kyiv. These have been supported by the Global Fund program and have helped 842 people. However, respondents stressed that the creation of these programs and other social care initiatives has been limited by a lack of trained social workers and social institutions which function only in large cities.

3.3 Human resources for HIV/AIDS programs

Scale-up of human resources for HIV/AIDS programs and workload

Between 2004 and 2007, the number of personnel increased in most governmental and nongovernmental HIV-service organizations (see Table 3.5 for illustrate examples of HIV service providers). The growth in the number of workers is a result of increased financing by the Global Fund and other international donors, and also increased state funding.

[30] Complex external evaluation of national activities to combat HIV/AIDS in Ukraine: Summary report. Version "0". K, June 2008

Table 3.4 Increase in staff working for organizations providing HIV/AIDS services

Organization name	2004	2007	Total increase
Kyiv city hospital AIDS centre	60	150	90
Odessa AIDS centre	12	32	20
Kyiv office of the All-Ukrainian Network of PLWHA	12	50	38
Odessa NGO “Faith. Hope. Love”	27	90	63

Source: Facility survey, 2008

Despite this scale up, interviews with service providers reveal that staff shortages remain, and many reported a heavier workload. Less than half of service providers participating in the survey (23 out of 50) agreed with the statement "There are enough workers at this organization to provide services properly" while 14 disagreed with this statement and 12 neither agreed nor disagreed with it. The key factors contributing to this were increases in client numbers and in administrative work.

Indeed, data from most facility surveys show that the number of client visits per worker (calculated by dividing the number of patients registered by the number of health workers on the staff) did not change as the number of workers grew in accordance with the number of clients – see Table 3.5. As the table shows there is a substantial difference in the workload between staff in Odessa and those in Kyiv, although in the former the numbers of clients and client visits has dropped over time. At the same time, data from the facility survey shows that the number of client visits per worker remains mostly unchanged at the majority of organizations; that is the number of workers grew together with the number of clients, or even became smaller.

Thus, the perceptions of increased workload is likely to be a result of more administrative responsibilities such as keeping records, updating databases and preparing reports, although there was a strong perception of a growing number of clients. Indeed, among those who think that their workload increased over the past year, 34 thought it was mainly due to the increase in the number of clients, 25 thought it was through increased administrative work, and 6 indicated the time taken up by participation in training.

Table 3.5 Ratio of workers: clients in Kyiv and Odessa city AIDS centers

	Clients per worker		Client visits per worker	
	2004	2007	2004	2007
Kyiv	85.6	92.9	7.7	6.3
Odessa	1695	1258	1241	518

Source: Facility survey, 2008

Training of HIV/AIDS service providers

The implementation of Global Fund programs in Ukraine has been accompanied by increased attention to developing the skills of managers and workers that provide HIV/AIDS services and prevention programs. Training programs in 2004 covered a number of core topics: data collection, monitoring and evaluation, organization of effective prevention programs for commercial sex workers, pre- and post-test counseling, and advocacy of the rights of vulnerable groups. By 2007, the reach and the topics of training had expanded considerably. There were 9 regional HIV/AIDS information and resource centers in Kyiv and

Odessa, and these organized 255 training and seminar sessions for almost 3,800 people. The International HIV/AIDS Alliance also implemented training sessions aimed at strengthening regional NGOs including sessions in financial management, grant management and project management.

Of the 50 service providers that were interviewed in 2008, 37 had taken part in HIV/AIDS training over the past 12 months. The most common sessions were voluntary counseling and testing (VCT), HIV prevention and social support. In most of these cases financing was provided through the Global Fund grant. Only three respondents felt that they had not received sufficient training to perform their duties well. However, it should be noted that training was mainly short-term in duration: between one and three days, more seldom between four and seven days, and only in some cases it lasted between 8 days and a month. This could be problematic; key informants noted that HIV/AIDS-related issues do not feature strongly in the syllabus of Ukrainian medical training, and formal training for social workers is an under-developed area in the country.

Motivation of HIV/AIDS service providers

In general, the data suggest that staff working at HIV service organizations are relatively satisfied with their work. Of the 50 respondents interviewed:

- 38 considered themselves motivated to work (8 felt neither motivated nor unmotivated, and only 2 feel unmotivated to work, both of these two from governmental medical institutions);
- 36 are satisfied with their work (and 32 are more satisfied than a year ago);
- 33 like working with HIV-positive clients.

Financial rewards and future growth opportunities were not cited as important factors in motivating staff. Indeed, the interviewees indicated that the main factors that contributed to these high levels of motivation were:

- Feelings of empathy towards clients (26 responses)
- Positive experiences of team work (20 responses)
- Good working conditions (13 responses)
- Training (11 responses)

3.4 HIV/AIDS coordination structures

Effects of the Global Fund program on national and sub-national coordination structures

Implementation of the Global Fund program has drawn attention to issues of coordination and alignment of donor programs with public healthcare policies, and a history of poor cooperation between government departments.

In 2002 a national HIV/AIDS coordination council was established, consisting of government members, international development actors and civil society members in response to the Global Fund requirement as a condition of receiving a grant. Its activities, especially at an early stage, were vigorously supported by the International HIV/AIDS Alliance, as well as by other organizations including UNAIDS and USAID. Since its formation, the structure of the council has undergone several changes in focus and members, and a number of parallel HIV/AIDS structures have been established and abolished. The current structure is called the Coordination Council on HIV/AIDS, TB and Drug Addiction.

Many key stakeholders consider the creation of the Council to be a positive step because it serves as a good example of cooperation between government and nongovernmental organizations and actively involves PLWHA, and that the Global Fund grant has had a positive influence on coordination of HIV/AIDS programs in Ukraine:

> *"Interaction and partnership have improved. When monitoring our organizations turned to the departments of healthcare and they provided information to us. Before they would have refused to."*

> *“The Global Fund helped the coordination council understand more clearly and accept international procedures, the procedures of openness, open decision making, transparency, because the Global Fund influenced indirectly the composition of the National council."*

However, several respondents were critical about the functioning of the Council, which has not fostered substantial interaction between members, meets infrequently and its secretariat is not very active. Moreover, it is has limited powers beyond advising on financial issues such as applying for grants. One respondent suggested it ought to do more:

> *"The Council should form the policy, develop some strategies, evaluate them, make changes, manage national programs; it doesn't do any of these."*

Other interviewees said:

> *"It has the status of an advisory institution, that is it doesn't make any decisions, members of the council review and develop instructions... Again, who cares about instructions of the Central bodies of an executive council which carry out their tasks one way or another? Coordination council should help coordination. And this is what they don't do. They meet, review issues, make decisions which are often not implemented."*

> *"Over the last three years the Council has been meeting only if it's necessary to submit an application to the Global Fund, they don't meet on any other occasion because nothing interests them."*

The study also revealed that coordination structures at the sub-national level were particularly weak and lacking decision making authority in some regions. In Kyiv and L’viv respondents considered the regional coordination councils to be a formality without doing any specific work. Respondents in Odessa were more positive about the coordination council. For example:

> *"[Officials] are trying to help with these issues somehow; and as a result financing is being allocated locally."*

Besides the national Coordination Council, several unofficial coordination mechanisms exist. For instance, the International HIV/AIDS Alliance holds regular meetings of stakeholders and the United Nations agencies also holds thematic meetings relating to HIV/AIDS. In addition, public councils have been formed at the ministries of Ukraine where representatives of the civil society participate.

Factors impeding effective coordination

The study reveals a number of key factors impeding the effective functioning of national and sub-national coordination structures. These include: frequent changes in the management at the MOH; limited legal culture and failure to execute laws; orientation of coordination mechanisms towards processes rather than results; and a lack of effective communication between partners. In addition key informants reported that HIV/AIDS is considered to be an exclusively medical problem in Ukraine, thereby justifying the limited engagement of non-health government departments in HIV/AIDS-related matters.

Respondents also stated that the current lack of coordination of HIV related programs in Ukraine is a result of the limited ability of the government to develop a consistent policy, limited cooperation between various ministries and authorities at the national and local levels, the public sector and businesses and a managerial culture that is resistant to change. Indeed interviewees pointed out that there is substantial resistance from medics and social workers within state institutions to potential challenges to their professional boundaries.

Chapter 4: Outcomes and impacts of Global Fund programs in Ukraine

4.1 Quality and accessibility of HIV/AIDS services

Client perceptions of HIV/AIDS service quality

The research suggests that most clients are satisfied with the quality of services provided: of the 93 clients interviewed in 2007, 73 rated the quality of services as either high or very high and only one client felt that they were low quality. Similarly, the majority of HIV-service providers positively evaluated the quality of services in the organization they were using with 57 out of 88 respondents giving it a maximum rating on a 4-score scale.

During the in-depth interviews in 2008 clients demonstrated a more diverse range of views. Whilst the majority of respondents in Odessa and L'viv felt they received high quality HIV/AIDS services, there were some criticisms. One client of an AIDS centre said that staff were only interested in registering new cases rather than treating people. Another provided recommendations for improving the quality of services:

> *"I think that it is necessary to have here social workers to motivate and to consult. It is also worth to involve priests of different denominations. If a dying person wants in his last days to pray it is necessary to give him that chance."*

Analysis of respondents' accounts about their relations with staff vary from very good ("personnel relate to us very well") to a perception of total misunderstanding of clients and their needs among some staff members. While some respondents denied any problems in their own relations with medical personnel, they did suggest that such problems occur among other service users they had talked to for example:

> *"No, I have no problems… But many patients complained. I stay here for quite a long time, and my neighbors in the ward sometimes complain about the medical doctor that it was better to do something in the other way."*

It is worth mentioning that only two of 25 interviewees said that they had problems with personnel in their organizations and both of these are clients at the Kyiv city AIDS Centre. However, it is possible that some respondents were afraid to criticize staff or mention any problems that they had experienced. One client explained that:

> *"I cannot say anything particular or personal. All the time someone is near. The same is when you are talking to medical doctor or to personnel in corridor. So, I keep some things, I cannot express them, and this is very important."*

Access to HIV/AIDS services

Evaluation of HIV/AIDS service providers' and users' accounts of access to HIV/AIDS service accessibility reveals differences in opinion between these groups. HIV service providers claimed that the majority of clients who presented to their organizations were offered services.

However, in all regions, the different groups of interviewees agreed that significant barriers to access exist, with discrimination among HIV/AIDS service providers being the key obstacle. Other factors include: lack of qualified personnel, equipment, medication and information regarding available services. Interviewees also stressed the geographical inaccessibility of HIV-services, especially for groups living outside major cities:

> *"The network of NGOs providing HIV-services is developing all over Ukraine. Although in villages, in small towns, in rayon centers there are no such services. These services do not extend beyond the borders of the oblast capital city."*

Stigma and discrimination

Half of clients interviewed said they had experienced negative attitudes and exclusion due to their HIV-positive status. This has mainly taken place in medical institutions, where confidentiality has been broken and medical personnel refused to provide some services. Examples include: staff refusing to do a blood analysis in a polyclinic; staff refusing to provide treatment; the ambulance service not accepting a call. One reason for this is that they are not aware of their rights, although some clients had tried to defend their rights in such cases or appeal to the hospital administration regarding refusal of medical services:

> *"There were cases 5-6 years ago when medical doctors refused to help, referred to each other, no one wanted to deal with me. It had happened because I was unprepared; I didn't know laws and believed more to people in white smocks. There were refusals; they didn't want to take to the hospital with high temperature. Then I learned laws. I just know how to explain without being rude. Some doctors don't know what I know."*

Stigma and discrimination towards PLWHA can prevent access to services in other ways. For instance, past research has found that some infected people avoided AIDS centers and other services after finding out that they were HIV positive and were forced to sign a document that admits personal criminal responsibility if they pass the infection on. Some HIV-positive pregnant women are recommended to abort their pregnancy, rather than being offered treatment and vertical prevention[31]. Research has also found that when PLWHA do receive services, these are lower quality; they are sometimes humiliated when they receive care and they are forced to pay additional money for services[32].

Lack of information

Lack of information provided to clients regarding services and the conditions of their provision also prevents them from accessing services. Many NGOs and government service providers require documents such as a passport, medical history card and other documents regarding health status such as a fluorography reference or a reference from a STI clinic. One client described problems of not having the correct documentation required to receive services:

[31] Complex external evaluation of the national measures to combat HIV/AIDS in Ukraine Version "0". Kyiv, June 2008. (p121)
[32] Оцінка вразливості людей, які живуть із ВІЛ/СНІДом, в Україні: Результати соціологічного дослідження. – К.:ПРООН, 2008. – С. 9.

> "For five months I cannot get an official residence registration, I cannot start treatment, since it is necessary to have a medical conclusion of endocrinologist (I have diabetes), but I am not able to go to this doctor, because I have no residence registration."

Poor coordination between services

In Ukraine there is no institutionalized referral system between organizations. In the absence of integrated medical and social care, referrals are usually informal and information about HIV/AIDS services is shared through personal contacts or by social workers. These findings contradict the data from interviews with providers who assert that almost all clients were referred to them by other organizations and that they had referred clients to other organizations.

A recent trend towards increases in the number of services delivered through one outlet has led to increased coordination between services and hence better access for some clients, who no longer need to travel across cities to access a range of different services.

> *"I like that it is possible to get a wide range of services in one premises. Before, for example, syringes were got in one place, and for counseling or leaflets it was necessary to go to other organization. Here at once it is possible to consult with a doctor and with a lawyer and to have rapid tests."*

4.2 Impacts of the Global Fund program on knowledge and behaviour of vulnerable groups

In the framework of the Global Fund program a key objective is to raise the level of knowledge of people who are particularly vulnerable to contracting HIV, as well as the population in general. Progress towards the achievement of this objective has been evaluated in several behavioral studies that were presented in the National reports on Monitoring Progress toward the UNGASS Declaration on Commitment on HIV/AIDS (for 2003-2005 and 2006-2007)[33].

The reports show that whilst there have been increases in the level of knowledge about HIV/AIDS among the most vulnerable groups progress is slow. Table 4.1 present data from surveys conducted in 2007. Study results suggest that less than half of representatives from vulnerable groups are aware of how HIV/AIDS is transmitted. At the same time a significant proportion of respondents (between 74% and 99%) knew that using condoms during sexual intercourse would reduce risk of HIV transmission. Despite this, far fewer people reported actually using a condom.

[33] It is worth stressing that behavioral studies done in 2004 and 2007 were based on different sampling methodology and calculations of national indicators, so the, it is not appropriate to make direct comparisons between indicators of two UNGASS reports.

Table 4.1 Knowledge and behavior of vulnerable groups based on behavioral studies in 2007

	Respondents correctly identifying ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission	Respondents who correctly identified the use of a condom during sexual intercourse as a way to reduce the risk of getting HIV	Respondents who reported the usage of condom during the last sexual intercourse
IDUs	47%	74%	55%
FSW	48%	99%	86%*
MSM	47%	93%	39%**
Prisoners	43%	80%	-
Military	44%	89%	73%***
Youth aged 15-24	40%	88%	63%

* During sexual intercourse with their last commercial client
** During sexual intercourse with a male partner
*** During sexual intercourse with casual partner
Sources: Національний звіт із виконання рішень Декларації про відданість справі боротьби із ВІЛ/СНІДом за січень 2006р.-грудень 2007; Щербина В. 200 8р.[34]

The results of the behavioral studies show that in Ukraine youth in particular, do not have a good understanding of the nature of the disease; only 40% of youth demonstrated that they had a good knowledge of HIV. This rates low compared to UNGASS targets of 90%. Common misconceptions include the belief that HIV can be transmitted by sharing a toilet, pool or sauna, or drinking from the same glass as someone with HIV.

4.3 Effects of the Global Fund on the health system and HIV/AIDS policy in Ukraine

The Global Fund HIV/AIDS grants have fostered important changes in Ukrainian policy to combat HIV/AIDS, and have contributed to strengthening health systems. Many respondents evaluated it as positively impacting on the health system in terms of strengthened service delivery, systems, policy and legislation, and civil society.

Strengthening service delivery
Several dimensions to strengthened service delivery were revealed in the study including:

- The introduction of new HIV/AIDS services including ART and opiate substitution therapy.
- Expansion in the number of HIV service providers, staffing levels and client numbers.
- Training of medical and NGO personnel providing HIV/AIDS services.
- Refurbishment of premises of HIV/AIDS services.

[34] Національний звіт із виконання рішень Декларації про відданість справі боротьби із ВІЛ/СНІДом за січень 2006р.-грудень 2007 р. К., 2008; Щербина В. ВІЛ/СНІД і молодь: знання та поведінка // Соціальна політика та соціальна робота. 2008. № 1. С. 27-36.

- Funding the purchase of new equipment for use by HIV/AIDS service providers.
- Fostering some improvements in cooperation between government and nongovernmental service providers.

The following quotes illustrate some of these points:

> *"It was obvious that it was not possible just to give medications. That's why the Global Fund rebuilt, renewed the health system in Ukraine. It taught medical doctors, did the refurbishment of the premises, bought equipment that was absent in Ukraine."*

> *"The Global Fund pushed to better management both MOH and regional health departments. Now we have better interactions between AIDS centers and non-governmental organizations."*

Strengthening systems

Respondents also reported that there had been a number of different ways the health system had been strengthened as a result of the Global Fund-financed HIV/AIDS programs including:

- Improved management practices among government and nongovernmental service providers.
- Engendering a change in mentality among government medical institutions including higher levels of transparency.
- Improved inter-sectoral collaboration including greater engagement from Education and Internal Affairs (prisons).
- Creation of coordination mechanisms leading to greater emphasis on working in partnership.
- Strengthened systems of epidemiological surveillance.
- Strengthening country monitoring and evaluation systems including the use of national indicators; that have been adopted by the Cabinet of Ministries of Ukraine[35].

The following quotes illustrate some of these points:

> *"The Global Fund was a mechanism that has helped to formulate transparency. Transparency and other things related to fair money distribution. For the first time, a grant became a public issue during its implementation, planning and monitoring."*

> *"Many different organizations, social services are now involved into solving problems of HIV-infected people, as well as the Ministry of Education, and the Ministry of Internal Affairs. It means that attitude to this problem has changed, and more and more participants are involved to solving this problem."*

> *"The achievement of the Global Fund is a creation of the system of the monitoring and evaluation of both epidemiological situation and program measures. I think that the international organizations contributed a lot to the quite successful reporting of Ukraine in fulfilment the UNGASS."*

[35] Розпорядження Кабінету Міністрів України „Про моніторинг і оцінку ефективності заходів, що забезпечують контроль стану епідемії ВІЛ-інфекції/СНІДу за національними показниками" від 13 грудня 2004 р. N 890-р.

Strengthening HIV/AIDS legislation

According to stakeholders, the introduction of the Global Fund grant was accompanied by gradual changes in regulation and legislation.

> *"Under the influence of the GF grant a number of very serious standard acts have been approved, very serious political decisions have been made as to the fulfillment of the main tasks, as to the fulfillment of the main requirements outlined by the Fund before Ukraine, even the President of Ukraine has been involved."*

An important component of the first stage of implementation of the Global Fund program was the development and publication of national clinical protocols by the International HIV/AIDS Alliance and the MOH. These include: protocols for ART for adults, teenagers and children, treatment of opportunistic infections in HIV/AIDS patients and methodological recommendations for laboratory monitoring of HIV infection and ART[36].

In subsequent years, the International HIV/AIDS Alliance has continued to participate in developing the legislation for HIV-services. This includes:

- A national protocol for voluntary counseling and testing in collaboration with the Ukrainian AIDS-center. This was ratified by the MOH in November 2005.
- A clinical protocol which regulates providers of palliative care. This was developed in 2006 and ratified in July 2007.
- A number of standard legislative documents about the introduction of opiate substitution therapy, including methadone therapy. Interviewees commented on these changes:

> *"Important changes of the past year [2007] are a number of decrees by the Ministry of healthcare about the development of substitutive supportive therapy… now even this organization [committee on drug control] agreed that things should get organized somehow. It wouldn't have happened if not for the interference of the Global Fund, such a number of various activities wouldn't have been financed - from press conferences and TV programs to educational events for the specialists of the ministry, organizations and working groups."*

Strengthening civil society

Many of the services financed by the Global Fund are provided by NGOs and community organizations. These are sometimes based at, or in cooperation with, government organizations. Since the Global Fund program was implemented NGOs have played an increasingly important role in delivering HIV prevention, care and support services. In particular, this study suggests the peer-to-peer approach to providing services for vulnerable groups such as drug users and sex workers is effective; this approach was valued by clients and helped to break down the barriers between providers and clients, thereby improving access to services.

Respondents pointed out that the Global Fund has had an impact on the development of the civil society in a number of ways:

1. The principal recipients of the Global Fund grant are nongovernmental organizations. In 2007 and 2008 the majority of HIV-service organizations in Ukraine received financing through the two Global Fund

[36] International HIV/AIDS Alliance 2004 Annual report

Principal recipients: the International HIV/AIDS Alliance in Ukraine and the All-Ukrainian Network of People Living with HIV. Both organizations have become important actors in Ukrainian policy to combat HIV/AIDS.

2. A substantial part of funding has been disseminated among NGOs. The research suggests that in Kyiv, Odessa and L'viv, between 60% and 85% of funding for NGOs is from the Global Fund.
3. NGO staff have received training, including in topics related to service provision and organizational management.
4. NGOs have become involved in decision-making processes relating to public health policy and HIV/AIDS. This is partly the result of the Global Fund's requirement that the National Coordination Committee that includes representatives from civil society organizations.

Interviewees summarized some of the ways that civil society organizations have been strengthened:

> *"Civil society has got new development that manifested in technical and professional development of HIV-service organizations in the last five years. They are now a powerful force."*

> *"The significant amount of the Global Fund money was allocated to the development of civic society, strengthening its response to HIV epidemic. I was a member of expert group within tender committee and I know how HIV-service organizations, local branches of the Network of People Living with HIV/AIDS fought in transparent contest with each other for the right to implement a certain project. So, it is now possible to say that civic society has potential to provide HIV services."*

Limits to health systems strengthening

Nevertheless several barriers to change exist and several key respondents reported that they have doubts about the extent to which the Global Fund can have a substantial impact on strengthening the Ukrainian health system. Many stakeholders stressed that the current Ukrainian health care system, which was built on the old principles of administration and financing of health services (the Semaschko model), is not ready for innovations stimulated by the international organizations.

> *"The current health system was not ready for the changes that had been proposed by the Global Find. The new processes were started under the principles and basics of the system introduced by Semaschko at the beginning of the USSR establishment. Now the Global Fund proposed to review the approaches based on the basics of modern health systems in developed countries with involvement of patients into health care provision. This position was not promoted and discussed in the Soviet Union where the patient was a sort of "experimental rabbit", and the whole system was build on the idea that patients had no rights or demands."*

A few respondents were skeptical that Global Fund has improved the current health system:

> *"As for impact on the health system, I think it is absolutely absent. In the framework of the Global Fund program there were no activities directed at health sector reforms in a strategic way. For sure, the material basis of HIV-services was improved; the level of the capabilities of the epidemiological surveillance was increased. But these were separate activities, while the health system as a whole remains out of date."*

"[The Global Fund recipients] are not able to change the system, starting from procurement, all these tender processes and finishing the activities of the administrative bodies of this system. All these grants' implementation, enlargement of ART, VCT, all these activities demanded the review of the basics of the current system of health care that looked on these as an additional load impending their work."

Recommendations

A number of practical recommendations stem from the study:

For Global Fund Principal Recipients

- Review the system of distributing funds among sub-recipients of the Global Fund to promote increased transparency - for example by widely announcing bid competitions and clarifying their conditions and criteria for selection.
- Increase consultation within the regions of Ukraine about their priorities for HIV/AIDS programs and adjust programs accordingly.
- Monitor and evaluate training programs for personnel development among HIV/AIDS service organizations and pay more attention to long-term and systematic training of workers, in particular within social care services and organizations.
- Evaluate the quality of the past activities aimed at preventing the spread of HIV among vulnerable groups in order to implement more effective methods and technologies, procure material and intellectual resources to introduce contemporary structural preventative work directed at motivation for actual changes in behavior.
- Give more attention to the organization of effective preventative programs for sexually active youth, and for those who never studied after high-school graduation.
- Initiate a review of different models of integrated provision of HIV/AIDS services that currently exist and promote those models that are found to be effective.
- Continue to provide information and education about HIV/AIDS both to extend knowledge about the HIV, where to seek help and existing services, and to form a more favorable public opinion and positive attitude of staff providing HIV/AIDS services. Cooperation with mass media is one way to achieve this.

For Government and Governmental institutions of Ukraine

- Increase country ownership of internationally funded HIV/AIDS programs in Ukraine by invigorating the work of the National Coordination Council for Prevention of the Spread of HIV/AIDS, engaging HIV-positive activists more actively in the work of the councils at the national and regional levels, and extending the powers of these councils.
- Consider the possibility of granting the status of non-departmentally aligned governmental structure to the Committee for Combating HIV/AIDS and other Socially Dangerous Diseases, thus taking it out of the structure of the Ministry of Health in order to promote greater inter-sectoral collaboration across line ministries.
- Introduce specialized training courses for medical and social specialists to work in HIV-services, allocate state financing to improve the qualifications of HIV-service workers and promote standardization and quality of such training.
- Intensify work towards developing and implementing quality standards of social services for PLWHA and HIV vulnerable groups.
- Outline the norms for keeping information about HIV status confidential. This could be achieved through the development of a standard act to regulate the collection, storage and circulation of information.
- Review the practice of criminal liability for further spread of HIV by PLWHA.

- Introduce primary prevention activities at the national level through health promotion campaigns to increase access to information about the HIV, and help overcome misperceptions of HIV.

For HIV/AIDS service providers

- Increase transparency and public reporting on current and projected activities.
- Provide more information to clients about the eligibility criteria for receiving services.
- Increase levels of legal knowledge among PLWHA including their rights and mechanisms for protecting these rights.
- Intensify the work with personnel towards improving their attitudes towards HIV-positive people.
- Promote increased professionalism among workers who do not have specialized education, including peer-to-peer workers.
- Increase the intensity of preventative programs and their reach of highly vulnerable groups; review the content, forms and methods of preventative programs.

Appendix

List of organisations participating in the study

National level

State organizations

1. Ministry of Health of Ukraine (Committee to combat HIV infections, AIDS and other Socially Dangerous Diseases)
2. Ukrainian Center to Prevent and Fight AIDS, Ministry of Health of Ukraine
3. Ministry of Family, Youth and Sport Affairs
4. State Social Service for Families, Children and Youth
5. Ministry of Education and Research of Ukraine

International organizations

1. UNAIDS
2. WHO
3. UNICEF
4. USAID (project run by Constella Group)
5. Clinton Foundation
6. AFEW

National organizations

1. International HIV/AIDS Alliance in Ukraine
2. All-Ukrainian Network of PLWHA
3. Coalition of HIV Service Organizations
4. Anti-AIDS Foundation
5. Ukrainian Institution on Public Health Policy Research
6. Network of Organizations Working with Penitentiary System
7. Charitable organization “SAAPF”
8. International Institute of HIV/AIDS Problems

Kyiv city

State organizations

1. Department of Heath, Kyiv City Administration
2. City AIDS Center (Kyiv city clinical hospital No. 5)
3. City Social Service for Families, Children and Youth
4. City TB dispensary
5. “Our family” (city communal service for HIV-infected children and youth)

Non-governmental organizations

1. Kyiv city branch of the All-Ukrainian Network of PLWHA
2. Rehabilitation center “Steps”
3. NGO “Aeneas”
4. Institute of Problems of Drug Addiction and Drug Crimes
5. “Sotsium-XXI”

6. “Women’s Network”
7. “Gay Alliance”
8. “Vertical”
9. “Step by step”

Odessa

State organizations

1. The Main Department of Heath of City Administration
2. City AIDS centre
3. Oblast narcological dispensary
4. City Social Service for Families, Children and Youth
5. Oblast TB dispensary

Non-governmental organizations

1. Charitable Foundation “Way home”
2. Rehabilitation center “Steps”
3. Public movement “Faith, Hope, Love”
4. "For the Future without AIDS"
5. NGO coalition “Together for Life”
6. “Overcoming”
7. “The Sun Circle”

L’viv

State organizations

1. City AIDS centre
2. Oblast AIDS centre
3. Rayon Social Service for Families, Children and Youth
4. City TB dispensary

Non-governmental organizations

1. Oblast branch of the All-Ukrainian Network of PLWHA
2. Charitable Foundation “Salyus”
3. Charitable Foundation “Avante”