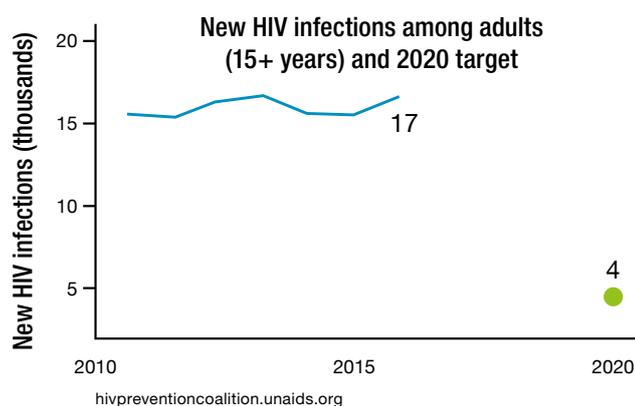




Ukraine HIV prevention shadow report

On track to meet the 2020 target?



Stigma & discrimination

Discriminatory attitudes towards people living with HIV

Global AIDS Monitoring data 2016/ MICS 2012



Gender-based violence

Prevalence of recent intimate partner violence among women (15-49)

Global AIDS Monitoring data 2016



Key populations



Latest size estimate conducted in:

Global AIDS Monitoring data 2016

Men who have sex with men

2016

Sex workers

2016

People who use drugs

2016

Transgender people

NO DATA

Young people (15-24)

Knowledge about HIV prevention



21%



25%

Global AIDS Monitoring data 2016 / PBS survey 2014

Harm reduction

Supportive reference to harm reduction in national policy documents

Global State of Harm Reduction 2016



Summary of civil society analysis

This is a critical time for the HIV response in Ukraine, as the government takes on responsibility for funding programmes such as HIV prevention among key populations from the Global Fund. Plans to continue contracting non-governmental organisations to reach key and priority populations are welcome. However, there is no sign of the government prioritising changes to the harmful laws and policies that make it difficult for these populations to access HIV services. Civil society organisations are concerned that the government has yet to implement many of the commitments made to accelerate HIV prevention efforts and that progress will remain stalled until the National HIV/AIDS Programme (2019-2023) is finalised.

10-point plan – a civil society analysis



In 2017, governments, civil society, UN agencies and donors launched the Global HIV Prevention Coalition to accelerate progress towards the global target to reduce new HIV infections. The Coalition endorsed the HIV Prevention 2020 Road Map which acknowledges common barriers to progress including lack of political leadership; enabling laws and policies; and funding for the implementation of combination prevention programmes.

The Road Map commits countries to a 10-point plan. This shadow report sets out a civil society perspective on how well Ukraine is performing.



1 Conduct strategic assessment of prevention needs and identify barriers to progress

In Ukraine, epidemiological data is collected and updated every two years and there are recent (2016) size estimations for people who use drugs, sex workers, and men who have sex with men. However, data on adolescents and young people is practically non-existent, and there are few assessments of prevention interventions needed for this group. While the 100-day plan – which outlined immediate actions following the launch of the Road Map – committed to an evaluation of vulnerable adolescents living/working on the street, this report is yet to be shared. Plans to conduct new size estimates are also still ongoing.

Ukraine has held a series of stock-taking consultations with different key population working groups to assess the country's current HIV prevention needs and challenges. The consultations included key population representatives, were comprehensive in their approach and included an analysis of the structural barriers to HIV prevention (e.g. criminalisation and state corruption). The summary report also provided recommendations that were endorsed by the civil society and key population representatives.



2 Develop or revise national targets and road maps

The process of developing national and sub-national targets is ongoing. Prevention targets have been partially revised or updated in cities that signed up to the Fast Track Initiative. National targets will be included in the National HIV/AIDS Programme (2019-2023) which is being developed. This 5-year strategy will include the main interventions, targets and budget as well as roles and responsibilities. Although working groups have been established to feed into these discussions the process does not always allow for meaningful involvement. Often, the documents are prepared by the Centre for Public Health and circulated for quick feedback from stakeholders. There have been no specific consultations with civil society to agree and set appropriate targets.



3 Enhance prevention leadership, oversight and management

Prior to the global Road Map, no public body was responsible for HIV prevention; the Ministry of Health (MoH) was only responsible for treatment. However, the new Global Fund application envisages a gradual transition from international to state funding by 2020. As part of this transition process the Centre for Public Health (also part of the MoH) is now expected to take on a new coordinating role. However, there is still some ambiguity around this role and its remit – particularly in relation to the provision of primary prevention. Civil society organisations (CSOs) remain concerned over the lack of inter-agency and inter-sectoral coordination. That said, the change in the coordinating role has just been initiated, and CSOs are optimistic that its capacity will be strengthened over time.



4 Introduce legal and policy changes to create an enabling environment

The stock-taking reviews provided detailed analysis of the structural barriers key populations face and the legal/policy reforms needed including: changes to criminal code around drug use and sex work; ensuring the inclusion of transgender people on the list of the most “at-risk” populations; addressing stigma and discrimination; addressing the legal ambiguity around adolescents and their ability to access services; and tackling financial corruption. However, the government has so far failed to prioritise these actions. For example, there have been no changes to the list of “at risk populations”, or to ensure supplies of opioid substitution therapy (OST) or needle syringe programmes in prisons despite demands from CSOs.



5 Develop national guidance and intervention packages, service delivery platforms and operational plans

The Centre for Public Health has hired consultants to develop national standards for prevention among key populations which will be ready at the end of 2018. The working group responsible for preparing the Global Fund request also outlined revised service packages for key populations, taking a combination prevention approach.

5 However, these service packages have yet to be endorsed by the government and will also need to be integrated into existing public health care legislation.

National operational plans are also under development. These plans will outline the list of services covered by the national prevention programme, and the additional services that will need to be covered by local budgets or by donor funding. However, these plans are still being developed and have not been shared.

6 Develop capacity building and technical assistance plan

While the stocktaking reviews identified several gaps and challenges, the 100-day action plan concluded that no “immediate” support was needed. As a result, Ukraine has not attempted to develop a comprehensive technical assistance plan. CSOs believe this is a problem. Significant gaps in national HIV prevention management, oversight and coordination remain. Technical assistance is also required in several programmatic areas, for example around delivery of pre-exposure prophylaxis (PrEP) and condoms; sensitisation and training of healthcare workers and other professionals who work with key population groups; and innovative financing mechanisms. CSOs are also worried that the plan will not be adequately resourced.

7 Establish or strengthen social contracting mechanisms for civil society implementers and expand community-based responses

In Ukraine local civil society and key population organisations are seen as key players and are valued for their technical expertise. These organisations have traditionally played a strong role in the delivery of HIV prevention services especially for key population groups. For example, the Alliance for Public Health has been playing a major coordinating and facilitating role in running nation-wide HIV prevention programmes for key populations. The majority of this work has been funded by international donors.

Currently there are no formal mechanisms in place to allow the government to contract civil society implementers. However, discussions are underway, and there are plans to roll out a new nationwide mechanism in 2019. The format of the mechanism is still to be finalised and two options are being piloted – one working through the regional administrations and the second through a national managing organisation.

8 Assess available funding and develop strategy to close financing gaps

At present HIV prevention for key populations is not covered by the national budget. As part of the transition from the Global Fund, national funding for HIV prevention, including for key populations, is due to start in 2019. In 2018, 20% of funds from the Global Fund will go to the government to pilot (through the options described above) financing HIV prevention through government agencies. In 2019 the government is meant to cover 50% of HIV prevention costs increasing to 80% in 2020.

The government held a multi-sector financing dialogue in 2018 with stakeholders, to discuss how the new funding arrangement would work. International support for HIV programmes in Ukraine is decreasing. It is not clear how the government will fund existing prevention services and no budget has been shared. CSOs are concerned that an increasingly squeezed domestic budget (caused by a financial crisis following ongoing conflict in Ukraine), will struggle to adequately fund the national HIV prevention response. While new service delivery packages promise to be comprehensive, there are doubts about the government’s ability to finance them at the same level as the Global Fund. Significant scale-up of successful HIV prevention services such as OST also seems unrealistic in the current financial climate.

9 Establish or strengthen programme monitoring systems

There are plans to implement a national e-health system and new national monitoring system for HIV prevention. However civil society groups are concerned that the new platform may not be gender-sensitive or include population-specific indicators; and may not capture disaggregated data on adolescents and young people. It is unclear whether community-based monitoring will be part of this new system.

In 2019, the government will take over conducting the national Integrated Biological and Behavioural Surveillance Survey (IBBS). This is a step forward in terms of strengthening state monitoring systems. But, it is unclear whether there will be any changes to the methodology or types of data collected.

10 Strengthen national and international accountability

A shared accountability framework for the HIV prevention strategy has not yet been developed. This framework is dependent on the National HIV/AIDS Programme which is yet to be completed. Also, it is unclear to what extent civil society will be engaged in its design and implementation.

Recommendations

We welcome the political commitment of the Ukrainian government and the steps taken in recent months to push HIV prevention higher up the country's agenda. As civil society and community organisations we commit to partner with you in these efforts. In order to meet the global and national targets, we believe Ukraine should prioritise the following actions:

- 1 Fast-track the plans to finalise and publish the National HIV/AIDS Programme (2019-2023) which will guide the country's HIV response.
- 2 Engage civil society in setting and endorsing new prevention targets. This should include a separate consultation with representatives from communities and key population groups so that they can also contribute to the finalisation of the National AIDS Programme.
- 3 Intensify efforts to conduct accurate size estimations for vulnerable adolescents and young people.
- 4 Ensure adequate investment in combination HIV prevention programmes for key populations. This includes the provision of OST and other services for people in prisons.
- 5 Commit to policy changes and other interventions to address the structural barriers that key and priority populations face, for example by amending criminal codes around drug use and sex work; including transgender people on the list of the most "at-risk" populations; addressing the legal ambiguity around adolescents and their ability to access services; and tackling financial corruption.
- 6 Develop a comprehensive and fully costed technical assistance plan to address gaps and support improved HIV prevention efforts.
- 7 Involve communities in monitoring and evaluation to further strengthen programme accountability. This requires greater investment in community-based monitoring tools and initiatives.

Methodology

As a member of the Global HIV Prevention Coalition, the International HIV/AIDS Alliance has played a leading role in convening civil society and community organisations. Activists from 22 countries participated in interactive workshops to learn, share and agree advocacy priorities. As part of this process activists worked in teams to analyse their country's progress on HIV prevention. Some country teams continued their collaboration and developed shadow reports based on responses to a standard questionnaire developed by the Alliance. These reports voice the priorities of civil society organisations and offer an alternative to official assessments.

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For national progress reports see:
hivpreventioncoalition.unaids.org

Our partners



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