

Ukraine Report NCPI

NCPI Header

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Data related to this topic which does not fit into the indicator cells. Please specify methodology and reference to primary data source::

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Describe the process used for NCPI data gathering and validation: Identifying a list of respondents, representing governments and state institutions (UCDC, Ministry of Social Policy, State Penitentiary Service of Ukraine, Ministry of Youth and Sport of Ukraine). Analysis of documents on related issues. Subscribe questionnaires, summarizing the results and analysis of the document.

Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions: Conducting telephone consultations, correspondence via e-mail.

Highlight concerns, if any, related to the final NCPI data submitted (such as data quality, potential misinterpretation of questions and the like):

NCPI - PART A [to be administered to government officials]

| Organization | Names/Positions | Respondents to Part A |
|---|---|-----------------------|
| State Institution "Ukrainian Center for Socially Dangerous Disease Control of the MOH of Ukraine" | Nataliya Nizova, Director | A1,A2,A3,A4,A5,A6 |
| State Institution "Ukrainian Center for Socially Dangerous Disease Control of the MOH of Ukraine" | Alla Scherbinska, Deputy Director | A1,A2,A3,A4,A5,A6 |
| State Institution "Ukrainian Center for Socially Dangerous Disease Control of the MOH of Ukraine" | Ihor Kuzin, Head of Ukrainian Center for Monitoring and Evaluation of Programme Performance Measures against HIV-infection/AIDS | A1,A2,A3,A4,A5,A6 |
| State Penitentiary Service | Anatoliy Kryvoruk, Treatment and Prevention Work Section Head at the Healthcare, Medical and Sanitary Assistance Office | A1,A2,A3,A4,A5,A6 |
| Ministry of Social Policy | Victoriya Sanovska, Social Services Office Deputy Chief – Social Technologies Implementation and Social Work Section Head | A1,A2,A3,A4,A5,A6 |
| Ministry of Youth and Sports | Svitlana Fitsaylo, Main Specialist at the General and Pre-school Education Office | A1,A2,A3,A4 |

NCPI - PART B [to be administered to civil society organizations, bilateral agencies, and UN organizations]

| Organization | Names/Positions | Respondents to Part B |
|--|---|-----------------------|
| UNICEF HIV/AIDS | Tetyana Tarasova, Project Manager in Ukraine | B1,B2,B3,B4,B5 |
| UN Office on Drugs and Crime | Mirzahid Sultanov, Regional HIV/AIDS Advisor in Ukraine and Moldova | B1,B2,B3,B4,B5 |
| All-Ukrainian Charitable Organization "All-Ukrainian Network of People Living with HIV/AIDS" | Volodymyr Kurpita, Executive Director | B1,B2,B3,B4,B5 |
| Coalition of HIV -Service NGOs (All-Ukrainian Charity Foundation) | Olena Devis, Chairman of the Board | B1,B2,B3,B4,B5 |
| International HIV/AIDS Alliance in Ukraine | Varetska Olga, Associate Director: Strategic Information, Monitoring and Evaluation | B5 |
| All-Ukrainian Charitable Organization "All-Ukrainian Network of People Living with HIV/AIDS" | Vitaliy Tkachuk, Advisory Board | B1,B2,B3,B4,B5 |
| ASTAU (Association of Substitution Treatment Advocates of Ukraine) | Vitaliy Yusyuk, Executive Director | B1,B2,B3,B5 |

A.I Strategic plan

1. Has the country developed a national multisectoral strategy to respond to HIV?: Yes

IF YES, what is the period covered: 2009-2013, 2014-2018

IF YES, briefly describe key developments/modifications between the current national strategy and the prior one. IF NO or NOT APPLICABLE, briefly explain why.: Results of "An Assessment of the Implementation of the National AIDS Programme for 2009-2013 in Ukraine" were the basis of a new national program`s project. Moreover, new aims and goals of the Naional Program were proposed. These are the following major differences of the National Program, as compared to the previous six programs: 1). Larger funding from the state and local budgets; 2). Greater number of National Program implementers and respective funding breakdown.

IF YES, complete questions 1.1 through 1.10; IF NO, go to question 2.

1.1. Which government ministries or agencies have overall responsibility for the development and implementation of the national multi-sectoral strategy to respond to HIV?: The state employer of the National Program is the Ministry of Health of Ukraine, which ensures the overall coordination and control over its implementation. The National Program implementers that have provisioned funding from the state budget are the State Penitentiary Service, the Academy of Medical Science of Ukraine, the Ministry of Education and Science, Youth and Sports, the National Academy of Sciences of Ukraine, the Ministry of Defense, and the Ministry of Social Policy. At the regional level the National Program implementers are local state administrations that envision funding from the local budgets for its implementation.

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

Education:

Included in Strategy: Yes

Earmarked Budget: Yes

Health:

Included in Strategy: Yes

Earmarked Budget: Yes

Labour:

Included in Strategy: Yes

Earmarked Budget: Yes

Military/Police:

Included in Strategy: Yes

Earmarked Budget: Yes

Social Welfare:

Included in Strategy: Yes

Earmarked Budget: Yes

Transportation:

Included in Strategy: No

Earmarked Budget: No

Women:

Included in Strategy: Yes

Earmarked Budget: Yes

Young People:

Included in Strategy: Yes

Earmarked Budget: Yes

Other:

Included in Strategy: No

Earmarked Budget: No

IF NO earmarked budget for some or all of the above sectors, explain what funding is used to ensure implementation of their HIV-specific activities?: Special activities for the category "transport" is not provided by the National Program`s activities. Activities under the National Program are funded from the Global Fund project (Rounds 10), charitable programs and international technical assistance projects, in addition to the state and local budgets.

1.3. Does the multisectoral strategy address the following key populations/other vulnerable populations, settings and cross-cutting issues?

KEY POPULATIONS AND OTHER VULNERABLE POPULATIONS:

Discordant couples: No

Elderly persons: No

Men who have sex with men: Yes

Migrants/mobile populations: Yes

Orphans and other vulnerable children: Yes

People with disabilities: Yes

People who inject drugs: Yes

Sex workers: Yes

Transgender people: No

Women and girls: Yes

Young women/young men: Yes

Other specific vulnerable subpopulations: Yes

SETTINGS:

Prisons: Yes

Schools: Yes

Workplace: Yes

CROSS-CUTTING ISSUES:

Addressing stigma and discrimination: Yes

Gender empowerment and/or gender equality: Yes

HIV and poverty: No

Human rights protection: Yes

Involvement of people living with HIV: Yes

IF NO, explain how key populations were identified?: In the development of the Concept - strategy, not only all stakeholders from the central executive authorities were involved, but also national and international NGOs. The Concept was agreed with Ukrainian Regions. For the first time, in the above concept, risks groups were represented (expanded the list). Subsequently, work with RG`s representatives was reflected in the Order of the MoH 08.02.2013 № 104 "On Approval of the List and Criteria for high-risk groups for HIV infection", registered by the Ministry of Justice 02.26.2013 № 323/22855.

1.4. What are the identified key populations and vulnerable groups for HIV programmes in the country?

People living with HIV: Yes

Men who have sex with men: Yes

Migrants/mobile populations: Yes

Orphans and other vulnerable children: Yes

People with disabilities: No

People who inject drugs: Yes

Prison inmates: Yes

Sex workers: Yes

Transgender people: No

Women and girls: Yes

Young women/young men: Yes

Other specific key populations/vulnerable subpopulations [write in]::

: No

1.5 Does the country have a strategy for addressing HIV issues among its national uniformed services (such as military, police, peacekeepers, prison staff, etc)?: Yes

1.6. Does the multisectoral strategy include an operational plan?: Yes

1.7. Does the multisectoral strategy or operational plan include:

a) Formal programme goals?: Yes

b) Clear targets or milestones?: Yes

c) Detailed costs for each programmatic area?: Yes

d) An indication of funding sources to support programme implementation?: Yes

e) A monitoring and evaluation framework?: Yes

1.8. Has the country ensured “full involvement and participation” of civil society in the development of the multisectoral strategy?: Active involvement

IF ACTIVE INVOLVEMENT, briefly explain how this was organised.: Civil society organizations (both national and international) took a proactive part in drafting the National Program and developing its activities. They were represented in the working group for elaborating the National Program, submitted written proposals with wide public consultations held. Also NGOs and charitable organizations were included into the National Program as co-implementers, in particular the principal beneficiaries under the Global Fund projects, i.e. the International HIV/AIDS Alliance in Ukraine and the All-Ukrainian Network of PLWHA. In the development of the Concept - strategy, not only all stakeholders from the central executive authorities were involved, but also national and international NGOs. The Concept was agreed with Ukrainian Regions. For the first time, in the above concept, risk groups were represented (expended the list). The National Council on TB and HIV includes 60% of the civil society.

IF NO or MODERATE INVOLVEMENT, briefly explain why this was the case.:

1.9. Has the multisectoral strategy been endorsed by most external development partners (bi-laterals, multi-laterals)?: Yes

1.10. Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?: Yes, some partners

IF SOME PARTNERS or NO, briefly explain for which areas there is no alignment/harmonization and why: Currently there is a process of harmonization

2.1. Has the country integrated HIV in the following specific development plans?

SPECIFIC DEVELOPMENT PLANS:

Common Country Assessment/UN Development Assistance Framework: Yes

National Development Plan: Yes

Poverty Reduction Strategy: Yes

National Social Protection Strategic Plan: Yes

Sector-wide approach: Yes

Other [write in]:

: N/A

2.2. IF YES, are the following specific HIV-related areas included in one or more of the development plans?

HIV-RELATED AREA INCLUDED IN PLAN(S):

Elimination of punitive laws: N/A

HIV impact alleviation (including palliative care for adults and children): Yes

Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support: Yes

Reduction of income inequalities as they relate to HIV prevention/ treatment, care and /or support: Yes

Reduction of stigma and discrimination: Yes

Treatment, care, and support (including social protection or other schemes): Yes

Women's economic empowerment (e.g. access to credit, access to land, training): No

Other [write in]:

:

3. Has the country evaluated the impact of HIV on its socioeconomic development for planning purposes?: Yes

3.1. IF YES, on a scale of 0 to 5 (where 0 is "Low" and 5 is "High"), to what extent has the evaluation informed resource allocation decisions?: 3

4. Does the country have a plan to strengthen health systems?: Yes

Please include information as to how this has impacted HIV-related infrastructure, human resources and capacities, and logistical systems to deliver medications and children: On the website of the Ministry of Health the project of the Law of Ukraine "On Approval of the National Programme" Health - 2020: Ukrainian dimension" was promulgated. This law has not yet been adopted.

5. Are health facilities providing HIV services integrated with other health services?

a) HIV Counselling & Testing with Sexual & Reproductive Health: Many

b) HIV Counselling & Testing and Tuberculosis: Many

c) HIV Counselling & Testing and general outpatient care: Few

d) HIV Counselling & Testing and chronic Non-Communicable Diseases: Few

e) ART and Tuberculosis: Many

f) ART and general outpatient care: Many

g) ART and chronic Non-Communicable Diseases: Few

h) PMTCT with Antenatal Care/Maternal & Child Health: Many

i) Other comments on HIV integration: :

6. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate strategy planning efforts in your country's HIV programmes in 2013?: 7

Since 2011, what have been key achievements in this area: Response of Ukraine is built according to "Three Ones Principles" Implementation of the external independent evaluation of the National Program Approval and adoption of the Consolidated Concept of the national program for the 2014-2018 and development of a new state targeted social program's project Broad public debate and involvement of the parties to the dialogue in the development of the Program Using the guidelines Assessments in the new program Creating a legal basis for the term "representatives of risk groups", the main concept ("adolescent", "youth") Conducting of the Second National Conference on HIV / AIDS Preparation and filing of the submission of Ukraine for the second phase of the 10th round of the Global Fund. Activities in the application complement the overall strategy of the country.

What challenges remain in this area: With the financial crisis the required level of funding for all areas of the strategy against HIV-infection/AIDS is not provided. Strategy of the continuation of programs and services after the completion of the Global Fund`s funding is not defined. Strategic direction to overcome stigma and discriminatory attitude towards PLWH is not ensured.

A.II Political support and leadership

1. Do the following high officials speak publicly and favourably about HIV efforts in major domestic forums at least twice a year?

A. Government ministers: Yes

B. Other high officials at sub-national level: Yes

1.1. In the last 12 months, have the head of government or other high officials taken action that demonstrated leadership in the response to HIV?: Yes

Briefly describe actions/examples of instances where the head of government or other high officials have demonstrated leadership: The Law №4999-VI "On the implementation of the programs of the Global Fund to Fight AIDS, Tuberculosis and Malaria in Ukraine" was signed by the president of Ukraine.

2. Does the country have an officially recognized national multisectoral HIV coordination body (i.e., a National HIV Council or equivalent)?: Yes

IF NO, briefly explain why not and how HIV programmes are being managed::

2.1. IF YES, does the national multisectoral HIV coordination body:

Have terms of reference?: Yes

Have active government leadership and participation?: Yes

Have an official chair person?: Yes

IF YES, what is his/her name and position title?: Vice Prime Minister of Ukraine Gryschenko K.I.

Have a defined membership?: Yes

IF YES, how many members?: 34

Include civil society representatives?: Yes

IF YES, how many?: 8

Include people living with HIV?: Yes

IF YES, how many?:

Include the private sector?: Yes

Strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?: Yes

3. Does the country have a mechanism to promote coordination between government, civil society organizations, and the private sector for implementing HIV strategies/programmes?: Yes

IF YES, briefly describe the main achievements:: National Council on TB and HIV provides a cooperation between state institutions and non-governmental organizations (report on the Council activities of 2013).

What challenges remain in this area:: Involvement of the private sector to resolve issues of HIV programs.

4. What percentage of the national HIV budget was spent on activities implemented by civil society in the past year?: 0

5. What kind of support does the National HIV Commission (or equivalent) provide to civil society organizations for the implementation of HIV-related activities?

Capacity-building: No

Coordination with other implementing partners: Yes

Information on priority needs: Yes

Procurement and distribution of medications or other supplies: No

Technical guidance: Yes

Other [write in]:

: No

6. Has the country reviewed national policies and laws to determine which, if any, are inconsistent with the National HIV Control policies?: Yes

6.1. IF YES, were policies and laws amended to be consistent with the National HIV Control policies?: Yes

IF YES, name and describe how the policies / laws were amended: In 2012, amendments were made to the Law of Ukraine "On Approval of the National Programme on HIV prevention, treatment, care and support for HIV and AIDS for 2009-2013", 05 June 2012 № 4888-VI. In 2013, the basic concepts, complemented with new one such as "adolescent" and the term "youth, young citizens" were determined. Changes were made to the "Temporary standards of medical care for adolescents and young people" approved by the Order of the Ministry of Health "On Amendments to the Ministry of Health of Ukraine on June 2, 2009 № 382" on December 2, 2013 № 1055.

Name and describe any inconsistencies that remain between any policies/laws and the National AIDS Control policies::

7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the political support for the HIV programme in 2013?: 7

Since 2011, what have been key achievements in this area:: Considerable interest and the political willingness of government officials of the highest level to solve the problems associated with HIV Revision of the National Council on HIV and TB Successful implementation of the 10 Round program and evidence of available capacity of UCDC as the main recipient of the Global Fund

What challenges remain in this area:: Objective factors related to the general situation in the country: The overall budget deficit and insufficient funding for combating HIV epidemic Organizational difficulties that occurs due to reform of the executive and the health care system Lack of involvement of the private sector to resolve issues of HIV programs The persistence and uncertainty for maintaining social order (regulatory framework, certain funding, etc.)

A.III Human rights

1.1. Does the country have non-discrimination laws or regulations which specify protections for specific key populations and other vulnerable groups? Select yes if the policy specifies any of the following key populations and vulnerable groups:

People living with HIV: Yes

Men who have sex with men: Yes

Migrants/mobile populations: Yes

Orphans and other vulnerable children: Yes

People with disabilities: Yes

People who inject drugs: Yes

Prison inmates: Yes

Sex workers: Yes

Transgender people: No

Women and girls: Yes

Young women/young men: No

Other specific vulnerable subpopulations [write in]:

: No

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:
Yes

IF YES to Question 1.1. or 1.2., briefly describe the content of the/laws:: There is no specific framework anti-discrimination law in Ukraine; although in recent years discussions concerning its adoption have been taking place. However, some Laws of Ukraine directly prohibit discrimination of various forms, namely: The Law of Ukraine "On Counteracting Diseases Caused by the Human Immunodeficiency Virus (HIV), and the Legal and Social Status of People Living with HIV" prohibits discrimination based on person's belonging to the populations with higher risk of exposure to HIV. The Law of Ukraine "On Approving the National Program to Ensure Prevention, Treatment, Care and Support for Those Living with HIV and AIDS for 2009-2013" defines certain populations at risk of exposure to HIV, in particular men having sex with men, migrants, injecting drug users, people providing sexual services for remuneration. Thus, in accordance with the Law of Ukraine "On Counteracting Diseases Caused by the Human Immunodeficiency Virus (HIV), and the Legal and Social Status of People Living with HIV", the provisions on discrimination prohibition apply to the said populations. The Concept of Children's Rights Protection and the Law of Ukraine "On Counteracting Diseases Caused by the Human Immunodeficiency Virus (HIV), and the Legal and Social Status of People Living with HIV" prohibits discrimination of children, regardless their status (in particular, orphanage) and health condition. The Law of Ukraine "On the Fundamentals of the Social Protection of the Disabled in Ukraine" prohibits discrimination of people with limited capabilities, regardless of disease that caused the disability. The Criminal Enforcement Code of Ukraine prohibits discrimination of people serving a sentence, in particular HIV-infected persons. The Law of Ukraine "On Ensuring Equal Rights and Opportunities for Women and Men" prohibits gender-based discrimination.

Briefly explain what mechanisms are in place to ensure these laws are implemented:: The legislation doesn't set forth clear-cut mechanisms to counteract discrimination. In the event of discrimination, a person has the right to appeal to a court

Briefly comment on the degree to which they are currently implemented: Under the said legal acts the anti-discrimination provisions are applied as the general principle.

2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and vulnerable groups?: Yes

IF YES, for which key populations and vulnerable groups?:

People living with HIV: No

Elderly persons: No

Men who have sex with men: No

Migrants/mobile populations: No

Orphans and other vulnerable children: No

People with disabilities: No

People who inject drugs: No

Prison inmates: No

Sex workers: No

Transgender people: No

Women and girls: No

Young women/young men: No

Other specific vulnerable populations [write in]::

: No

Briefly describe the content of these laws, regulations or policies: Weak mechanism of the implementation of the representatives of RG` s rights to rights provided by law Lack of legal framework for the protection of migrants' rights, and children Current article 130 of the Criminal Code was unanimously attributed to discriminatory

Briefly comment on how they pose barriers: The criminalization of drug users, SMT, administrative prosecution for prostitution

A.IV Prevention

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

IF YES, what key messages are explicitly promoted?:

Delay sexual debut: Yes

Engage in safe(r) sex: Yes

Fight against violence against women: Yes

Greater acceptance and involvement of people living with HIV: Yes

Greater involvement of men in reproductive health programmes: Yes

Know your HIV status: Yes

Males to get circumcised under medical supervision: No

Prevent mother-to-child transmission of HIV: Yes

Promote greater equality between men and women: Yes

Reduce the number of sexual partners: Yes

Use clean needles and syringes: Yes

Use condoms consistently: Yes

Other [write in]::

: No

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

2. Does the country have a policy or strategy to promote life-skills based HIV education for young people?: Yes

2.1. Is HIV education part of the curriculum in:

Primary schools?: Yes

Secondary schools?: Yes

Teacher training?: Yes

2.2. Does the strategy include

a) age-appropriate sexual and reproductive health elements?: Yes

b) gender-sensitive sexual and reproductive health elements?: Yes

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

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

Briefly describe the content of this policy or strategy:: The content and tools to implement the awareness-raising strategy are established according to the target populations. The content and scope of training on HIV in general schools are

established in the standards on primary and complete general education. The content of awareness-raising campaigns among the population at large (in particular through mass media, social advertisements, etc.) is defined for each campaign and is approved by a wide circle of stakeholders.

3.1. IF YES, which populations and what elements of HIV prevention does the policy/strategy address?

People who inject drugs: Condom promotion, Drug substitution therapy, HIV testing and counseling, Needle & syringe exchange, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education

Men who have sex with men: Condom promotion, HIV testing and counseling, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education

Sex workers: Condom promotion, HIV testing and counseling, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education

Customers of sex workers: Condom promotion, HIV testing and counseling, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education

Prison inmates: Condom promotion, HIV testing and counseling, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education

Other populations [write in]: general population

: Condom promotion, HIV testing and counseling, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction

3.2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate policy efforts in support of HIV prevention in 2013?: 7

Since 2011, what have been key achievements in this area:: HIV prevention was declared a major priority in state policy, and all the key line ministries are involved in the implementation of prevention programs. Primary prevention is based on the principles of a healthy lifestyle and family values. At the local level there is an understanding of the importance of prevention programs; thus, the local budgets find opportunities to allocate funds for awareness-raising activities. In spite of the lack of funding from the state budget, teachers are trained on HIV/AIDS prevention for the compulsory school subject "Basics of Health" and optional lessons with senior pupils; publications with guidelines were provided for their work. Focused prevention among high-risk populations is carried out under the Global Fund project. The magnitude of substitution maintenance therapy for HIV prevention among drug users has been expanded greatly.

What challenges remain in this area:: Primary prevention: There is no budgetary funding for prevention programs, in particular those implemented in the realm of education. There is largely insufficient financing of science in terms of studying and introducing innovative prevention programs. The coverage of HIV/AIDS problems by mass media, especially by commercial ones, doesn't suffice to provide for the necessary scope of prevention programs. Focused prevention: Prevention programs for IDUs insufficiently account for the changed HIV transmission route, i.e. from IDUs to their sexual partners. The coverage of IDUs' sexual partners with prevention programs is low. The scope and magnitude of prevention programs among MSM and those implemented in prisons are insufficient.

4. Has the country identified specific needs for HIV prevention programmes?: Yes

IF YES, how were these specific needs determined?: They are determined within the framework of the National Program, sectoral and regional programs in pursuance of it

IF YES, what are these specific needs? :

4.1. To what extent has HIV prevention been implemented?

The majority of people in need have access to...:

Blood safety: Strongly disagree

Condom promotion: Agree

Economic support e.g. cash transfers: N/A

Harm reduction for people who inject drugs: Agree

HIV prevention for out-of-school young people: Agree

HIV prevention in the workplace: Agree

HIV testing and counseling: Strongly agree

IEC on risk reduction: Agree

IEC on stigma and discrimination reduction: Agree

Prevention of mother-to-child transmission of HIV: Strongly agree

Prevention for people living with HIV: Agree

Reproductive health services including sexually transmitted infections prevention and treatment: Agree

Risk reduction for intimate partners of key populations: Agree

Risk reduction for men who have sex with men: Agree

Risk reduction for sex workers: Agree

Reduction of gender based violence: Disagree

School-based HIV education for young people: Agree

Treatment as prevention: Disagree

Universal precautions in health care settings: Disagree

Other [write in]::

:

5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in implementation of HIV prevention programmes in 2013?: 5

A.V Treatment, care and support

1. Has the country identified the essential elements of a comprehensive package of HIV treatment, care and support services?: Yes

If YES, Briefly identify the elements and what has been prioritized:: HIV diagnostics; Medical follow up, necessary laboratory tests; Free-of-charge access to ART for patients; Access to the diagnostics and treatment of opportunistic infections; Social and psychological support Palliative and hospice assistance; HIV mother-to-child transmission prevention programs; Providing information on living with HIV; PLWHA's access to reproductive health services.

Briefly identify how HIV treatment, care and support services are being scaled-up?: At the political level all the necessary conditions for the implementation of treatment, care and support for PLWHA were established. Treatment, care and support for PLWHA are the major objectives of the National Program for 2009-2013.

1.1. To what extent have the following HIV treatment, care and support services been implemented?

The majority of people in need have access to...:

Antiretroviral therapy: Strongly agree

ART for TB patients: Strongly agree

Cotrimoxazole prophylaxis in people living with HIV: Strongly agree

Early infant diagnosis: Strongly agree

Economic support: Disagree

Family based care and support: Agree

HIV care and support in the workplace (including alternative working arrangements): Disagree

HIV testing and counselling for people with TB: Agree

HIV treatment services in the workplace or treatment referral systems through the workplace: Agree

Nutritional care: N/A

Paediatric AIDS treatment: Strongly agree

Palliative care for children and adults Palliative care for children and adults: Agree

Post-delivery ART provision to women: Agree

Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault): Agree

Post-exposure prophylaxis for occupational exposures to HIV: Strongly agree

Psychosocial support for people living with HIV and their families: Strongly agree

Sexually transmitted infection management: Strongly agree

TB infection control in HIV treatment and care facilities: Agree

TB preventive therapy for people living with HIV: Agree

TB screening for people living with HIV: Agree

Treatment of common HIV-related infections: Agree

Other [write in]:

:

2. Does the government have a policy or strategy in place to provide social and economic support to people infected/affected by HIV?: Yes

Please clarify which social and economic support is provided: According to the new wording of the Law of Ukraine "On Counteracting Diseases Caused by the Human Immunodeficiency Virus (HIV), and the Legal and Social Status of People Living with HIV" passed on December 23, 2011, the State guarantees the social protection of PLWHA and their family members and the provisioning of PLWHA with health care and social services. So, PLWHA, in addition to the rights and freedoms of a human being and a citizen, are also entitled to: 1) compensation for losses associated with the restriction of their rights resulting from the disclosure or release of information on their positive HIV status; 2) free-of-charge provision of ART medications and drugs for opportunistic infections treatment under the procedure established by the central executive authority in charge of health. Monthly financial allowance from the state is assigned to HIV-positive children and children who suffer from a disease caused by HIV. In the event that a disability is established, a person living with HIV has the right to a pension, as provided for by the law.

3. Does the country have a policy or strategy for developing/using generic medications or parallel importing of medications for HIV?: Yes

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

IF YES, for which commodities?: There is a regional mechanism for the management of procurement of some types of goods, i.e. condoms, medications for opportunistic infections treatment. Theoretically, ART medications can be procured at the regional level, although in practice, due to many reasons, they are not. Substitution therapy medications may not be procured at the regional level.

5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care, and support programmes in 2013?: 8

Since 2011, what have been key achievements in this area?: The state gives higher priority to treatment of PLWH. At the end of 2013 approximately 55 thousand people receive ARV drugs. There is a significant progress in scaling up treatment in correctional facilities Provides funding from the state budget expenditures for the purchase of antiretroviral drugs. Close cooperation between state institutions and NGOs with financial support from international organizations. Introduction to the staffing of social services for families, children and young people - 12 thousand professionals in social work.

What challenges remain in this area?: The low coverage of HIV-positive IDUs by substitution therapy programs, lack of adherence to ART. Needs to improve logistics of the laboratory facilities due to the increased number of patients on ART. Systemic problems in public procurement procedures. Needs for improvement and implementation of large-scale integrated approach to the provision of health and social services to HIV-positive IDUs. Lack of access to adolescents and youth to VCT for HIV

6. Does the country have a policy or strategy to address the needs of orphans and other vulnerable children?:
Yes

6.1. IF YES, is there an operational definition for orphans and vulnerable children in the country?: Yes

6.2. IF YES, does the country have a national action plan specifically for orphans and vulnerable children?: Yes

7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2013?: 9

Since 2011, what have been key achievements in this area?: Previously launched initiatives and programs aimed at solving problems of orphans and other vulnerable children are ongoing.

What challenges remain in this area?: There is a need to expand the scope and magnitude of comprehensive programs for street children which are targeted, inter alia, at preventing HIV.

A.VI Monitoring and evaluation

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

Briefly describe any challenges in development or implementation:: Officials from governmental agencies do not possess a sufficient level of results-oriented management culture and understanding of monitoring and evaluation.

1.1. IF YES, years covered: 2012-2013

1.2. IF YES, have key partners aligned and harmonized their M&E requirements (including indicators) with the national M&E plan?: Yes, some partners

Briefly describe what the issues are:: Representatives from governmental authorities, international and non-governmental entities apply different approaches to selecting denominators of some indicators (a total number of PLWHA, IDUs, FSW, MSM, etc.). Representatives from governmental authorities and state-run entities insist on using official statistics, while those from international and non-governmental organizations suggest using survey-based estimates. There are some deviations in views on the depth and means of detailing the indicators (e.g., the age-group breakdown). The relevance of certain indicators raises doubts.

2. Does the national Monitoring and Evaluation plan include?

A data collection strategy: No

IF YES, does it address::

Behavioural surveys: No

Evaluation / research studies: No

HIV Drug resistance surveillance: No

HIV surveillance: No

Routine programme monitoring: No

A data analysis strategy: Yes

A data dissemination and use strategy: Yes

A well-defined standardised set of indicators that includes sex and age disaggregation (where appropriate): Yes

Guidelines on tools for data collection: Yes

3. Is there a budget for implementation of the M&E plan?: No

3.1. IF YES, what percentage of the total HIV programme funding is budgeted for M&E activities?:

4. Is there a functional national M&E Unit?: Yes

Briefly describe any obstacles:: It is possible to define organizational and institutional obstacles faced by the national M&E Unit in its activities as follows: 1). the insufficient scope of the unit's powers; 2). lack of personnel; 3). overload with other tasks having nothing in common with monitoring and evaluation.

4.1. Where is the national M&E Unit based?

In the Ministry of Health?: No

In the National HIV Commission (or equivalent)?: No

Elsewhere?: Yes

If elsewhere, please specify: State Institution "Ukrainian Center for Socially Dangerous Disease Control of the MOH of Ukraine"

4.2. How many and what type of professional staff are working in the national M&E Unit?

| POSITION [write in position titles] | Fulltime or Part-time? | Since when? |
|--|------------------------|-------------|
| Head | Full-time | Since 2012 |
| Regional monitoring and evaluation system development specialist | Temps plein | Since 2013 |
| Database specialist | Temps plein | Since 2013 |
| Surveys specialist | Full-time | Since 2009 |
| Routine epidemiological surveillance specialist | Full-time | Since 2013 |
| Epidemiological monitoring system improvement specialist | Full-time | Since 2009 |
| Assistant | Temps plein | Since 2013 |

| POSITION [write in position titles] | Fulltime or Part-time? | Since when? |
|-------------------------------------|------------------------|-------------|
|-------------------------------------|------------------------|-------------|

4.3. Are there mechanisms in place to ensure that all key partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?: Yes

Briefly describe the data-sharing mechanisms:: There are certain traditions of M&E data exchange between principal partners. Data exchange among governmental institutions is ensured by means of sending information requests. Requests are drawn up in the name of the Ukrainian State Service on Social Diseases or the Ukrainian AIDS Center. If necessary, the order is executed by the National TB and HIV/AIDS Council. Data exchange with international and non-governmental organizations is also ensured through sending requests and getting information upon their consent. Besides - the current order of the Ministry of Health provides for the mandatory submission of reports on the M&E indicators.

What are the major challenges in this area::

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

6. Is there a central national database with HIV- related data?: Yes

IF YES, briefly describe the national database and who manages it.: National data base DevINFO is used in the country. UNICEF is responsible for database development and maintenance, while the Monitoring and evaluation Unit is in charge of data input.

6.1. IF YES, does it include information about the content, key populations and geographical coverage of HIV services, as well as their implementing organizations?: Yes, but only some of the above

IF YES, but only some of the above, which aspects does it include?: The database contains numerical values of all the Monitoring and evaluation National Plan indicators, including information on key populations and geographical coverage with services.

6.2. Is there a functional Health Information System?

At national level: No

At subnational level: No

IF YES, at what level(s)?:

7.1. Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?: Estimates of Current and Future Needs

7.2. Is HIV programme coverage being monitored?: Yes

(a) IF YES, is coverage monitored by sex (male, female)?: Yes

(b) IF YES, is coverage monitored by population groups?: Yes

IF YES, for which population groups?: On the main risk groups - IDU, FSW, MSM, other.

Briefly explain how this information is used:: Ukraine has rather a well-developed monitoring system, in particular the system to collect, analyze and use statistical information. However, it should be stressed that the system of evaluation is by far less advanced.

(c) Is coverage monitored by geographical area?: Yes

IF YES, at which geographical levels (provincial, district, other)?: Region, district.

Briefly explain how this information is used:: Ukraine has rather a well-developed monitoring system, in particular the system to collect, analyze and use statistical information. However, it should be stressed that the system of evaluation is by far less advanced.

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

9. How are M&E data used?

For programme improvement?: No

In developing / revising the national HIV response?: No

For resource allocation?: No

Other [write in]:: Official data release for information and results demonstration

: Yes

Briefly provide specific examples of how M&E data are used, and the main challenges, if any::

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

At national level?: Yes

IF YES, what was the number trained?: 7

At subnational level?: Yes

IF YES, what was the number trained: 96

At service delivery level including civil society?: Yes

IF YES, how many?: Information not available

10.1. Were other M&E capacity-building activities conducted other than training?: Yes

IF YES, describe what types of activities: Organizational and methodical support is provided to regional monitoring and evaluation units, in particular by means of providing guidelines. Monitoring visits are made to regional monitoring and evaluation units, in particular for the purpose of consultations provision and advocacy of their interests among local authorities. Participation in conferences and other national and international events on monitoring and evaluation. Office appliances and computer hardware were purchased to back the operation of monitoring and evaluation units.

11. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the HIV-related monitoring and evaluation (M&E) in 2013?: 8

Since 2011, what have been key achievements in this area:: There was a consistent development of monitoring and evaluation system . Process of establishing regional centers for monitoring and evaluation in all regions of Ukraine was completed, collection of regional indicators was adjusted. Approved national M&E plan. Ensured openness and availability of national data on HIV. The Fifth National Conference on M&E.

What challenges remain in this area:: Insufficient level of preparation and provision of personnel for monitoring and evaluation, especially in the regions. Monitoring and evaluation system is not developed, as a full-fledged independent structure. There is no information system for HIV / AIDS. Funding for the necessary research is carried out mainly by the Global Fund and international projects, financing from the state budget is allocated

B.I Civil Society involvement

1. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?: 4

Comments and examples:: Civil society plays a key role in shaping commitment among top leaders via high-level meetings, meetings of stakeholders, advocacy campaigns and exchange of official correspondence. NGO representatives have been involved in all phases of government policy development. NGO representatives, specifically, PLWH, LGBT and HIV-service organizations are among members of the National TB and HIV/AIDS Council and its working bodies (the Committee for Regional Policies; the Committee on Programmatic Issues; the Commission for Supervision of Application Development, Negotiations and Implementation of Programs Implemented with funds of the Global Fund to Fight AIDS, Tuberculosis and Malaria). Many NGO representatives are of the opinion that public involvement is of a predominantly formal nature and hence, has almost no effect on the effectiveness of government policy or scope of public funds earmarked to counteract HIV.

2. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on HIV or for the most current activity plan (e.g. attending planning meetings and reviewing drafts)?: 4

Comments and examples:: Civil society sector representatives are involved in the planning and budgeting of the national (and local) plans and actions. The participation of representatives of the wide public in development of proposals, implementation of government policies, consolidated spending of funds and monitoring of HIV programs is provided through the introducing of public representatives into the membership of: National TB and HIV/AIDS Council and its working bodies, Local (regional/municipal/district) TB and HIV/AIDS councils, Intersectoral working groups established with the MoH.

Nevertheless, the government does not fully account for public proposals in its planning of the national and local budgets on HIV. The Program budget is executed at less than 50% and NGOs have no practical effect on its performance or supervision.

3. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) are the services provided by civil society in areas of HIV prevention, treatment, care and support included in:

a. The national HIV strategy?: 4

b. The national HIV budget?: 3

c. The national HIV reports?: 4

Comments and examples: a). The National Strategy: The majority of measures taken by civil society have been included into the National Strategy; however, this is only true for those measures funded from GF’s grants through the principal recipients. Measures by the civil society sector performed outside the GF funding have not been included in the National Strategy. b). The National budget on HIV includes only budget provisions for measures implemented within the GF grants. The National Strategy does not provide for national-level funding of NGOs. There is no specific mechanism of HIV prevention measures implementation by NGOs at the expense of government funds. c). Civil society representatives proactively participate in writing national reports. The major reports are being largely prepared based on results of bio-behavioral surveys carried out by NGOs. Target groups for such surveys are mostly composed of clients of such NGOs. National reports are most often prepared with involvement of civil society professionals possessing information about hard-to-reach groups of the population.

4. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society included in the monitoring and evaluation (M&E) of the HIV response?

a. Developing the national M&E plan?: 4

b. Participating in the national M&E committee / working group responsible for coordination of M&E activities?: 4

c. Participate in using data for decision-making?: 4

Comments and examples: The members of the National M&E Group include representatives of international and Ukrainian organizations, research companies. Some NGO representatives are of the opinion that National M&E Group activities are to a certain degree dependent on support from international institutions. Hence, there is no actual feeling that its outputs are a national product.

5. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society representation in HIV efforts inclusive of diverse organizations (e.g. organisations and networks of people living with HIV, of sex workers, community based organisations , and faith-based organizations)?: 5

Comments and examples: Participation of the civil society sector is both considerable and multifaceted, ranging from delivery of services to policy-making. Representatives of PLWHA and LGBT/MSM communities are the most active, while CSWs are more passive.

6. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society able to access:

a. Adequate financial support to implement its HIV activities?: 4

b. Adequate technical support to implement its HIV activities?: 4

Comments and examples: Civil society representatives have access to financial and technical support to implement HIV activities through grants from international donor organizations. Such financial and technical support from donor institutions is mostly aimed at ART and SMT, care and support, prevention among vulnerable groups, community mobilization and advocacy.

The viability of such projects is low and there are no mechanisms to secure the sustainability of civil society organizations beyond the assistance period. Consequently, given the reduction of the scope of financial and technical assistance from donor organizations for such activities, the number of clients of these programs will decrease and the quality of their services will go down.

7. What percentage of the following HIV programmes/services is estimated to be provided by civil society?

Prevention for key-populations:

People living with HIV: 51-75%

Men who have sex with men: 51-75%

People who inject drugs: 51-75%

Sex workers: 51-75%

Transgender people: >75%

Palliative care : 25-50%

Testing and Counselling: 25-50%

Know your Rights/ Legal services: 25-50%

Reduction of Stigma and Discrimination: 51-75%

Clinical services (ART/OI): <25%

Home-based care: 25-50%

Programmes for OVC: 51-75%

8. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to increase civil society participation in 2013?: 8

Since 2011, what have been key achievements in this area?: A significant part of the services for risk groups is provided by non-governmental organizations, the role of which is estimated as high government agencies. There is significance to strengthen civil society organizations and the expansion of their functions and the range of services for prevention and care.

What challenges remain in this area?: 1. There is no system for civil society contracting for the delivery of services. 2. The system of government support to NGOs is lacking. 3. There is a mismatch between the national and regional levels of cooperation between the public and the non-governmental sector. 4. Most services provided by civil society are concentrated on the level of regional centers and bigger cities.

B.II Political support and leadership

1. Has the Government, through political and financial support, involved people living with HIV, key populations and/or other vulnerable sub-populations in governmental HIV-policy design and programme implementation?:

Yes

IF YES, describe some examples of when and how this has happened?: The involvement of representatives of PLWHA communities and other key populations in the process of government policy-making and national program implementation in

the HIV area has been predominantly at the national level

B.III Human rights

1.1. Does the country have non-discrimination laws or regulations which specify protections for specific key populations and other vulnerable subpopulations? Circle yes if the policy specifies any of the following key populations:

KEY POPULATIONS and VULNERABLE SUBPOPULATIONS:

People living with HIV: Yes

Men who have sex with men: No

Migrants/mobile populations: Yes

Orphans and other vulnerable children: Yes

People with disabilities: Yes

People who inject drugs: Yes

Prison inmates: Yes

Sex workers: No

Transgender people: No

Women and girls: Yes

Young women/young men: Yes

Other specific vulnerable subpopulations [write in]:

: No

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:

Yes

IF YES to Question 1.1 or 1.2, briefly describe the contents of these laws:: In spite of the absence of a single general law against discrimination, a number of regulations do expressly prohibit discrimination. E.g., Article 24 of the Constitution of Ukraine outlaws discrimination: "Citizens shall have equal constitutional rights and freedoms and shall be equal before the law. There shall be no privileges or restrictions based on race, skin colour, political, religious, and other beliefs, gender, ethnic and social origin, property status, place of residence, linguistic or other characteristics." Sadly, the above language in the Fundamental Law does not reflect the challenges of today and provide effective protection from discrimination on the broadest possible grounds. For example, Article 24 of the Constitution does not mention sexual orientation or disability as grounds for discrimination.

Briefly explain what mechanisms are in place to ensure that these laws are implemented:: Entities with authority to prevent and combat discrimination are: - The Verkhovna Rada of Ukraine; - The Ukrainian Parliament Commissioner for Human Rights; - The Cabinet of Ministers of Ukraine; - Other public authorities, the authorities of the Autonomous Republic of Crimea, - Local authorities; - Non-governmental organizations, individuals and legal entities

Briefly comment on the degree to which they are currently implemented: In general, implemented, although the capacity strengthening and mechanisms for implementing and monitoring the protection of human rights violations of PLHIV are required. (national structure, endowed with such features is not available)B

2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?: Yes

2.1. IF YES, for which sub-populations?

KEY POPULATIONS and VULNERABLE SUBPOPULATIONS:

People living with HIV: No

Men who have sex with men: No

Migrants/mobile populations: No

Orphans and other vulnerable children: No

People with disabilities: No

People who inject drugs: Yes

Prison inmates: Yes

Sex workers: Yes

Transgender people: No

Women and girls: No

Young women/young men: No

Other specific vulnerable populations [write in]::

: No

Briefly describe the content of these laws, regulations or policies: Medical assistance for ART administration is delivered on a territorial principle. Pursuant to the internal regulations of correctional facilities and the Code of Criminal Procedures, a syringe is a prohibited item, thus rendering it impossible to implement syringe exchange programs on the territory of such facilities. There is also a ban on the handing over of medications, including ART medicines, which creates additional problems and further complicates treatment and delivery of care and support services. There is no legislative framework in place that would regulate continuation of substitution therapy in correctional facilities. This leads to disruptions in the treatment regimen already at the stage of the temporary detention facility.

Briefly comment on how they pose barriers: Limitation of access to ART, increased criminalization of IDU environment, deterioration of the performance of prevention programs (in particular, syringe exchange programs); stigmatization of drug users.

3. Does the country have a policy, law or regulation to reduce violence against women, including for example, victims of sexual assault or women living with HIV?: Yes

Briefly describe the content of the policy, law or regulation and the populations included.: State program to ensure equal rights and opportunities for women and men to 2016 mainly aimed at women, victims of domestic violence, all of which

is associated with physical and sexual abuse is regulated by administrative and criminal law. Programs of assistance to women victims of domestic violence, mainly is implemented by public organizations with the support of international donors.

4. Is the promotion and protection of human rights explicitly mentioned in any HIV policy or strategy?: Yes

IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy:: The Law of Ukraine No. 1972-XII, of December 12, 1991, on the Prevention of the Spread of Diseases Conditioned by Human Immunodeficiency Virus (HIV) and Legal and Social Protection of People Living with HIV (new 2012 version): issues of information and human rights protection have been defined in Section III. The Rights and Social Protection of Individuals Living with HIV and Their Family Members: Article 13. The right of individuals living with HIV to information. Protection of information about an individual's HIV status from publication and third-party disclosure., Article 14. The equality under the law and the prohibition of discrimination of individuals living with HIV and those belonging to at-risk groups. Article 16. Protection of the right to work and other social rights of individuals living with HIV, their friends and relatives. Article 17. Compensation for damages inflicted on the health of an individual in the event of his/her infection with HIV. Article 18. Rights of parents of children with HIV and children suffering from diseases caused by HIV. Article 19. State support of children with HIV and children suffering from diseases caused by HIV. Article 15. Other rights of people living with HIV.

5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, key populations and other vulnerable populations?: No

IF YES, briefly describe this mechanism::

6. Does the country have a policy or strategy of free services for the following? Indicate if these services are provided free-of-charge to all people, to some people or not at all (circle "yes" or "no" as applicable).

Antiretroviral treatment:

Provided free-of-charge to all people in the country: Yes

Provided free-of-charge to some people in the country: No

Provided, but only at a cost: No

HIV prevention services:

Provided free-of-charge to all people in the country: Yes

Provided free-of-charge to some people in the country: No

Provided, but only at a cost: No

HIV-related care and support interventions:

Provided free-of-charge to all people in the country: Yes

Provided free-of-charge to some people in the country: No

Provided, but only at a cost: No

If applicable, which populations have been identified as priority, and for which services?: Testing and counseling – pregnant women (though everyone has access to free-of-charge services): HIV-prevention services – first IDUs, then FSWs and MSMs, ART delivery – PLWHA, foremost children, HIV-related care and support – PLWHA, foremost children

7. Does the country have a policy or strategy to ensure equal access for women and men to HIV prevention, treatment, care and support?: Yes

7.1. In particular, does the country have a policy or strategy to ensure access to HIV prevention, treatment, care and support for women outside the context of pregnancy and childbirth?: Yes

8. Does the country have a policy or strategy to ensure equal access for key populations and/or other vulnerable sub-populations to HIV prevention, treatment, care and support?: Yes

IF YES, Briefly describe the content of this policy/strategy and the populations included:: Legal regulations do not provide for either limited or privileged access to services. However, in reality there is no equal access to these because prisoners and IDUs have only limited access. The National Strategy for 2009-2013 envisages work with representatives of high-risk groups; however, it fails to account for all key populations (there is no mention of women having sex with women and transgender individuals).

8.1. IF YES, does this policy/strategy include different types of approaches to ensure equal access for different key populations and/or other vulnerable sub-populations?: Yes

IF YES, briefly explain the different types of approaches to ensure equal access for different populations::
Approach "peer to peer" to vulnerable groups, the involvement of NGOs in the provision of harm reduction services, counseling, diagnosis, and social support

9. Does the country have a policy or law prohibiting HIV screening for general employment purposes (recruitment, assignment/relocation, appointment, promotion, termination)?: Yes

IF YES, briefly describe the content of the policy or law:: Clause 2, Article 6 of the new version of the Law of Ukraine on HIV/AIDS states, 'The testing of individuals 14 or more years of age shall be carried out on a voluntary basis.' In spite of HIV tests being voluntary in Ukraine, there are overt or silent HIV tests used for some employment or service options (regular military service, police, etc.)

10. Does the country have the following human rights monitoring and enforcement mechanisms?

a. Existence of independent national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions, watchdogs, and ombudspersons which consider HIV-related issues within their work: Yes

b. Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts: No

IF YES on any of the above questions, describe some examples:: experts noted the existence of the judicial system in general, the Ombudsman and activities of human rights organizations

11. In the last 2 years, have there been the following training and/or capacity-building activities:

a. Programmes to educate, raise awareness among people living with HIV and key populations concerning their rights (in the context of HIV)?: Yes

b. Programmes for members of the judiciary and law enforcement⁴⁶ on HIV and human rights issues that may come up in the context of their work?: Yes

12. Are the following legal support services available in the country?

a. Legal aid systems for HIV casework: Yes

b. Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV: Yes

13. Are there programmes in place to reduce HIV-related stigma and discrimination?: Yes

IF YES, what types of programmes?:

Programmes for health care workers: Yes

Programmes for the media: Yes

Programmes in the work place: Yes

Other [write in]:

: No

14. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2013?: 5

Since 2011, what have been key achievements in this area:: In 2013 the procedure for compulsory licensing of pharmaceuticals, such as implementation of flexibilities TRIPS was adopted, to ensure the right to health.

What challenges remain in this area:: Lack of systemic work in absence of its institutionalization, High levels of stigma in smaller towns and villages, Absence of a mechanism to reveal rights violation cases and penalize health care institutions for failure to deliver proper medical services to PLWHA (diagnosis and treatment should be fully financed from the national budget), Absence of a national authority responsible for the monitoring of such activity, Criminalization of drug addicts, Administrative persecution for prostitution;

15. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the effort to implement human rights related policies, laws and regulations in 2013?: 5

Since 2011, what have been key achievements in this area:: Adoption of the new version of the Law on HIV

What challenges remain in this area:: Lack of systemic work in absence of its institutionalization, High levels of stigma in smaller towns and villages, Absence of a mechanism to reveal rights violation cases and penalize health care institutions for failure to deliver proper medical services to PLWHA (diagnosis and treatment should be fully financed from the national budget), Absence of a national authority responsible for the monitoring of such activity, Criminalization of drug addicts, Administrative persecution for prostitution;

B.IV Prevention

1. Has the country identified the specific needs for HIV prevention programmes?: Yes

IF YES, how were these specific needs determined?: National estimate of the number of vulnerable groups was carried out in the country, on its basis the goals for the coverage were setting. Content of services is formed on the basis of international recommendations on the most effective packages of services, as well as by the study of services needs of target groups in selected sites. List of key vulnerable groups legally registered is: IDUs, FSWs, MSM, prisoners, "street children".

IF YES, what are these specific needs? : Need of social support, the elimination of stigmatization of drug users, harm reduction services and priority access to SMT, increasing access to preventive programs to vulnerable groups, improving access to prevention and treatment programs by providing integrated services

1.1 To what extent has HIV prevention been implemented?

The majority of people in need have access to...:

Blood safety: Strongly agree

Condom promotion: Agree

Harm reduction for people who inject drugs: Agree

HIV prevention for out-of-school young people: Disagree

HIV prevention in the workplace: Disagree

HIV testing and counseling: Agree

IEC on risk reduction: Disagree

IEC on stigma and discrimination reduction: Disagree

Prevention of mother-to-child transmission of HIV: Agree

Prevention for people living with HIV: Disagree

Reproductive health services including sexually transmitted infections prevention and treatment: Disagree

Risk reduction for intimate partners of key populations: Disagree

Risk reduction for men who have sex with men: Disagree

Risk reduction for sex workers: Agree

School-based HIV education for young people: Agree

Universal precautions in health care settings: Agree

Other [write in]::

:

2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV prevention programmes in 2013?: 6

Since 2011, what have been key achievements in this area:: Prevention projects have been included in the application for Global Fund Round 10. Minimum service packages for IDUs, FSWS, and MSM have been identified. Implementation of harm reduction programs that includes motivating representatives of at-risk groups to take an HIV test led to a considerable improvement in HIV detection rates among IDUs, FSWS and street children.

What challenges remain in this area:: Absence of government institutions that would be in charge of prevention programs implementation in risk groups. Implementation by the non-governmental sector (civil society organizations) of prevention programs with funds from donor organizations attests to their poor viability and sustainability after donor funding is terminated. Although the government has declared its prevention efforts through school education, such measures are mostly limited to lectures, which are hardly the most effective. There are no signs of work with at-risk groups by the government entities. Criminalization of drug abuse. Lack of budget financing or stability of prevention programs.

B.V Treatment, care and support

1. Has the country identified the essential elements of a comprehensive package of HIV treatment, care and support services?: Yes

IF YES, Briefly identify the elements and what has been prioritized:: The main priorities include: early beginning of ART; forming and supporting of adherence to ART and medical services in general; support of families with children and prisoners (counseling, retrieval of documents, food packages, and referral to health care facilities). The Standards cover the most-at-risk populations (people with high risk of sexually transmitted infections, PLWHA, AIDS/TB patients, triple-diagnosis AIDS/TB/IDU) patients; people receiving maintenance therapy) and aim at providing continuity of prevention, medical, social, legal, social and economic and information services to vulnerable populations. When preparing the Country Application for Financing within the framework of Global Fund Round 10, the needs calculation was made on the basis of the above standards.

Briefly identify how HIV treatment, care and support services are being scaled-up?: The network of ART facilities has been expanded to include not only AIDS Centers but also TB dispensaries and central district hospitals. The government complies with the commitments it has assumed and provides treatment. The scope of treatment services is being broadened owing to a two-fold increase in the financing from the national budget as well as to funds from Global Fund Round 10. Care and support projects are currently implemented exclusively by NGOs with funds from local donors.

1.1. To what extent have the following HIV treatment, care and support services been implemented?

The majority of people in need have access to...:

Antiretroviral therapy: Agree

ART for TB patients: Disagree

Cotrimoxazole prophylaxis in people living with HIV: Agree

Early infant diagnosis: Agree

HIV care and support in the workplace (including alternative working arrangements): Disagree

HIV testing and counselling for people with TB: Disagree

HIV treatment services in the workplace or treatment referral systems through the workplace: Disagree

Nutritional care: Disagree

Paediatric AIDS treatment: Agree

Post-delivery ART provision to women: Agree

Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault): Agree

Post-exposure prophylaxis for occupational exposures to HIV: Agree

Psychosocial support for people living with HIV and their families: Agree

Sexually transmitted infection management: Agree

TB infection control in HIV treatment and care facilities: Disagree

TB preventive therapy for people living with HIV: Disagree

TB screening for people living with HIV: Disagree

Treatment of common HIV-related infections: Disagree

Other [write in]:

:

1.2. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2013?: 7

Since 2011, what have been key achievements in this area: Coverage of patients with ART and TB treatment services increased. Almost 100% coverage of children with ART reached. Treatment accessibility enhanced owing to two-fold increase in ART sites. Care and Support Component included in the service package for PLWHA. Accessibility of care and support services in regions increased

What challenges remain in this area: Individual at-risk groups (IDUs, CSW and prisoners) continue to be beyond the scope of treatment programs. Care and support services are not in the range of services provided by public institutions. There are disruptions with therapy and problems with inaccessibility of hepatitis diagnosis and treatment, particularly in correctional facilities. Public procurement legislation is far from perfect.

2. Does the country have a policy or strategy to address the needs of orphans and other vulnerable children?:
Yes

2.1. IF YES, is there an operational definition for orphans and vulnerable children in the country?: Yes

2.2. IF YES, does the country have a national action plan specifically for orphans and vulnerable children?: Yes

3. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2013?: 7

Since 2011, what have been key achievements in this area: Main achievements in improving access to treatment, care and support: Expanded network of facilities providing ART, SMT Ensured the continuity of SMT drugs issue Improving cooperation between medical institutions and NGOs to provide treatment, care and support

What challenges remain in this area: Systemic problems of access to treatment, care and support: certain at-most risk groups for HIV (IDUs, SWs and prisoners) remain outside treatment programs; lack of access to diagnosis and treatment of hepatitis, especially in prisons; imperfect legislation on tendering procedures; current problems of late detection of HIV and access treatment services remain in remote areas, small towns and villages Obstacles to scale up SMT