

# **USG/UKRAINE**

## **Global Health Initiative Strategy**



**January 27, 2012**

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**Cover Photos:** 1. Upper Left: A father provides skin to skin contact for his premature son as part of the WHO-recommended Kangaroo approach introduced by USAID’s Mother, Infant and Child Health Project 2. Upper Right: A CDC-assisted laboratory technician receives a blood sample to test for HIV/AIDS. 3. Bottom: PCVs and youth run an art auction to raise funds for an HIV/AIDS service NGO.

## ACRONYMS

|       |  |
|-------|--|
| AIDS  | Acquired Immune Deficiency Syndrome            |
| ARC   | Autonomous Republic of Crimea                  |
| ART   | Antiretroviral therapy                         |
| ARV   | Antiretroviral                                 |
| CDC   | Centers for Disease Control                    |
| COP   | Country Operational Plan                       |
| CSO   | Civil Society Organization                     |
| DHS   | Demographic and Health Survey                  |
| DOD   | Department of Defense                          |
| DOTS  | Directly-Observed Treatment Strategy           |
| FP    | Family Planning                                |
| FD    | Family Doctors                                 |
| GFATM | Global Fund for AIDS, Tuberculosis and Malaria |
| GHI   | Global Health Initiative                       |
| GIZ   | German Foreign Assistance                      |
| GOU   | Government of Ukraine                          |
| GP    | General Practitioners                          |
| HIS   | Health Information System                      |
| HIV   | Human Immuno-Deficiency Virus                  |
| HQ    | Headquarters                                   |
| IDU   | Injecting Drug User                            |
| IRF   | International Renaissance Foundation           |
| M&E   | Monitoring and Evaluation                      |

|        |   |
|--------|---|
| MARPs  | Most At Risk Populations                                    |
| MAT    | Medication-Assisted Treatment/Therapy                       |
| MDR-TB | Multi-drug-resistant tuberculosis                           |
| MICS   | Multi-Indicator Cluster Survey                              |
| MOH    | Ministry of Health  |
| NGO    | Non-Governmental Organization                               |
| NIH    | National Institute of Health                                |
| PCV    | Peace Corps Volunteer                                       |
| PEPFAR | President's Emergency Plan for AIDS Relief                  |
| PLWHA  | People Living with HIV and AIDS                             |
| RH     | Reproductive Health   |
| SAMHSA | Substance Abuse and Mental Health Services Administration   |
| SAPR   | Semi-Annual Program Results                                 |
| SI     | Strategic Information                                       |
| STI    | Sexually Transmitted Infection                              |
| TA     | Technical Assistance  |
| TOEFL  | Teaching of English as a Foreign Language                   |
| TB     | Tuberculosis  |
| UAC    | Ukrainian AIDS Center                                       |
| UN     | United Nations  |
| UNAIDS | United Nations Joint Program on HIV/AIDS                    |
| UNFPA  | United Nations Population Fund                              |
| UNGASS | United Nations General Assembly Special Session on HIV/AIDS |
| UNICEF | United Nations Children's Fund                              |
| USAID  | United States Agency for International Development          |

USG United States Government  
WHO World Health Organization  
XDR-TB Extensively drug-resistant tuberculosis

## **Introduction**

Under the leadership of the U.S. Ambassador, the United States Government (USG) Ukraine Health Team welcomes the opportunity provided by the Global Health Initiative (GHI) to broaden its successful interagency collaboration in HIV/AIDS to address other pressing health needs through policy dialogue. The timing for this GHI strategy is fortuitous since the USG agencies working in health finished in 2011 several months of consultation, evaluation and analysis with the Government of Ukraine (GOU), other donor partners, independent and donor-led evaluation teams, the private sector, and non-governmental organizations (NGOs) to determine future directions and programming in HIV/AIDS, tuberculosis (TB), and reproductive health. These joint efforts strongly support the GHI principles of country ownership, strategic coordination, and leveraging opportunities with key stakeholders in the health sector. Moreover, the GHI strategy follows on the heels of the signing of the USG-GOU HIV/AIDS Partnership Framework in February 2011. This document articulates a framework wherein the USG, GOU, and other partners and stakeholders can work together to collaborate and support advances in the health sector to improve the health of Ukrainians.

### **I. Vision for the Global Health Initiative in Ukraine**

The Global Health Initiative Strategy sets the stage for coordinated USG health interventions by the full range of USG agencies currently represented in Ukraine. This strategy focuses on two priority themes: improving the quality of care and expanding services to underserved priority regions of Ukraine and encouraging Ukrainian scale-up of USG funded pilot programs as a part of its national health reform agenda and greater use of health data by manager, health workers and consumers to make informed choices. The possibility of improving health outcomes across sectors, through the use of lessons learned and USG financed systems strengthening approaches, is the principal value added by GHI support.

The GOU has made health reform a top priority. GHI creates the potential for technical assistance provided by the USG to complement the efforts of the GOU, including reform efforts which promote greater consolidation and integration of primary care services, better links between TB and HIV services and greater awareness and involvement of the public and private health care providers in delivering quality care. The USG model approaches in current areas of programmatic focus (HIV/AIDS, TB and Family Planning) serve as catalysts for reform of the Ukrainian health care system as a whole, emphasize the importance of preventive services and early diagnosis and case management. Finally, the USG's integrated approach is seeking to reduce the redundancies and gaps in the existing vertical TB and HIV services.

The GHI principles are best practices that have been implemented by the USG health team since assistance was first provided at Ukraine's independence in 1991. They are still in use today, building upon two decades of successful work with the GOU, Ukrainian public and private institutions, and communities. The result of applying these principles has been an unusually

collaborative and productive partnership among USG agencies and with bilateral, multilateral and private sector partners. All are focused on assisting the GOU achieve its objectives in health.

Under GHI, the USG aims to strengthen the Ukrainian healthcare system in targeted areas where USG and GOU efforts overlap, in order to achieve a level of health care more comparable to its neighbors in Western Europe. The USG-GOU HIV/AIDS Partnership Framework, signed in February 2011, is one example of how linkages are being strengthened between USG programs and GOU priorities. The USG, through the principles of GHI, will also seek opportunities to leverage its experience and technical expertise to improve the overall health sector in Ukraine via its existing programs. This will include areas such as policy, Health Information Systems (HIS), procurement and supply chain management, support to civil society, and communication and programmatic outreach activities.

Within the USG HIV/AIDS, TB, and FP/RH programs, the cross-cutting focal areas under GHI will include: 1) improved quality of care; and 2) increased and improved data for health care decision making by health workers and clients. The USG chose these areas of focus because of the existing evidence showing that results can be achieved with improvements in these areas, the relationship between quality of data and quality of care, and the ability to promote “smart” integration and coordination, particularly with the GOU priorities for health reform and health system strengthening. Moreover, prioritizing these efforts enables the USG to continue to play a significant role in areas of core competency.

The development hypothesis of the USG GHI program, which is shared with the USAID Mission’s Country Development and Cooperation Strategy, is:

*Ukrainians will become healthier and live longer by increasing the use of targeted health practices, becoming better informed and aware of health issues, receiving higher quality of health services from a more sustainable health system, and an improved enabling environment which will create a more stable and prosperous Ukraine.*

The USG will achieve this goal by enabling Ukrainian citizens to adopt new life-saving health behaviors and to successfully use targeted and proven effective health services which directly impact morbidity and mortality. These services include the provision of comprehensive prevention services including medication-assisted treatment (MAT) to injecting drug users (IDUs) to reduce the risk of HIV infection; directly-observed treatment strategy (DOTS) to reduce the number of active cases of TB; and modern methods of family planning to make it possible for families to choose voluntarily the number and spacing of their children.

These changes in behavior can only be achieved if citizens know about, believe in, and have access to appropriate information and services within a sustainable and enabling environment. Quality of care is essential in achieving these results. Through several USAID-supported 2011 assessments, it was demonstrated that 1) poor quality of care, weak laboratory diagnosis and out-

of-date infection control measures, combined with stigma and discrimination, diminish efforts to prevent the transmission of HIV/AIDS and the spread of TB; 2) poor quality of FP/RH programs leads to increased abortion rates; and 3) insufficient use of data to inform health programming and inadequate patient/client knowledge, as reflected in demand for and use of services, presents additional challenges to improving health outcomes. Over the past decade, USG assistance has contributed to the introduction and rollout of proven, necessary health services and the introduction of evidence-based approaches in health which have changed Ukrainian health policy, programs and outcomes.

Therefore, the GHI goals will: increase and, in some circumstances, correct citizen and health provider knowledge; improve the quality and use of information; and strengthen service quality and access, particularly in regards to gender, and disadvantaged and most-at-risk-populations (MARPs).

## **II. GHI Partner Country Priorities and Context**

### **A. Health Conditions and Statistics**

Ukraine, the second largest country in Europe, experienced a population decline of 12 percent (52 million to 46 million) in the period between independence in 1991 and 2009. Until very recently, fertility was well below the replacement rate of 2.1 children per woman. Low fertility, high mortality (especially among men), and out-migration have dramatically reduced the size and age structure of the population, with higher proportions in the mid and older age populations.

While the overall health status of the Ukrainian population fell immediately after independence, there has been steady improvement since the 1990s. The average life expectancy is 62 years for males and 74 for females. The main contribution to the elevated mortality rate in Ukraine comes from non-communicable diseases (72 percent), particularly cardiovascular and respiratory diseases. Infectious diseases are also key public health issues: it is estimated that 1.3 percent of the adult population is living with HIV/AIDS — the highest HIV prevalence in Europe — and approximately 0.13 percent of the population are on TB treatment. Maternal and infant mortality rates have been falling steadily; however, the maternal mortality ratio in Ukraine is more than three times the rate in Western Europe.

### **HIV/AIDS**

Ukraine's HIV epidemic remains concentrated among most at-risk populations (MARPs), including IDUs, sexual partners of IDUs, sex workers, and men who have sex with men (MSM). The UNAIDS 2010 Global Report estimated that HIV prevalence rates are three times higher among young women (15 to 24 years of age) in Ukraine than in Western and Central Europe and two times higher among young men. Unlike Western and Central Europe where HIV is

concentrated among gay men, nearly half of the estimated prevalence is among women in Ukraine (170,000 of the estimated 350,000 HIV cases are women<sup>1</sup>).

## **Tuberculosis**

Closely linked with HIV/AIDS, TB is a significant threat in Ukraine, particularly multi-drug resistant TB (MDR-TB) and extensively drug-resistant TB (XDR-TB). Ukraine has the eighth highest number of MDR-TB cases in the world. It is a global priority country for the prevention and treatment of MDR-TB and XDR-TB. According to a 2006 study, 16 percent of the newly detected TB cases and 42 percent of the previously-treated TB cases are MDR-TB, increasing the estimated number of new MDR-TB patients in need of treatment every year in Ukraine to almost 8,000.<sup>2</sup> The study also showed a significant association between HIV status and MDR-TB.

## **Family Planning/Reproductive Health**

Less than 20 years ago the abortion rate in Ukraine was one of the highest in the world and four times the rate of Western Europe; however, it has now been reduced to two times the rate. As expected, this decrease in abortions has been associated with an increase in contraceptive methods and their availability, and an increase in the contraceptive prevalence rate over the past ten years. The decline in abortions has also been important to improving maternal health and reducing maternal mortality.

## **Maternal and Child Health**

Maternal mortality in Ukraine is about three times higher than in Western Europe, but the maternal mortality ratio has seen improvement in recent years and compares favorably to other countries in the region, such as Russia and Moldova. Infant mortality rates, while not as low as Western Europe, are relatively low and below 10 deaths per 1,000 live births.

## **Non-Communicable Diseases (NCDs)**

There is considerable gender inequity in the survival and health status of men as opposed to women. Ukraine's men are dying prematurely and suffer some of the highest rates of disability in Europe and Central Asia due to non-communicable diseases. One third of Ukrainians die prematurely before the age of 65. Ukraine's male mortality rates are much higher than those in neighboring countries and are similar to those in much poorer countries (see table below). Although the USG has neither the resources nor the mandate at this time to address this serious health issue, it can play a limited role in addressing health system challenges through Peace

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<sup>1</sup> Estimate for all prevalent cases in 2010 from UNAIDS Global Report. These are the official estimates for women, however, some on the USG team believe that the estimate is too high, and that the proportion of women is more likely about 35%-40% of all cases.

<sup>2</sup> WHO Drug Resistance Survey, Donetsk Oblast, 2005-2006

Corps activities and USAID and CDC programs to address FP, HIV/AIDS, and TB. Lessons learned through these efforts can provide a framework through which the GOU can prioritize addressing risky behaviors for NCDs (such as smoking, drinking and other substance abuse) which drive up the rates of preventable NCDs including heart disease and hypertension.

|                | <b>Ukraine &amp; Selected Countries</b> |                                   |
|----------------|---|-----------------------------------|
| <b>Country</b> | <b>GNP Per Capita</b>                   | <b>Male Adult Mortality Rates</b> |
| Haiti          | 1070                                    | 329                               |
| Benin          | 1250                                    | 349                               |
| Ghana          | 1240                                    | 350                               |
| Togo           | 770                                     | 371                               |
| Guinea         | 1130                                    | 380                               |
| Ukraine        | 6110                                    | 384                               |

## **Health System**

### *Health System Challenges*

The Soviet health model values curative in-patient care (80 percent) over outpatient services (15 percent) and primary care and prevention (5 percent). This system made minimal investments in pharmaceuticals and surgical techniques, rudimentary investment in infection control and had limited emphasis on evidence-based medicine. It instead measured care in terms of quantity (number of hospital beds, numbers of trained doctors), rather than quality of care. Following the collapse of the Soviet Union, independent Ukraine was left with a vast and crumbling health infrastructure. Many treatment regimens, such as those for TB, were ineffective and harmful and have led to multi-drug resistance and even occupational acquisition of TB by health-workers. Total health expenditure was between 5 and 6 percent of GDP from 1998 to 2005. The European Union has estimated that almost 40 percent of Ukraine's current total health expenditure is out-of-pocket by consumers. According to the GOU's National Health Accounts, donor activity contributed only 0.3-0.7 percent to financing of the health sector between 2003 and 2008. As Ukraine seeks sustainable, affordable ways to improve the health of its citizens, it faces multiple challenges in service delivery, human resources, information systems, medical products and technology, financing, and leadership and governance.

### *Service Delivery*

In Service Delivery, vertical and specialized public health structures do not coordinate services and greatly dilute access to a client-friendly continuum of integrated prevention, treatment, and

<sup>3</sup> Source: Europe & Central Asia Knowledge Brief, World Bank, January 2010, Volume 17

care. For example, although there are a large number of public and NGO facilities working in HIV prevention and substance abuse, these programs do not have the scope, quality, intensity and coverage to effectively reach the most hidden and marginalized groups and do not offer convenient services to diagnose or treat HIV and TB. Coverage of HIV and TB testing and counseling for MARPs — including injecting drug users, sexually transmitted infection (STI) and TB patients, and prisoners — is low and inconsistent. While there are some good models for on-site treatment and outreach to TB patients on a continuous basis so that they successfully complete treatment, these need to be scaled up.

### ***Human Resources for Health***

Ukraine has an adequate overall number of health care workers; however, the types of workers and their geographic location are not ideal to meet the country's needs resulting in large sections of the country with high unmet needs; furthermore, the workforce is aging. There is a critical shortage of family doctors (FDs) (about one third of the estimated need according to the MOH) as well as a shortage of adequately trained health care managers. Educational institutions have the capacity to produce a sufficient number of graduates to maintain the health workforce, but large percentages of new graduates choose to work outside the state health care system due to low wages, low status of the medical profession, and poor working conditions in health facilities. In addition, the personnel remuneration system does not provide incentives for health workers to improve the quality, efficiency, or quantity of their work. Despite high-level government attention to human resource issues, including the presence of adequate in-country capacity for analysis and research on human resources issues, there is no strategic national plan for human resource development in the health sector.

### ***Medical Products, Vaccines and Technologies***

Ongoing problems in procurement of medical products and technology affect the government's ability to provide services and make the best use of the financial resources available. Ukraine lacks a clear national policy and an adequate system for the procurement and supply management of commodities, equipment and services.

Progress has been made in strengthening and improving laboratory services in Ukraine. Ukraine has an extensive, tiered HIV laboratory system with screening for HIV performed at 124 laboratories nationwide and confirmatory testing performed at 20 regional laboratories and one central laboratory. However, laboratories that specialize in HIV lack adequate resources and conditions to provide quality results, and staff do not receive sufficient training and support. Similar issues exist with the separate and vertical TB laboratory system.

### ***Health Information***

Information systems in Ukraine are historically weak and not well-coordinated, although improvements in systems related to HIV have occurred over the past few years. This includes

progress made in improving surveillance information on MARPs and M&E information on NGO HIV programs. This has been accomplished primarily through the Global Fund for AIDS, Tuberculosis and Malaria (GFATM) and USG support. There are no national harmonized programmatic M&E systems and tools, which creates a barrier to more efficient monitoring of programs and services. Most M&E data collection is still driven by external reporting requirements from donors rather than by national and local information needs.

### *Leadership and Governance*

In leadership and governance, there is a critical need for improved leadership, coordination, and management across all levels of the health system. Authority for decision-making is tentative and often unclear. Frequent changes of departmental ministers and other key positions make collaboration and medium- and long-term planning difficult.

### *Finance*

A recent study of Ukraine's health system<sup>4</sup> by the European Observatory on Health Systems and Policies found that fragmented health management and financing have stalled necessary health reforms and increased rates of avoidable mortality. GOU health care expenditure is low by regional standards and has not increased significantly as a proportion of gross domestic product (GDP) since the mid-1990s. Expenditures do not match the constitutional guarantees of universal access to care. Although prepaid schemes such as sickness funds are growing in importance, out-of-pocket payments account for 37.4 percent of total health expenditure.

Ukraine also faces significant challenges in health financing. The process of budgeting and disbursement of resources remains ad hoc and non-transparent. Financial management skills at the national, regional and local level, as well as those of civil society, remain extremely weak. The role of national, vis-à-vis regional and local, governments in budgeting and allocating funds also needs to be furthered clarified and systematized.

Whether viewed from a disease-specific standpoint or the wider health system, the cross-cutting issues of quality of health services and use of data are vital to improve health outcomes and efficiency. The programs for which the USG and GOU most easily intersect (HIV, TB, and FP) work with the most vulnerable and high-risk populations, including those at risk for HIV acquisition, poor TB treatment outcomes (including increasing MDR and XDR TB), and unintended pregnancies. Appropriate high-quality services need to be directed at these populations, which range from at-risk youth to injecting drug users to sex workers. Moreover, improvements in the generation and use of data for decision-making are essential not only for reaching high-risk populations, but also for the appropriate, transparent and efficient allocation of resources. The expectation is that increased efficiency, better protocols, and provision of

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<sup>4</sup> "Ukraine's Health System Review", Systems in Transition Series, European Observatory on Health Systems and Policies, July 2011. Vol.12, No.8.

high-quality services, even within the narrower confines of the USG mandate in Ukraine, will provide positive models for health reform and the health system overall through strengthened pharmaceutical procurement and supply chain management, laboratory quality assurance and infection control, improved national M&E system for HIV/AIDS and TB, and better use of data for national and local program design. The USG supported work to strengthen the role of the family doctor (FD) can provide improved client centered preventive and curative services at the more cost-effective and accessible primary care level. The FD model can be extended by the GOU to the prevention and early detection of other non-communicable diseases such as heart disease, hypertension and breast or cervical cancer.

### **B. GOU Response and Health Sector Reform**

Health reform has been cited as a top policy priority for the GOU in the health sector. President Yanukovich has articulated his desire for health care reform and several decrees have been issued. As envisioned by the GOU, health reform entails: 1) structural and operational changes to the delivery of health care services and; 2) financing and targeted budget allocations to achieve specific, definable results. This targeted budgeting methodology will introduce important elements of cost-benefit analysis based on the actual demands and scope of medical care needed, rather than defining success in terms of capacity (e.g., number of beds/line item budgeting). The reforms have begun in four pilot regions: three Oblasts and Kyiv. Each region has been given flexibility to implement reforms, and elements of the proposed reforms are being phased in gradually. Results will be evaluated and successful initiatives will be proposed for national implementation beginning in mid-2014.

While the USG is supportive of reforms to decentralize care and increase flexibility and efficiency of health care provision and financing, health reform in Ukraine is in its nascent stage. While there is an approved national plan of the health reform for year 2012 with overarching goals and objectives, the operational specifics regarding its implementation remain unclear. Moreover, under the mandate for health reform, the restructuring of treatment facilities providing medical services to patients with infectious diseases (including HIV and TB) has yet to be considered.

USAID supported an assessment of the Ukrainian health system in order to examine possibilities within GHI to promote collaboration. One of the biggest obstacles to health sector reform has been a lack of consistent leadership in the health sector. Health reform is a difficult proposition and can be politically risky. Results are often not immediate and change in the delivery of health care services can be perceived as threatening to both providers and clients. Without effective leadership, health sector reform will be hard to achieve at the implementation level even if many of the significant legal and policy hurdles are cleared. Other important challenges include a health workforce not aligned to Ukraine's health care needs: for example, there is a severe lack of recruitment and training for TB doctors. Additionally, health reform calls for an increased focus on primary health care, but there is a lack of family medical practitioners.

To sustainably increase quality HIV/AIDS, TB and MDR-TB and FP/RH services it will be critical to engage the GOU in a targeted manner to support health reform in the spirit of GHI. Particularly important will be the continued engagement of GOU and other stakeholders not only to restructure the policy environment for better delivery of services, but to support implementation. Accelerating the pace of health reform measures in a transparent manner while simultaneously cutting costs and improving the quality of care is a key Ukrainian Presidential priority which the USG shares. The USG has provided some support to the GOU's work on aspects of health reform. The USAID health systems analysis is being utilized by the GOU and the World Health Organization (WHO) as one of the key background papers for a national agenda-setting conference on health system policy reform, scheduled for the first quarter of 2012. The conference will target key GOU policy decision makers and other stakeholders.

The USG, through the current President's Emergency Plan for AIDS Relief (PEPFAR)-financed USAID HIV policy and capacity building program, has begun piloting some critical aspects of the early stages of health care reform, such as raising awareness and building basic skills of family doctors and general practitioners (GPs) in HIV prevention, including Medication Assisted Therapy for IDUs. The USG is also engaging GOU's National Committee on Economic Reforms regarding inclusion of the issues of HIV/AIDS, TB and TB/HIV co-infection into the health reform policy agenda through the dedicated Committee Health working group. The USG will continue to explore additional opportunities to influence the health reform agenda through the HIV, TB and FP/RH lens at the regional level, where USAID has been providing technical support to the Regional AIDS-TB Coordination Councils, especially in the sites where they overlap with the four health reform pilot regions. USAID-supported activities in primary health care already form the basis for GOU primary health care reform initiatives.

USG will also continue to provide technical assistance to promote further integration of vertical national HIV/AIDS, TB and FP/RH programs to make it easier for patients to receive the full spectrum of services, increasing coordination and synergies between various interventions. Integrating various areas of care will promote more efficient use of resources to reach vulnerable groups usually served by vertical systems. With additional resources, particularly in the area of health systems strengthening, the USG would be able to more directly participate with the GOU in the health reform process.

### **C. USG Health Programs in Ukraine**

USG health support to Ukraine started in 1991 with USAID providing assistance in primary health care, women's wellness centers, hospital partnerships, and support for FP/RH. USAID also supported targeted health programs on breast cancer prevention and support to the children of Chernobyl. Since arriving in 1992, Peace Corps has made health education a priority for the Ukraine program. In 2004 the Department of Defense began its work in HIV/AIDS with the Ukrainian military. From 2006 to 2008, USAID supported a child abandonment prevention project which targeted mothers and children affected by HIV. The CDC opened its office in Ukraine in 2010. Most recently, in February 2011, the USG signed a five-year HIV/AIDS

Partnership Framework through PEPFAR, with the GOU, outlining joint goals and commitments for collaboration.

Currently, the USG health program consists of four entities operating within the US Embassy in Kiev: USAID, CDC, DOD and Peace Corps. Of these organizations, USAID and CDC provide the largest funding resources and have the largest number of full-time health staff. Peace Corps has approximately 170 volunteers working nationwide on health related issues.

Almost all of CDC, DOD and USAID health funds are earmarked for HIV/AIDS and TB. Given that there is commitment by the USG and GOU to work together under the HIV/AIDS Partnership Framework, the PEPFAR platform is the ideal entry point to implement GHI principles. As exemplified by the Partnership Framework, the PEPFAR platform is the foundation for a GHI strategy that seeks to encourage country ownership and country-led plans, leverage other donors and stakeholders, and improve collaboration for improved data and metrics. The USG is the leader in research and innovation, particularly in regards to piloting models and improving service delivery. Moreover, as a technical assistance (TA) model PEPFAR country, strengthened health systems and the promotion of an improved legal and regulatory framework are critical elements of the Ukraine PEPFAR program to promote sustainability and support the principles of GHI.

Peace Corps, USAID, and CDC<sup>5</sup> work in health sectors related to HIV/AIDS and benefit from the synergies and ideas generated through HIV/AIDS work, in particular involving communities and local CSO leaders and People Living with HIV and AIDS (PLWHA) activists. These efforts produce results not only in the area of HIV/AIDS, but across the broader health care spectrum. For example, the two flagship USAID HIV projects<sup>6</sup> include in the majority of their technical assistance and capacity building programs not only HIV and TB personnel, but also local narcologic and FP/RH specialists, social and education service providers, CSO and MARP leaders, social and outreach workers and local law enforcement local agencies. USG work with family doctors in the FP/RH sector also forms a basis upon which preventive health care practices and early case detection could be extended to other areas, such as cancer prevention. Lessons learned from DOTS about patient compliance with treatment regimens can also be extended by the GOU for the treatment of hypertension and Type 2 diabetes.

The Peace Corps brings value to the GHI through its work with youth and community organizations. PCVs work throughout Ukraine, especially in mid-sized towns, and in underserved post-industrial communities and rural areas where there are significant gaps in health information and services. This increased reach and population coverage complements the geographic scope of the other GHI partners. In addition to HIV/AIDS, all three Peace Corps

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<sup>5</sup>CDC Atlanta-based divisions support health projects when funding opportunities arise as with a recent national tobacco use survey (GATS) and a current collaboration on improving influenza surveillance.

<sup>6</sup> SUNRISE/Scaling Up the National Response to HIV/AIDS through Information and Services Project: 2004-2012, and USCP/Ukraine HIV/AIDS Service Capacity Project: 2007-2012.

projects (Teaching of English as Foreign Language, Community Development, and Youth Development) include objectives for health activities. Peace Corps' comprehensive approach supports GHI's integrated programming in priority health areas.

USG HIV/AIDS assistance focuses on prevention, policy and system strengthening through support for NGOs and GOU's *Ukrainian AIDS Center*. These organizations receive funds from the Global Fund for AIDS, TB and Malaria (GFATM). The range of expertise and assistance offered by multiple partners - CDC, DOD, Peace Corps and USAID - make it possible to work across national ministries, local governments, the military, academic and research institutions, civil society groups, communities and MARPs.

The USG has made efforts to improve coordination among various parts of Ukraine's health care system. In TB/HIV, training of experts in both TB and HIV services is a major focus. Additionally, USAID trains (and will continue to train) general practitioners, family doctors, and interns from medical academies on DOTS-based TB services, infection control, HIV/AIDS and TB/HIV co-infection. These trainings are designed to enable physicians to expand their roles, especially in prevention, testing and counseling, diagnosis and referral of patients suspected of having TB or HIV.

### **III. GHI Objectives and Implementation**

#### **A. GHI Framework**

USG health programs reach Ukrainian citizens in all but two of Ukraine's 27 regions. In cooperation with the GOU and other donors, especially the Global Fund and local NGO's, USG assistance focuses on strengthening GOU capacity to: contain growing rates of disease and reduce morbidity; increase access to quality services and commodities; reduce barriers to care; build policies and systems that enable sustainable delivery of health services; and increase the use of preventive behaviors among targeted populations. The USG will achieve these objectives by working closely with the GOU, development partners, the private sector, local NGOs and communities; adhering to the GHI principles of focusing on women, girls and gender equality; encouraging country ownership and investing in country-led plans; building sustainability through health systems strengthening; strengthening and leveraging key organizations and partnerships; increasing impact through strategic coordination and integration; improving metrics, monitoring and evaluation; and promoting research and innovation.

The USG's overall long-term GHI health goal is for improved health status in focus areas and focus groups. This will be achieved by increasing the use of targeted health behaviors and services to address HIV/AIDS, TB and RH issues which have a proven impact on morbidity and mortality. It is expected that successful results in these specific health program areas will extend to the overall health sector. Success will be achieved through four interdependent results: **IR 1:**

Increased client knowledge and awareness; **IR 2:** Increased access to quality health services; **IR 3:** More sustainable health services; and **IR 4:** Improved enabling environment.<sup>7</sup>

***IR 1: Increased client knowledge and awareness***

The primary health challenges in the next five years are to increase and, in some circumstances, correct citizen knowledge; improve the quality of information and services; and remove barriers to access for disadvantaged and most at risk populations. It is estimated that only a minority of those infected know their HIV/AIDS status. The USG-assisted and WHO-led evaluation of the national TB program found great variation in TB laboratory and treatment services. Ukraine has one of the highest known rates of MDR-TB in the world, and the inability to identify MDR- and XDR-TB has contributed to the spread of these dangerous strains. While the 2007 Demographic and Health Survey found that there was “nearly universal knowledge of contraceptives in Ukraine”, a 2010 USG-supported Knowledge, Attitudes and Practices survey found that this “knowledge” was superficial and in many cases incorrect with clients and providers overestimating the risk associated with hormonal treatment methods and trusting in less effective methods such as withdrawal. Some PEPFAR activities in this area will benefit the health system beyond the HIV and TB services. For example, improvement of external quality assurance (EQA) for HIV-related laboratory testing is needed but this requires changes in national normative documents. USG supported activities to work with the responsible national body to develop new documents are currently underway. Once approved, the new documents would improve EQA throughout the GOU laboratory system. Similarly, activities to improve laboratory pre-service curricula will benefit new laboratory staff beyond the HIV and TB laboratory services.

Under IR 1, The GHI Strategy in Ukraine will prioritize the following new or expanded illustrative activities:

- Support outreach and innovative communication models and peer education activities aimed at reducing risk behaviors of MARPs such as IDUs;
- Intensify strategic information activities to better recognize not only epidemiological trends but also to identify better ways to address health needs;
- Strengthen the laboratory network, including through pre-service laboratory curricula, and increase access to improved diagnostics for MDR TB;
- Continue Peace Corps work on promoting FP/RH and healthy lifestyle messages with youth, and integrating anti-smoking messages into USG lifestyle curricula which has substance abuse prevention content;
- Develop and implement FP/RH pre-service curricula based on evidence-based best practices that will contribute to the preparation of the new generation of FP/RH providers with strong knowledge of modern FP methods and counseling skills.

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<sup>7</sup> Please see Results Framework for detail and illustrative activities and indicators.

## ***IR 2: Increased access to quality health services***

The GOU has made quality assurance and monitoring a priority for medical services, including the material and technical renovation of health facilities, better analysis and use of data, more evidence-based pilots for services, and the introduction of new technology and pharmaceuticals. Currently, patients have no role in improving the quality of their care. The USG is focusing its efforts to decrease oblast-level mortality on cost-effective prevention measures to improve birth outcomes, advance FP/RH services, and prevent HIV and TB transmission, all of which advance the GOU's quality assurance objectives. The USG provides a package of evidence-based service delivery approaches in the public health sector and promotes partnership with the private sector and also supports joint trainings for TB and HIV experts, promoting better understanding among specialists of the interaction of the two diseases and helping develop procedures to improve access to needed services. Under GHI, the USG will continue to provide technical assistance to improve health systems management, operations and the use of strategic health information. The USG will also support the drafting and testing of new standard operating procedures for the introduction of MAT for HIV at-risk groups, including the roll-out of locally produced liquid methadone in areas with high concentrations of IDUs. Additionally, the USG will invest in technical assistance to support the distribution of contraceptives as well as HIV commodities.

Under IR 2, the GHI strategy in Ukraine will prioritize the following new or expanded illustrative activities:

- New TB diagnostic and infection control equipment and test kits for project oblasts; and computer equipment and software;
- Pilot new technology and operations research such as the introduction of a rapid MDR/TB diagnostic test in target oblasts;
- Support the continued rollout of electronic-TB Manager and provide technical assistance to support an analogous system for HIV to improve the way facilities record and report their services in order to manage resources and provide data nationally on testing, treatment outcomes and HIV and TB patterns;
- Train HIV and TB physicians in both HIV/AIDS and TB to ensure better understanding of the two diseases among experts;
- Train general practitioners, family doctors, and interns from medical academies on DOTS-based TB services, infection control, HIV/AIDS and TB/HIV co-infection;
- Update existing standards and protocols in FP and train providers;
- Strengthen existing supervisory and referral system programs in HIV/TB/FP;
- Conduct training to improve laboratory capacity in infection control for TB;
- Support better coordination of referrals between TB and HIV services, particularly MAT, to provide more comprehensive high quality medical services to patients;

- Codify defined core packages of HIV prevention services, within a combination prevention approach, for each cadre of MARPs and their sub-segments;
- Increase provision of MAT services embedded within a comprehensive package for the prevention, treatment, and care of HIV among IDUs;
- Increase retention to MAT programs;
- Enhance HCT among sexual partners of MARPs and PLHIV on partner notification; and
- Support the creation of FP/RH “Centers of Excellence” in at least five geographically dispersed oblasts with the strongest potential to receive support from local government.

### ***IR 3: More sustainable health services***

The USG is supporting the GOU’s work on critical aspects of health reform which address the issue of consolidation of health facilities and increased coordination for efficiency and greater quality of care. M&E is a particularly important area for technical assistance to the GOU. The USG is strengthening the national surveillance systems for TB and HIV/AIDS as well as introducing tools for better analysis and use of data. The USG HIV/AIDS program, PEPFAR, supports sustainability planning such as management and planning for civil society groups working on HIV issues. PEPFAR funds support national policy development and capacity building of GOU officials. PEPFAR also finances leading partners such as the Ukraine Red Cross, which has a nationwide volunteer network of 600,000 people, a 63-year track record of work in the health sector and significant local private sector funding. Additionally, the USG supports model patient adherence programs for TB which have key lessons learned for the primary health care system of cost effective ways to reach clients. The USG is investing in technical assistance to improve logistics for the management of contraceptive distribution and improving supply chain management capacity for HIV and TB commodities thereby reducing redundancies and enhancing efficiency between these two vertical systems.

Under IR 3, The GHI Strategy in Ukraine will prioritize the following new or expanded illustrative activities:

- Improve supply chain management;
- Strengthen GOU M&E capacity, for example, strengthen capacity of oblasts’ sanitary and epidemiological services to implement, monitor and evaluate TB infection control;
- Increase NGO capacity to serve as long-term sources of state-of-the-art technical and organizational capacity building through national and oblast-level working groups and training;
- Strengthen coordination among health care providers;
- Support the GOU’s health care reforms by seeking to increase funding for primary care and preventive services, and to consolidate funding for health infrastructure and laboratories for greater efficiencies; and

- Collaborate with the private sector, including pharmaceutical companies, to increase the effective use of modern contraception and educate consumers.

#### ***IR 4: Improved enabling environment***

Changes in behavior can only be achieved if citizens know about, believe in, and have access to appropriate information and services within a sustainable and enabling health care environment. This environment will facilitate the necessary health practices to provide services to target populations. The USG's focus is on removing legislative and regulatory barriers to NGO service provision and MAT expansion, and on promoting the development of anti-discrimination laws and policies to ensure the legal protection of MARPs living with HIV. Another policy priority is increasing government funding for local HIV-service NGOs. The USG will continue to facilitate collaboration between policymakers and civil society. In accordance with GHI principles, the USG supports an integrated multi-sectoral approach to preventing HIV/AIDS, and strengthening systems by providing technical assistance, training and support for programs with the Ministries of Defense, Education, Health, Interior and Labor.

Under IR 4, The GHI Strategy in Ukraine will prioritize the following new or expanded illustrative activities:

- Foster and enhance national and sub-national leadership on HIV/AIDS;
- Assist the GOU to develop protocols, guidelines and MOH orders based on internationally recognized evidence-based practices;
- Reduce barriers for non-governmental service providers;
- Promote legislative and regulation reform to support the GOU to change TB policies and help the GOU to effectively implement the National TB program; assist GOU in developing policies to support HIV laws and legislation;
- Design and roll out models to deliver facility- and CSO- level performance improvement approaches with supportive supervision;
- Strengthen quality assurance units within each Global Fund Principal Recipient organization;
- Strengthen Ukrainian organizations' capacity to diversify their funding sources and source complement technical and organizational capacity building and guidance from outside of the USG; and
- Support efforts to reduce the widespread stigma, discrimination and harassment that MARPs face from state law enforcement.

#### **B. Cross-cutting Focus Areas**

Under GHI, two cross-cutting priority areas will guide the work of the USG team. The GHI/Ukraine focus areas are: 1) Quality of Care: improving the quality of TB, HIV, and FP/RH services; and 2) Data for Decision Making: developing and strengthening the use of data and evidence for health managers and to educate health consumers. These cross-cutting areas were selected based on their importance, but they also represent the USG's comparative advantage. The USG role has been to test and pilot state-of-the-art approaches for GOU and other donor

scale-up. The USG is viewed by the GOU as the donor which supports innovative ideas and programming that can be adapted and brought to scale. Moreover, recent assessments of USG health assistance have found that USG health programs play a very important role in developing, testing and facilitating the rollout of improved models of communication, testing, care and treatment as well as improving the policy environment. Under the Global Health Initiative in Ukraine, the USG will continue to serve as a catalyst for innovation and transfer of best practices contributing to the Ukraine health sector in the areas of HIV/AIDS, TB, and FP/RH.

The USG program, by focusing on service quality and improved data as key elements, will implement the GHI strategy to program investments to address HIV/AIDS, TB and FP/RH. The GHI program will continue to seek opportunities to provide technical assistance and invest in activities that have the potential to be brought to scale and make the most significant and sustainable impacts across the health spectrum. Health system strengthening is an obvious area for investment.

Given the constraints of a limited USG mandate in Ukraine, the PEPFAR platform along with USG's programs in TB and FP/RH will serve as the foundation for the USG GHI program. Within these programs, the USG will seek opportunities for greater integration. For example, USAID's FP project collaborated with the NGO Network of People Living with HIV/AIDS to discuss the needs of HIV discordant couples for HIV prevention and access to FP/RH services. The FP project and PLWHA supported a working group to develop a manual and training curriculum to strengthen integration of FP/RH and HIV services, so that FP/RH providers would be more knowledgeable about HIV, and HIV providers would understand how to provide FP/RH services to their clients. The manual was completed and approved by MOH and the Ministry of Education.

### ***Focus Area One: Quality of Care/Services***

Ukraine is a lower middle income country with a health system inherited from the former Soviet Union. The existing health infrastructure in place at the tertiary, secondary and primary care levels include sanitary and epidemiological stations, hospitals, polyclinics, hospitals, maternity hospitals, FP centers and specialized health care facilities such as those for TB and HIV, each staffed and equipped according to central norms. The MOH, states (oblasts), and counties (rayons) have individual health budgets. Officially, Ukraine has a comprehensive package of health care provided free and as constitutional right. However, due to budget constraints at all levels, outpatient fees are charged in varying degrees for some services, pharmaceuticals, and unofficial remuneration to health workers. Private sector health services constitute a small proportion of overall services.

The Ukrainian health system exemplifies the legacy of the Soviet model of care, which values curative in-patient care over primary care and preventive services. Care was measured in quantity and evidence-based medicine was limited. Many of the stated objectives of health care

reform have been developed to address these issues. The USG, adhering to the principles of GHI and through a cross-cutting focus on quality of care, will seek opportunities of intersection with the GOU on the issue of health reform and health system strengthening within the parameters of its programs to combat HIV/AIDS and TB, and increase the quality of and demand for FP/RH services.

The GOU has made quality assurance and quality monitoring a goal for medical services, including the material and technical renovation of health facilities, better analysis and use of data, more evidence-based pilots for services, and the introduction of new technology and pharmaceuticals. Donor funding, including USG funding, has focused on avoidable mortality through key cost-effective prevention measures to improve birth outcomes and RH, and to prevent HIV and TB transmission. The approach of the USG, through implementation of GHI principles, is very much in line with the stated objectives of the GOU and supports a package of evidence-based service delivery approaches.

Under GHI, the USG will assist the GOU to: strengthen technical capacity of the GOU and the GF principal recipients to deliver state of the art HIV/AIDS services with a focus on HIV prevention, draft and test new standard operating procedures for the further rollout of MAT; integrate improved lower cost perinatal mortality techniques and practices to avert avoidable mortality of newborns; implement standards for more effective TB diagnostics and improve quality management in laboratory services; and better integrate HIV and TB services across GOU vertical systems. Strengthening the GOU's ability to introduce new quality of care measures within the framework of the reform, by preparing quality assurance teams to analyze their own structural improvements, is critical to instituting reforms at the facility level. Building a sustainable GOU platform for HIV/TB/FP/RH requires strengthening the quality of pre-service medical education so that future generations of Ukrainian doctors incorporate state of the art concepts on HIV and TB treatment, safe motherhood, and modern contraception as an alternative to abortion.

### ***Focus Area Two: Data for Health Managers and Education for Consumers***

The key components of Ukraine's national Health Information System (HIS) include a routine HIS managed by the MOH, an epidemiological surveillance system, and a vital statistics system. There is an established culture of regular data collection and reporting through the routine HIS of the MOH. However, there was no tradition of evidence-based decision making under the Soviet system. In addition, notable data quality issues exist for some types of indicators, and data quality assurance is a crosscutting challenge. Availability of easily accessible and retrievable data on key health indicators to the public is limited. While there are abundant data flowing through the routine HIS and strong in-country data analysis capacity, there is inadequate use of data for evidence-based strategic planning at the national level. The shortage of HIS resources, particularly for technology upgrades and related training, and insufficient use by managers at all levels of data for effective health care management is a notable constraint.

Linked behavioral and on-going surveillance of MARPs at key sentinel sites, which is essential to monitor trends in the HIV/AIDS epidemic, is supported almost exclusively by contributions from external donors. Looking forward, the recent creation of a dedicated national M&E unit as part of the Ukrainian AIDS Center provides an opportunity to improve the use of data for decision making and set up and fund on a continuous basis by the GOU a permanent HIV/AIDS surveillance system. The USG will continue to build the national capacity for HIV/TB/RH data analysis and use. Patient/consumer knowledge, awareness and access to important health information will be an area that the USG supports under GHI. This is particularly important in Ukraine where a large proportion of high morbidity and early mortality rates are directly related to lifestyle choices and 40% of care is paid for by consumers through private providers and pharmacies.

### **C. Alignment with GHI Principles**

The GHI principles are consistent with the strategic direction and goals of the MOH's five-year plan and recently re-articulated health agenda. Building on a strong base of coordination in several existing USG- interagency health initiatives, the team will seek to leverage these health resources to have greater impact. Currently the Peace Corps, CDC, USAID and DOD are coordinating through PEPFAR on HIV/AIDS and the reduction of risky behaviors linked to HIV. Under GHI, this collaboration has been broadened to include other health areas, where funding is available, such as Peace Corps' decision to broaden the work of PCVs to include the reduction of stigma and discrimination among people infected and families affected by TB, and to expand and integrate messaging for healthy lifestyles for youth and other communities. USG efforts in Ukraine encompass the seven principles of the GHI. Below are some concrete examples that demonstrate how the USG programs have mirrored the GHI principles to address the GOU health priorities.

#### ***Focus on women and girls and gender equality***

All USG implementing partners include gender considerations and gender analysis to inform planning and implementation of project activities, particularly in public health communication and education. Communication efforts give close consideration to gender issues in developing messages and incorporate gender-based approaches into public education services and campaigns. For example, USG-assisted programs promote male participation in deliveries and other decisions related to child health programs such as the newly introduced "kangaroo approach", encouraging men to take proactive roles in caring for low birth weight premature infants. This has led to tangible improvements in birth outcomes and reductions in perinatal mortality.

In support of gender equality, the USG agencies and their implementing and donor partners review legislation for bias, seek balanced representation on sub-grant review committees and in training opportunities, consider time constraints when scheduling events, support leadership roles for women, and break down gender stereotypes with events and publicity materials.

There are limits however in scope to the USG/GHI program in addressing particularly troublesome health issues related to gender, namely chronic diseases. Most mortality in Ukraine is linked to cardiovascular disease, and adult male mortality increased dramatically after independence due to an overall increase in chronic diseases. Men are more likely to smoke, have higher rates of alcohol abuse and injecting drug use and constitute the vast majority of the prison population. Hence, men are exposed to more risk factors influencing life expectancy and mortality and morbidity from non-pregnancy related causes. Nevertheless, the USG, subject to available funding, will continue to seek areas where its health programs can intersect with some of these gender-specific issues related to male mortality, such as expanding its programming with prison populations in TB and HIV/AIDS, and of course, continuing to focus on injecting drug use and prevention of HIV transmission.

The USG, in its efforts to improve data for decision making and make optimal programmatic choices, analyzes gender as an important variable. Of particular concern in the infectious diseases program is the rising rate of HIV infection among the partners of injecting drug users, most of whom are women. The USG's new prevention efforts have explicitly called for increased research and focus on both female injecting drug users and female partners of IDUs. In support of gender considerations within the FP/RH programs, USAID will enable a leading Ukrainian women's foundation, Women's Health and Family Planning Foundation, to develop the capacity to successfully apply and receive direct grants.

Peace Corps activities aimed at improving information for health decision-making are strongly linked with gender awareness, building girls/women leadership capacities and improving male behavior norms. The Peace Corps supported Gender and Development (GAD) Council is tasked with identifying training programs, organizing clubs and other out-of-school activities, conducting seminars for trainers, and sponsoring youth essay contests. As Ukraine is a source and transit country for human trafficking, a large portion of PCVs' activities are devoted to awareness-raising about this issue and gender-based violence.

### ***Increase impact through strategic coordination and integration***

The United States is a key bilateral partner with the GOU and is the largest bilateral donor in the health sector in Ukraine. The only two other bilateral donors of note are the German Technical Assistance Agency (GIZ) which provides modest assistance in HIV/AIDS and the Swiss Development Fund, which provides equally modest assistance in maternal and child health programs. The USG has considerable credibility in the health sector. U.S. policy views and technical assistance are given careful consideration by the GOU and others, and as a result, policy dialogue is a very important part of what the USG does. The USG works closely with the European Union, WHO and the World Bank on health management and finance issues. USAID has integrated its FP/RH programs into existing Ukrainian Presidential initiatives and plans. These are key areas where the USG can leverage its core programs to impact the wider GOU agenda of health reform, financing, procurement and management.

When the GOU consolidated ministries, the Peace Corps shifted its work with youth and communities from the former Ministry of Family, Youth and Sports to the Ministries of Education Labor, where the relevant activities had been transferred. In addition to its work with youth and communities, PCVs are working with the Ministry of Labor on health trainings at unemployment centers and with the Ministry of Education in educational institutions organizing trainings for educators and students and extracurricular activities, such as conferences, workshops and camps.

In HIV/AIDS, the USG works closely with other public and private HIV/AIDS donors, including GFATM, UNAIDS, WHO, UNICEF, GIZ and the Clinton Foundation to increase the impact and efficiency of HIV/AIDS services. Internal USG integration and coordination has been best exemplified through the PEPFAR program. HIV/AIDS is the only health program area where all USG agencies are linked. This collaboration and coordination is made easier by a common effort to recognize complementarity and seek collaboration.

### ***Strengthen and leverage key organizations and partnerships***

USG assistance in HIV/AIDS and TB leverages Global Fund (GF) resources by building public sector and NGO capacity to plan, deliver and monitor HIV/AIDS and TB services and by strengthening the policy environment to promote access to quality services. The GF provides the largest outside financial resources to Ukraine for TB and HIV/AIDS. Through GHI, the USG intends to strengthen its collaboration and technical assistance to ensure effective implementation of GF grants. Outside the GOU, the role the USG plays with the GF exemplifies the GHI principles most explicitly: to increase impact through strategic coordination, to leverage a critical partnership in two core areas of the USG program (TB and HIV), and to create an enabling environment for increased country ownership and sustainability as the GOU absorbs a stronger role in addressing these two key health issues.

Medication Assisted Therapy (MAT) is an example of both strategic integration and strengthened leveraging. The USG has been working to test the efficacy and acceptability of MAT services in different settings, including hospitals, HIV-AIDS centers, drug abuse rehabilitation centers (“narcology” centers), and TB dispensaries. This has led to the roll-out of these services to over 6,000 clients in 2011. The GOU, by signing the Global Fund HIV/AIDS Round 10 grant submission, pledged to reach 20,000 clients with MAT by 2013. Furthermore, through the Global Fund Country Collaboration Initiative, the USG will strengthen institutional and operational capacities of the GOU’s National Ukrainian AIDS Center (UAC). The UAC, a government entity, is a first-time principal recipient of the Global Fund Round 10 Grant for HIV/AIDS. The USG will also look for opportunities to support the GOU’s vision for the local production and distribution of liquid methadone. Implementing MAT with liquid methadone is a promising approach to strengthen programs with IDUs.

The USG's future work in TB will contain a grants component for local organizations to ensure that TB and HIV patients have access to up-to-date independent advice and counseling, voluntary HIV testing, and information about reliable referrals. The Red Cross, Ukraine's largest volunteer civil society organization, will join as a partner in the USG-financed TB program. Through its centers and network of volunteers, the Red Cross will scale-up DOTS and improve rates of adherence to TB treatment. Pairing PCVs with Red Cross volunteers is one new way to integrate TB anti-stigma and discrimination messages at the community level.

The USG will partner with the GOU, UNICEF and UNFPA to support an expanded national multi-indicator cluster survey (MICS) with additional questions derived from the Demographic and Health Surveys (DHS) on FP/RH. The inclusion of questions from the 2007 DHS in the MICS survey will make it possible to look at whether there have been changes in FP/RH knowledge and behaviors since the last DHS survey was completed in 2007. This is another example of the USG's increased attention to the cross-cutting issue of improved data.

Other examples of strengthened partnerships and leverage to carry out GHI objectives include:

- In FP/RH USG is leveraging UNFPA resources to procure FP commodities. In 15 out of 27 administrative units, the USG investments in FP are matched by local government funds.
- The USG collaborates via a Memorandum of Understanding with the Ukraine Development Foundation, the leading local private sector donor in TB prevention.
- The USG partners with the MOH National Committee on HIV/AIDS and TB, and collaborates closely with other donors, such as WHO, to expand state-of-the art TB control activities to contain multi-drug resistant TB and strengthen approaches to diagnose and treat TB/HIV co-infection.
- PCVs will be introducing new GIZ-developed HIV/AIDS education prevention materials and curricula to schools and communities

### ***Encourage country ownership and invest in country-led plans***

The HIV/AIDS Partnership Framework provides the best opportunity for USG and GOU partnership under the GHI strategy. This Framework was extensively reviewed by nine Ukrainian ministries including Health, Finance, Internal Affairs and Foreign Affairs, before it was signed in February 2011. The USG consults the GOU during its planning and design exercises, such as the country operational plans (COP), and adheres to the joint goals outlined under the Framework to ensure that USG efforts reflect national priorities. Additionally, the USG serves as a bilateral representative to Ukraine's National Council on TB and HIV/AIDS and works closely with the State Service for HIV/AIDS and Other Socially Dangerous Diseases to ensure that USG assistance is closely integrated with Ukrainian national programs and priorities. The goals reflected under the Framework align with the goals of GHI. As expected,

given the intensive consultations with the GOU and other stakeholders, these are joint priorities of the USG and GOU.

At the local level, USG activities are jointly planned, coordinated and monitored with local health officials to ensure the transfer of capacity and country ownership. The USG has helped develop state and municipal working groups in HIV/AIDS to plan, support and allocate local resources for HIV/AIDS programs. The USG will be working with the UAC and the Development of Ukraine Foundation for TB, which are principal recipients of the GF grants for HIV and TB awarded in Rounds 9 and 10. These GF grants will substantially strengthen the GOU's capacity to procure and ramp up the distribution and use of a range of pharmaceuticals, equipment, and commodities financed through the Global Fund HIV/AIDS and TB Grants.

### ***Build sustainability through health system strengthening***

Accelerating the pace of health reform measures in an equitable and transparent manner that cuts costs while improving the quality of care is a key Ukrainian Presidential priority which the USG shares. The USG provides support to the GOU's work addressing the issue of consolidation of health facilities for efficiency and greater quality of care. Through PEPFAR, the USG supports sustainability planning for civil society groups working on HIV. The USG also finances leading partners such as the Ukraine Red Cross, which has a nationwide volunteer network of 600,000 people, a 63-year record of work in the health sector, and significant local private sector funding. Through the Ukrainian Red Cross, the USG supports model patient adherence programs for TB. The USG supports the MOH in the Autonomous Republic of Crimea to create an efficient health care system model at the tertiary level by providing analysis and recommendations on how to optimize hospital services in selected hospitals; improve financing, management and operations in these facilities; and develop local capacity to implement health care reform. In 2011, the USG financed a health systems analysis which the GOU is using as a key background paper for a national health systems strengthening agenda-setting conference. Other health system strengthening activities under GHI include 1) strengthening the national laboratory network for quality HIV and TB diagnostics, improving treatment regimens and institutionalizing best practices; 2) building the capacity of health care providers, managers and local NGOs in management and planning; 3) institutionalizing continuing education curricula for health providers, laboratory technicians, and pharmacists; 4) developing national guidelines and clinical protocols for inpatient and outpatient services; and 5) helping revise educational curriculum for medical universities and colleges.

The USG also provides policy level assistance to remove barriers to access for quality health care. In HIV/AIDS, the USG support for policies and laws included the National HIV/AIDS Law (signed by the President in January 2011) allows NGOs to provide more HIV/AIDS services, identifies MAT as a mandated part of the National HIV/AIDS Program, and guarantees the protection of human rights for PLWHA. An MOH order in March 2011 further codifies these rights.

### ***Improve metrics, monitoring, and evaluation***

During FY 2011, the USG participated in and helped support a WHO-led assessment of the National TB Program. Two independent evaluation teams examined knowledge and practices as well as the role of the private sector FP. Three additional teams conducted assessments on HIV/AIDS prevention program effectiveness, the HIV/AIDS policy environment, and changes in maternal and early infant morbidity and mortality. These assessments were undertaken not only to provide a situational analysis and reveal gaps or barriers in these program areas, but also to help inform the USG and other stakeholders where there are needs and opportunities for future interventions. As a focus area of the GHI strategy, improved metrics will continue to be a key element of USG programming. Moreover, the GHI results framework contains illustrative indicators, both new and ongoing, which the USG, GOU, GF and others will monitor. Internally, as part of *USAID Forward* and as a GHI core principle, the USG is strengthening its capacity to evaluate programs and include stronger evaluation components in its new procurements and overall program management.

Additionally, the USG is strengthening the national surveillance systems for TB and HIV/AIDS. The USG has introduced e-TB, which enables TB facilities to collect information more systematically and accurately on testing, treatment and care; forecast their needs for drugs and other supplies; and report locally and nationally. The USG is also strengthening the Ukrainian AIDS Center to enable it to more comprehensively collect, analyze, and disseminate data on HIV/AIDS. The USG is examining the possibility of adapting e-TB for this purpose.

The USG also assisted the MOH by developing and introducing a monitoring and evaluation tool that tracks financial expenditures and performance related to the state program “Reproductive Health of the Nation up to 2015.”

### ***Promote research and innovation***

The GOU, especially at the oblast/regional level, is open to innovation and scaling up new models and rolling out new technology. The USG is currently piloting new approaches to the delivery of MAT. More specifically, this entails models of integration of MAT services with other critical health services such as TB therapy or ART. The USG will look for opportunities to help the GOU pilot the introduction of liquid methadone in MAT sites. The USG is undertaking a number of procurement actions, some of which call specifically for enhanced strategic information and research activities; in each of these, the USG is explicitly seeking innovative methods in programming, particularly for prevention and service delivery for MARPs.

The USG is carrying out various HIV/AIDS modeling exercises to determine if more accurate information can be developed on the magnitude and nature of the epidemic. The USG is also supporting capacity enhancement in HIV/AIDS research through the National Institute of Health’s (NIH) Fogarty mechanism. The USG plans to pilot new TB testing equipment, GeneXpert® MTB/rifampicin, which provides immediate diagnosis of sputum and detects both

active TB and resistance to rifampicin, the latter being used to make a positive diagnosis for MDR-TB.

#### **IV. Monitoring and Evaluation**

##### ***Results framework and development hypothesis***

The development hypothesis is that if Ukrainians are better informed and aware of specific health issues and receive a higher quality of care from a more sustainable health system in a sufficient enabling environment, then Ukrainians will access services. This in turn will lead to better health outcomes and declines in preventable infectious diseases and over time declines in mortality. The development objective can only be achieved if the following assumptions hold true: 1) the GOU increases commitment to finance health services with a focus on disease prevention; 2) the USG will receive projected funds for the next five years; 3) the Global Fund TB and HIV grants for Ukraine are provided and used well; and 4) Ukraine has no major pandemics.

In this context, the USG Ukraine results framework is a “whole-of-government” strategic tool designed to capture all USG efforts in health. To meet the GOU and GHI goal: "to reduce mortality and morbidity", the USG will contribute to the Initiative’s development objective of increasing the use of targeted health practices which have a proven, direct impact on mortality and morbidity. These targeted health practices in Ukraine include greater voluntary adoption of modern contraceptive methods, early and accurate diagnosis of TB and completion of effective TB treatment regimens, and use of key HIV/AIDS harm reduction practices and increased use of services. This objective will be achieved through four intermediate and interdependent results areas crafted for Ukraine (IR1: Increased Client Knowledge and Awareness; IR2: Improved Access to Quality Health Services; IR3: More Sustainable Health Systems; and IR4: Improved Enabling Environment). Within these four results areas, the USG will support the GHI principles of gender equality, country ownership and sustainability. The two cross-cutting focus areas for Ukraine are improved quality of care and improved information.

The USG’s results framework captures the relationships between the behavior change associated with the use of targeted health practices and morbidity. Research in medicine and health indicate a causal relationship between the use of certain health practices and changes in health status. For example, it is well documented that the use of clean needles and other harm-reduction practices reduce the transmission of HIV/AIDS. Similarly, uncomplicated active TB can be cured with the completion of the TB-DOTS regimens and reductions in unintended pregnancies can be avoided through expanded use of effective family planning methods. Changing behavior and ensuring the use of targeted health practices requires that clients know about and understand the importance of behavior change, that safe effective services are available, that services are

sustained and delivered in a positive enabling environment, and that consumers/beneficiaries adopt new practices or new regimens. Together these elements create a pathway of change.

The USG will continue to rely on the national and state health information systems for its data across the major disease areas. The USG will provide technical assistance to the new Ukrainian National Monitoring and Evaluation Center which is charged with providing data for decision-making as part of the national effort to improve programming data and direct MARP surveillance efforts. The USG assistance will focus on surveillance, improved epidemic modeling, data integration, and data collection on prevention services targeted to MARPs, including MAT provision to IDUs. Where there is a gap, the USG will utilize data from its implementing partners. Routine data quality assessment by USG partners serves to verify trend analysis generated by the GOU. The USG commits to measuring and documenting project achievements and shortcomings and disseminating lessons learned so that stakeholders gain an understanding of the return on investment from GHI activities.

As explained in the country strategy matrix, key indicators and targets have been identified within the major GOU health priorities: HIV/AIDS, TB, and health system strengthening. Other data sources will include the planned Multi-Indicator Cluster Survey and other surveillance data. The USG will utilize national and international indicators, as well as USG standard indicators, to track the USG's contribution to impact and outcome-level progress. Additionally, in compliance with USAID's Country Development and Cooperation Strategy (CDCS) process, an impact evaluation will be planned for the GHI and CDCS shared development objective.

To monitor and track USG progress across the two GHI focus areas (improved quality and increased client knowledge and awareness) the USG, through an interagency process, will agree on common indicators and results, in addition to monitoring and reporting approaches. The team will work collaboratively with the GOU in the next six months to set benchmarks and milestones in FP/RH.

## **V. Communication and Management Plan**

### ***Internal USG communication and management***

The GHI in Ukraine is guided by the overall direction of the US Ambassador with USAID designated as the lead agency. USAID, with the Ambassador's oversight, has responsibility for ensuring that the GHI strategy is being carried out according to GHI principles and that the USG team is working through a whole-of-government approach. The main USG agencies on the Ukraine GHI team include USAID, CDC, Peace Corps and DOD. Health and Human Services/SAMHSA and NIH also have supported the USG in Ukraine.

The GHI Planning Lead, based in Ukraine, will serve as the secretariat with the principal functions of bringing together USG agencies working in health, ensuring that GHI documentation is complete, and capturing and reporting annual progress results. Current interagency communications will be examined to determine how functions might better support the priority areas and programs identified within the GHI strategy. As a first step, the USG agencies have adopted a unified results framework that comprehensively responds to USG priority program areas and aligns with the GHI strategy focus areas (Annex 1).

The USG team will develop an overall implementation plan that will operationalize the strategy and develop guidelines on how agencies will jointly contribute to the design and implementation of activities and programs. This will help ensure that an inclusive process is followed for planning, implementing and evaluating programmatic priorities and outcomes. Individual agencies will be responsible for overseeing their own budgets but will work together to collect and report results. The GHI Ukraine team will also develop a communication and outreach strategy to share progress, results, and lessons learned, with local counterparts and GHI US/HQ.

Implementation of the GHI strategy will also be closely coordinated with the USG-GOU HIV/AIDS Partnership Framework goals and objectives to maximize synergies with the GOU, donors, and in-country partners. USG health teams currently coordinate assistance at the regional level with other USAID teams working on strengthening civil society and the protection of human rights.

### ***External communication and management***

External relations with the Ukrainian government and other stakeholders are important to ensure successful implementation of GHI objectives. Consultations on aspects of the USG's framework related to FP/RH, TB and HIV/AIDS have been held. The USG will hold GHI-specific briefing and feedback sessions to clarify the intent of U.S. health development policy and mutual expectations in the resourcing and implementation of this initiative.

Implementation of GHI will be coordinated in consultation with the GOU and with other donors and stakeholders, including GFATM, civil society and community and faith-based organizations, the private sector, implementing partners and professional associations. Although USG foreign assistance health budget constitutes a fairly small contribution to the overall GOU health budget, USG agencies routinely engage and collaborate with the GOU and sector partners to identify joint opportunities to synergize investments and promote advances in the health sector.

GHI/Ukraine will continue to collaborate with the GFATM principal and sub-recipients to strategically align programs. USAID represents the USG as a member of the National Coordination Council on HIV/AIDS and TB, which serves as the country coordinating mechanism for the Global Fund. The GHI/Ukraine team participates in GOU-led donor meetings and technical working groups to advance in-country goals for HIV/AIDS, TB, and

FP/RH through improved service quality and strengthened use of health data and information for informed decision making.

The GHI interagency team will work with GOU counterparts to plan and ensure inclusive dialogue, and encourage two-way feedback loops on GHI plans and programs. The USG programs will also continue to coordinate with and engage Regional Health Bureaus at the oblast level to support decentralization of GHI focal and technical goals in regional planning, programming and delivery of services.

***Linking high-level goals with program objectives***

The USG health activities for Ukraine are programmed through several interagency mechanisms including the USG-GOU HIV/AIDS Partnership Framework and Country Operational Plan (COP) process, the US Embassy's new planning tool and the Europe and Eurasia strategic planning and portfolio review process. There are also Agency-specific strategic planning and tracking systems which guide the Foreign Assistance (F) process, including USAID's CDCS process. Annual HIV/AIDS targets are reported through Ukraine's PEPFAR COP and Semi-Annual Program Results. TB prevention/control and FP/RH targets are incorporated into all activity descriptions. A more comprehensive GHI-linked annual target setting and milestone development process will require further collaboration with GHI/W partners.

**ANNEX 1:**

**UKRAINE RESULTS FRAMEWORK**

GOU/USG/  
GHI Goal

Focus Areas: • improved quality of care • improved information for managers & consumers

Improved Health Status

**Illustrative Impact Indicators**

- TB Treatment Success Rate
- HIV incidence
- Death Rate among HIV infected

Critical Assumptions:  
 •USG resources for funds at least \$22 million for Ukraine  
 • Global Fund TB and HIV grants for Ukraine are provided and used well  
 • Ukraine has no major pandemics

Increased Use of Targeted Health Practices

**Illustrative Outcome Indicators**

- CPR (contraceptives prevalence rate)
- Percentage of IDUs using a clean needle
- Number of MAT Patients
- Number of IDUs receiving ARVs
- Proportion of population with advanced HIV infection with access to antiretroviral drugs

**Intermediate Results (IRs)**

**IR 1 INCREASED CLIENT KNOWLEDGE AND AWARENESS**  
 -education  
 -BCC  
 -community outreach  
 -youth programs

**IR 2 INCREASED ACCESS TO QUALITY HEALTH SERVICES**  
 -commodities  
 -protocols  
 -trainings and supervision  
 -infection control  
 -TB/HIV service coordination  
 -research new technology  
 -rollout of service

**IR 3 MORE SUSTAINABLE HEALTH SERVICES**  
 -NGO capacity  
 -supply chain management  
 -better data for decision makers  
 -local manufacture liquid methadone  
 -GOU budget allocations  
 -private sector support  
 -blood safety

**IR 4 IMPROVED ENABLING ENVIRONMENT**  
 -advocacy  
 -human rights protection  
 -legislative and regulation reform  
 -stigma and discrimination reduction  
 -community involvement

**Illustrative Output Indicators as they relate to Intermediate Results**

- number of individuals reached through community for HIV/AIDS prevention
- number of individuals reached through community outreach that promotes HIV/AIDS prevention through BCC
- number of individuals trained in HIV-related community mobilization for prevention

- number of health workers trained to deliver ART services
- number of individuals trained in HIV stigma & discrimination reduction
- number of individuals trained to provide clinical treatment for TB, HIV infected clients
- number of registered TB patients who received counseling and testing for HIV
- case notification rate in new sputum smear positive pulmonary TB cases per 100, 000 population in USG supported areas
- TB Lab Quality Assurance for Smear microscopy in USG-supported areas
- number of medical & para-medical practitioners trained in evidence-based clinical guidelines

- existence of a multi-drug resistant TB quality control standard
- number of technologies Under Development

- number of improvements to laws, policies, regulations or guidelines related to improve access to & use of health services drafted with USG support

## ANNEX 2: Ukraine Summary Table of GHI Targets and Strategies

**GHI Goal: Improved Health Status (Impact Level)**

**Strategic Objective: Increased Use of Critical Health Care Services (Outcome Level)**

**Focus Area 1: Improve the quality of HIV, TB, and family planning and reproductive health services**

**Focus Area 2: Develop and strengthen the use of data and evidence for health managers and educate health consumers**

**GHI Principles applied across HIV/AIDS, TB, and FP/RH**

*Country ownership*

*Women and girl centered approach*

*Strategic Coordination and Integration*

*Strengthen and leverage partner engagement*

*Health Systems Strengthening*

*Metrics, monitoring and evaluation*

*Research and Innovation*

*(GHI Strategy Document and Annex 3 – Alignment of the Ukraine HIV/AIDS Strategy with GHI Principles)*

| GHI Health Goals  | Relevant Key GOU Commitments/Priorities/ Initiatives and Contributions   | Key USG priority actions likely to have largest impact   | Baseline Information/ Country GHI Targets   | Support by Other Partners   |
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| <p><b>HIV/AIDS</b></p> <p><i>Support the prevention of more than 12 million new infections;</i></p> | <p><b><u>Prevention::</u></b></p> <p>Implement policies and guidelines to enable scale-up of MAT</p> <p>Increase the number of MAT</p> | <p><b><u>Prevention:</u></b></p> <p>Reduce the level of HIV transmission among IDUs and other Most-At-Risk Populations:</p> <p>Expand provision of</p> | <p><b><u>Indicators:</u></b></p> <p>HIV prevalence total (% ages 15-49 ): 1.1%<sup>8</sup></p> <p>Newly incident HIV cases in</p> | <p><b><u>Prevention:</u></b></p> <p>GF Round 10 PRs – the MOH Ukrainian AIDS Center, ICF “International HIV/AIDS Alliance in Ukraine” and All-Ukrainian Network of PLWH</p> |

<sup>8</sup> UNAIDS 2010 Global Report. 2011 estimates will likely be available soon.

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| <p><i>Support care for more than 12 million people, including 5 million orphans and vulnerable children;</i></p> <p><i>Provide direct support for more than 4 million people on treatment.</i></p> | <p>service sites; integrate MAT into ART services</p> <p>Train providers to provide MAT, including primary providers and TB specialists</p> <p>Reduces legislative, policy and program barriers to services for IDUs</p> <p>Strengthen prevention services for IDUs and their partners.</p> <p>Strengthen/carry out prevention services for high risk groups, the HIV+ and those with AIDS.</p> <p>Support development of HIV prevention services for the military and for prisoners</p> <p>Carry out preventive work with marginal children and teenagers</p> <p>Strengthen and systematize HTC</p> | <p>comprehensive HIV prevention services for male and female IDUs and their sexual partners</p> <p>Expand comprehensive HIV prevention services for MARPs (CSW, MSM, uniformed services, prisoners, youth (including street youth))</p> <p>Assist with implementation of national HTC strategy to increase quality and availability of HTC and other preventive services for MARPs in outreach and clinical settings</p> <p>Develop cost-efficient models for methadone-based (MAT); treatment models; operational scale-up plan; normative guidance and service protocol documents</p> <p>Support use of rapid tests at point of care</p> | <p>Ukraine for 2009: 24,000<sup>9</sup></p> <p>Gender breakdown of incident HIV cases: 56.4% male; 43.7% female</p> <p>ART coverage among people with advanced HIV infection (%): 16.0</p> <p>Pregnant women tested for HIV during ANC visit (%): &gt;95</p> <p>Number of people receiving ARV therapy:<br/>22,016 people (Jan 2011)</p> <p>Number of HIV+ people receiving Care and Support: 25,745 (as of Jan 2011)</p> | <p>Support for strengthening methadone-based Medication Assisted Treatment (MAT) Services:</p> <ul style="list-style-type: none"> <li>• GFATM Rd10 : 9,600 MAT patients in 2012-2013; 8,300 - in 2014; 5,800 – in 2015 and 2,300 in 2016.</li> <li>• UNAIDS, WHO CHAI</li> </ul> <p>Community-based care &amp; mobilization:</p> <ul style="list-style-type: none"> <li>• GFATM, IRF</li> </ul> <p>Scale up of MARP prevention activities:</p> <ul style="list-style-type: none"> <li>• GFATM, GIZ, UNICEF</li> </ul> <p>Support education among uniformed services:</p> <ul style="list-style-type: none"> <li>• UN</li> </ul> |
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<sup>9</sup> UNAIDS 2010 Global Report.

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|  | <p>services</p> <p>Procure and deliver adequate and timely supply of HIV test kits; endorse policies to expand rapid testing</p> <p>Implement IEC and BCC for prevention</p> <p>Support Treatment and Diagnostics Measures and Socio-Psychological Services</p> <p><b><u>Health Systems Strengthening:</u></b></p> <p>Procurement and supply management reform for HIV/AIDS drugs, commodities; for methadone</p> <p>Address registration, quality, supply and distribution.</p> <p>Develop and introduce at national and regional levels a system of referral and services of diagnostics, treatment and care for patients with opportunistic infections including TB and viral hepatitis</p> | <p><b><u>Health Systems Strengthening:</u></b></p> <p>Improve the Quality and cost effectiveness of HIV, prevention care and treatment services for MARPs, particularly for IDUs and their sexual partners</p> <p>Increase efficiency of drug and commodity procurement and supply management</p> | <p><b><u>USG/GFATM Indicators:</u></b></p> <p>Number and percent of IDUs reached by HIV/AIDS prevention programs during last 12 months:<br/>170,081/290,000<br/>58.6% (Jan. 2011)</p> <p>Number and percent of SWs reached by HIV/AIDS prevention programs during last 12 months:<br/>26,425/70,000<br/>37.8% (Jan. 2011)</p> <p>Number and percent of MSMs reached by HIV/AIDS prevention programs during last 12 months:<br/>17,999/154,000<br/>18.9% (Jan. 2011)</p> | <p>HTC/Test Kits/Quality Improvement/Policy Implementation:</p> <ul style="list-style-type: none"> <li>• UNICEF, CHAI, WHO</li> </ul> <p><b><u>Health Systems Strengthening:</u></b></p> <p>GF Round 10 PRs – the MoH Ukrainian AIDS Center, ICF “International HIV/AIDS Alliance in Ukraine” and All-Ukrainian Network of PLWH</p> <p>Support MOH procurement reform; GOU/ MOH procurement of ARVs for up to 43,000 patients</p> |
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|  | <p>Decentralize HIV medical care and treatment</p> <p>Develop and implement a specialist training national strategy of treatment, prevention, and social support to risk groups, PLWHA</p> <p>Establish a single M&amp;E system to monitor and counter HIV/AIDS, and to assess efficiency of the work at the national and regional levels</p> <p>Ensure a science based approach to program implementation pertaining to prevention, diagnostics and treatment of PLWHA, including HIV/TB co infection</p> <p>Support and use research findings to guide national AIDS response, inform policies and programs</p> <p>Ensure efficient functioning of the HIV/AIDS National Reference and Diagnostics Reference Labs; strengthen QA/QI systems,</p> | <p>Establish systems to improve and maintain quality and effectiveness of HIV prevention services for MARPs</p> <p>Strengthen human resources planning and development</p> <p>Establish integrated national M&amp;E and surveillance system to monitor AIDS response, assesses effectiveness of programs, and use data to plan and improve programs</p> <p>Expand and strengthen linkages between providers assure a continuum-of-care from prevention through long-term support.</p> <p>Strengthen national HIV and blood screening laboratory capacity</p> | <p>Number of people receiving MAT:<br/>6,025 (methadone 5,200 and buprenorphine 825)<br/>(Jan. 2011)</p> <p><b>GOU Target:</b></p> <p>Number of people receiving MAT:<br/>14,000 people in 2011</p> | <p>by the end of 2012,</p> <ul style="list-style-type: none"> <li>• GFATM Rd10: procurement of ARVs for up to 3,861 patients in 2012 and 10,691 in 2013 (incl. prisoners)</li> </ul> <p>Improve PSM system for ARVs and anti-TB medicines through implementation of recommendations of joint WHO/USAID/EC Mission; pharmacovigilance.</p> <p>Improve access to essential medicines through TRIPS; reducing ARV costs, and harmonization of national drug policies and practices:</p> <ul style="list-style-type: none"> <li>• UN, IRF</li> </ul> <p>HRH support: strategy, training, mentoring, workplace regulations &amp; safety: •GFATM, WHO, UNAIDS/ ILO, CHAI</p> <p>Support for national M&amp;E system &amp; use of data for decision-making:</p> <ul style="list-style-type: none"> <li>• GFATM, UN, WHO, GIZ</li> </ul> |
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|  | <p>serology, drug resistance monitoring and clinical testing</p> <p><b><u>Enabling Environment:</u></b></p> <p>Increase GOU allocation and efficient use of resources</p> <p>Approve and facilitate expansion of cost effective services for all MARP groups, especially IDUs</p> <p>Strengthen operation of national and regional councils on countering HIV/AIDS</p> <p>Secure operation of the national and regional councils on countering TB and HV/AIDS</p> <p>Strengthen capacity of regional and local governments to contract out with NGOs to deliver HIV/AIDS services for MARPs</p> <p>Endorse laws and policies to increase access to quality care, prevent discrimination on the basis of HIV status or risk group</p> | <p>Strengthen financial sustainability of National AIDS Program and improve capacity of GOU to provide cost-effective HIV services</p> <p><b><u>Enabling Environment:</u></b></p> <p>Strengthen national and local leadership capacity, institutions, systems, policies and resources to support achievement national AIDS program objectives</p> <p>Foster and enhance national and</p> |  | <p>Health sector decentralization: GFATM , WHO, World Bank</p> <p>National and Regional lab strengthening; QA and quality control systems:</p> <ul style="list-style-type: none"> <li>• GFATM, CHAI</li> </ul> <p>Training TA for palliative care &amp; community outreach</p> <ul style="list-style-type: none"> <li>• GFATM, IRF</li> </ul> <p>Integration of FP services into harm reduction activities for female IDUs</p> <ul style="list-style-type: none"> <li>• IRF</li> </ul> <p><b><u>Enabling Environment:</u></b></p> <p>GF Round 10 PRs – the MoH Ukrainian AIDS Center, ICF “International HIV/AIDS Alliance in Ukraine” and All-Ukrainian Network of PLWH</p> <p>Advocacy; policy, development of coordinated operational plan</p> |
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|                         | <p>and ensure confidentiality</p> <p>Streamline legislation on countering HIV/AIDS and preventive work with general population and risk groups</p> | <p>sub-national leadership capacity in managing the National AIDS Program</p> <p>Improve policy environment and reduce barriers for HIV/AIDS prevention, care and treatment to MARPs</p> <p>Support reduction of policy, legal, regulatory and fiscal barriers inhibiting access to services.</p> <p>Build capacity of NGOs to effectively deliver prevention and care HIV services to MARPs</p> |   | <p>for implementation of National AIDS Program capacity development for National Council on TB and HIV/AIDS, regional HIV/TB councils and MOH committee on HIV/AIDS and other Socially Dangerous Diseases.</p> <ul style="list-style-type: none"> <li>• GFATM, GIZ, CHAI</li> </ul> <p>Human rights, laws and stigma reduction:</p> <ul style="list-style-type: none"> <li>• UNDP, UNAIDS, ILO, IRF, GIZ</li> </ul> <p>Build technical and institutional capacity of NGOs or communities representing different vulnerable populations; documentation and monitoring of human rights violations among MARPs:</p> <ul style="list-style-type: none"> <li>• GFATM, EC Delegation, GIZ, IRF</li> </ul> |
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| <b>GHI Health Goals</b> | <b>Relevant Key GOU Commitments/Priorities/ Initiatives and Contributions</b>  | <b>Key USG priority actions likely to have largest impact</b>  | <b>Baseline Information/ Country GHI Targets</b>    | <b>Support by Other Partners</b>  |
| <b>Tuberculosis</b>     | National Program against TB for 2007-2011 Goals:   | Strengthen the national TB control efforts to improve prevention, diagnosis and  | <b>Indicators:</b><br>Prevalence of TB (per 100,000 | <b>Red Cross</b> – TB DOTS, social services, care, outreach and stigma reduction; focus on  |

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| <p><i>Save approximately 1.3 million lives by treating a minimum of 2.6 million new TB cases and 57,200 multi-drug resistant (MDR) cases of TB, contributing to a 50% reduction in TB deaths and disease burden.</i></p> | <ul style="list-style-type: none"> <li>•to prevent the spread of drug-resistant TB;</li> <li>•to improve the system of TB treatment services, training and refresher training of health care specialists on matters of TB prevention, diagnostics and treatment;</li> <li>•to identify TB patients in a timely manner;</li> <li>•to establish a system of laboratory control of the quality of TB drugs.</li> </ul> | <p>treatment of TB and TB/HIV co-infection and to contain increases in TB transmission and multi-drug resistant TB.</p> <p>Increase access to quality TB services based on DOTS by</p> <p>Strengthen the laboratory network for quality TB diagnostics, improve treatment regimens, mobilize community support, and institutionalize best practices.</p> <p>Address multi-drug resistant TB and TB/HIV co-infection.</p> <p>Strengthen case management of drug resistant TB t and build capacity to improve access to TB/HIV co-infection services.</p> <p>Support to the GOU with implementation the</p> <p>National TB program and needed</p> | <p>population): 102 (WHO, 2010)</p> <p>Treatment success rate in 2009 – 58.4% (2008 - 62.0%, 2007 - 62.3%)</p> <p>Death rate in 2009 – 12.8% (2008 - 12.4%, 2007 – 12.0%)</p> <p>Treatment failure in 2009 – 15.5% (2008 – 12.1%, 2007- 11.3%)</p> <p>Treatment interruption in 2009 – 7.7% (2008 – 8.8%, 2007-4.8%)</p> <p><b><u>USG Targets:</u></b></p> <p>High-quality DOTS services available to 50% of the population by Oct. 2011</p> <p>High Quality DOTS Plus, including multi-drug resistant TB (MDR-TB), extensively drug-</p> | <p>vulnerable/poor/marginalized populations and the elderly.</p> <p><b>GFATM</b> grant -Reducing the TB burden in Ukraine through expanding and enhancing access to high quality TB services</p> <p>01 March 2011 - 28 February 2013</p> |
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|  |  | <p>policy reforms.</p> <p>Strengthen quality of MDR/XDR-TB diagnosis</p> <p>Enhance MDR/XDR-TB program planning, budgeting and implementation</p> <p>Support continued rollout of management information system (electronic TB Manager) to improve diagnosis and case management of MDR/XDR-TB and strengthen logistics management of first and second line TB medicines</p> | <p>resistant TB (XDR-TB) and TB-HIV co-infection services available to 30% of the population by Oct. 2011</p> <p>Quality assurance and control guidelines for laboratory diagnostics on TB</p> <p>MDR/XDR-TB control operational plan</p> <p>Drug resistance survey designed and completed</p> <p><b><u>GOU Targets in the next five years:</u></b></p> <ul style="list-style-type: none"> <li>- to reduce TB morbidity and mortality levels by at least 1% annually;</li> <li>- to reduce the share of interrupted TB treatment courses to 10%, to increase the share of newly identified TB patients by sputum smear microscopy up to 50%.</li> </ul> |  |
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|   |  |  | - to ensure involvement of more than 80% of medical specialists in education that meets international standards;   |   |
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| <b>GHI Health Goal</b>  | <b>Relevant Key GOU Commitments/Priorities/ Initiatives and Contributions</b>  | <b>Key USG priority actions likely to have largest impact</b>  | <b>Baseline Information/ Country GHI Targets</b>   | <b>Support by Other Partners</b>  |
| <p><b>Family Planning</b></p> <p><i>Prevent 54 million unintended pregnancies;</i></p> <p><i>Reach a modern contraceptive prevalence rate of 35% across assisted countries , reflecting an average 2% annual increase by 2014;</i></p> <p><i>Reduce from 24 to 20% the proportion of women aged 18-24 who have their first birth before age 18.</i></p> | <p>The GOU priorities in RH are laid out in the State Program “Reproductive Health of the Nation for 2006-2015” (SPRHN) that was approved by the Cabinet of Ministers in 2006. The SPRHN has a goal of improving reproductive health of Ukrainian population as part of a broader health context that has a significant impact on demographic situation and socio- economic development of the country.</p> <p>The major tasks of the SPRHN are:</p> <ul style="list-style-type: none"> <li>- Creating conditions for safety motherhood; Improving RH in children and youth;</li> <li>- Strengthening the FP system in Ukraine;</li> <li>- Preserving RH in</li> </ul> | <p>Reduce abortions, unintended pregnancies and sexually transmitted infections by improved access to public and private sector family planning/ reproductive health services</p> <p>Enable women, couples and youth to make informed FP and RH choices through access to evidence-based information.</p> <p>Improve FP service provider knowledge of modern FP methods, clinical and counseling skills</p> <p>Reduce fear and misinformation about modern contraceptive</p> | <p><b>Indicators:</b><br/>Fertility rate in Ukraine is 1.39 (WHO, 2011)</p> <p>Modern contraceptive prevalence (% of married women aged 15-49 using modern FP methods ): 47.5% (DHS 2007)</p> <p>Abortion ratio (per 1 000 live births): 333 (MOH data for 2010)</p> <p>Abortion rate in 2009 MOH (15.1 per 1000 women)</p> <p>Unmet need for family planning (%): 10.3 (DHS 2007)</p> <p><b>USG Indicators for the next five years:</b><br/>No. of women who have seen or heard FP messages (TV, radio);</p> <p>Method-specific contraceptive</p> | <p><b>UNFPA was not active in FP/RH up to 2010. The four year UNFPA draft country strategy for 2011-2016</b> outlines 3 areas of strategic focus of the UNFPA:-</p> <p>Reproductive Health (RH) and rights;</p> <p>-Population and Development;</p> <p>- Gender Equality.</p> <p>Under RH and rights component, UNFPA is planning to:</p> <ul style="list-style-type: none"> <li>– improve the quality of FP/RH and MCH services in underserved rural areas;</li> <li>- strengthen the linkage between the RH and HIV programs;</li> <li>- Improve sexual and RH of young population through BCC efforts</li> </ul> |

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|  | <p>Ukrainian population;</p> <ul style="list-style-type: none"> <li>- Ensuring effective management of the SPRHN implementation.</li> </ul> <p>The key priority directions of the SPRHN are:</p> <ul style="list-style-type: none"> <li>- Strengthen prevention direction of the FP/RH services;</li> <li>- Ensure equality of RH services for women and men;</li> <li>- Create the system of family doctors' and general practitioners' preparation on FP/RH;</li> <li>- Develop a strategy to ensure that population has the methods for unintended pregnancy prevention;</li> <li>- Inclusion of FP/RH service curriculum in graduate and post-graduate training programs;</li> <li>- Improve the system of FP service delivery.</li> </ul> <p>At the oblast level the SPRHN is expected to change operating practices, apply clinical standards, train providers and inform clients.</p> | <p>methods (hormonal), including establishing partnership with private sector for consistency of messaging and distribution of materials among young generation of health providers.</p> <p>Expand availability of FP/RH counseling services in 12 administrative units (regions) that have not previously received USG support</p> <p>Promote a national and regional policy environment conducive to FP/RH</p> <p>For sustainability of FP services, support the institutionalization of continuing education curricula for health providers and pharmacists and develop pre-service FP/RH curricula.</p> <p>Support to the Ministry of Health in implementation of the State Program <i>"Reproductive Health of the Nation up to 2015"</i> Program.</p> | <p>prevalence rates;</p> <p>No. of women with positive attitudes towards hormonal contraceptives;</p> <p>No. of BCC activities conducted by NGOs;</p> <p>No. of FP service providers in selected oblasts with positive attitudes towards hormonal contraceptives;</p> <p>No. of FP service providers in selected oblasts who regularly counsel FP clients;</p> <p>No. of visits to service delivery points by WRA;</p> <p>Contraceptive technology curricula developed and adopted by MOH and MOE, and implemented by leading medical</p> | <p>and secondary school education;</p> <p>-strengthen national capacity to develop, implement and monitor RH/FP policies and standards of care;- Contribute to the contraceptive prevalence study in 2011 and 2014 to be done by USAID in cooperation with other donors</p> |
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|  | <p>In addition, the Government of Ukraine adheres to the Millennium Development Goals (MDG), and in its 2010 National Report has declared that “prevention of unwanted pregnancies remains the most important objective of the state strategy to preserve women’s health” and acknowledged that contraceptive services in Ukraine are not in line with WHO standards and there is a low awareness levels among medical personnel and patients regarding modern contraceptive methods.</p> | <p>Conduct contraceptive prevalence study in 2011 and 2014 jointly with UNFPA and UNICEF.</p> <p>Bring USAID donated commodities and distribute them among vulnerable population groups identified by the SPRHN.</p> | <p>universities</p> <p>At least two policy changes issued by the MOH annually</p> <p><b>GOU Targets by 2015:</b></p> <p><u>Decrease:</u></p> <ul style="list-style-type: none"> <li>- teenage pregnancy by 20%;</li> <li>- STDs among teenagers of 15-17 years of age by 20%;</li> <li>- abortion rate among teenagers aged 15-17 by 20%;</li> <li>- adult abortion rate by 20%;</li> <li>- STD rate by 30%;</li> <li>- gonorrhea rate among adult men by 10%</li> </ul> <p><u>Increase:</u></p> <ul style="list-style-type: none"> <li>- youth-friendly clinic services coverage up to 90%</li> <li>- use of modern contraceptives by 20%</li> </ul> |  |
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| GHI – Health Systems Strengthening         | Relevant Key GOU Commitments/Priorities/ Initiatives and Contributions   | Key USG priority actions likely to have largest impact  | Baseline Information/ Country GHI Targets | Support by Other Partners   |
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| <p><b>Health Systems Strengthening</b></p> | <p>Healthcare Reform (Decree # 504/2011) signed by the President :</p> <p>MOH to introduce a new classification of healthcare institutions to categorize medical services by types (primary, secondary, tertiary, urgent)</p> <p>MOH to design guidance regarding patient referrals to corresponding medical institution</p> <p>Introduction of healthcare standards (uniform clinical protocols) for provision of healthcare assistance based on evidence based medicine</p> <p>Development of a healthcare</p> | <p>See above HSS investments by GHI health area goal – these cover:</p> <ul style="list-style-type: none"> <li>• Governance/Stewardship</li> <li>• Finance</li> <li>• Procurement and Commodities</li> <li>• Service Quality and Access</li> <li>• Human resources for Health</li> <li>• HMIS/Data and Information</li> </ul> <p>USG is currently supporting the Ministry of Health of Crimea to conduct the health care reform at the tertiary level by preparing recommendations related to the creation of a University clinic in Simferopol</p> | <p>N/A</p>                                | <p>Other partners contribute to HSS (see above examples by health area goal):</p> <ul style="list-style-type: none"> <li>• Governance/Stewardship</li> <li>• Finance</li> <li>• Procurement and Commodities</li> <li>• Service Quality and Access</li> <li>• Human resources for Health</li> <li>• HMIS/Data and Information</li> </ul> |

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|  | <p>facility quality performance indicators system</p> <p>MOH to design guidance regarding patient's right to choose a primary medical services provider</p> <p>Improve medical service quality and develop quality indicators to assess services provided by medical institutions</p> <p>Defining functional areas and equipment/supplies for medical institutions of different specializations (intensive care hospitals, regular hospitals, rehabilitation care hospitals, hospice, medical and social care clinic, primary care center, children's town clinic)</p> <p>Creating economic incentives to improve the quality of medical services:</p> <p>- To design a proposal to the Cabinet of Ministers regarding</p> |  |  |  |
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|  | <p>the improvements in work conditions and pay schedules for healthcare workers</p> <p>-To introduce changes to the Decree of Cabinet of Ministers #1361 (9/26/2006) regarding one-time financial aid to some categories of alumni of higher educational institutions</p> <p>-To design a proposal to introduce a bonus of 50% of the salary for medical healthcare workers in rural areas</p> <p>Ensure efficient use of government finances per the draft law of Ukraine “On healthcare reform pilots in Vinnytsia, Dnipropetrovsk and Donetsk oblasts; facilitate review by parliamentary committees and introduce budgeting practices based on program targets.</p> |  |  |  |
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### Annex 3: Alignment of the Ukraine HIV/AIDS Strategy with GHI Principles

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| <p>Women, girls and gender equality</p>                           | <ul style="list-style-type: none"> <li>• Prevention: Women in Ukraine, particularly female IDUs and partners of male IDUs are increasingly becoming infected with HIV/AIDS. Over the next five years prevention efforts will be expanded with additional emphasis on women and girls.</li> <li>• Activities include piloting five projects to introduce gender-sensitive interventions for 800 female IDUs and training of trainers for 45 female sex workers on preventing and addressing gender-based violence.</li> <li>• Policy: Gender dynamics including stigma surrounding MSMs and FSW compound the challenges of reaching MARPS and will be addressed through policy reform.</li> </ul> |
| <p>Coordination and integration</p>                               | <ul style="list-style-type: none"> <li>• Counselling and testing will be integrated into other health delivery sites; referral systems will be expanded to include TB; HIV/AIDS services will be integrated with primary health care and will cover basic STIs.</li> <li>• TA and training will ensure meaningful integration of HIV and TB through strengthening laboratory and clinical capacities of the TB services.</li> <li>• U.S. government may assess the effectiveness of supporting Hepatitis C treatment to increase access to services by IDUs.</li> </ul>  |
| <p>Leverage key multilateral organizations &amp; partnerships</p> | <ul style="list-style-type: none"> <li>• GFATM has disbursed approximately \$180 M for HIV/AIDS in Ukraine and a Round 10 grant for \$302 M has been approved.</li> <li>• Close coordination with GFATM, WHO, UN organizations and a range of other partners such as CHAI, IRF/Soros, and GIZ is critical to realization of PF goals.</li> <li>• Coordinating and complementing GFATM and others' efforts is a key component of defining and shaping U.S. government involvement.</li> </ul>   |
| <p>Country Ownership</p>  | <ul style="list-style-type: none"> <li>• The PF will lead to increased GOU financial, program and policy support for MARPS and will increase GOU capacity to coordinate sectors responsible for HIV prevention, non-medical care and support programs for MARPs.</li> <li>• Over the course of the 5 year implementation plan, the GOU pledged to increase its budget gradually from \$36 M to \$89M.</li> <li>• The PF directly reflects the ambitions of the GOU National Program on HIV/AIDS 2009 – 2013 (see Annex IV)</li> </ul>  |
| <p>Health Systems Strengthening (HSS)</p>                         | <ul style="list-style-type: none"> <li>• Health systems strengthening is one of the three PFIP areas of focus and a major portion of the U.S. government budget in 2012.</li> <li>• Particular emphasis will be given to lab strengthening, supply chain management, human resources and health financing.</li> </ul>  |

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| M&E                     | <ul style="list-style-type: none"> <li>• HIV/AIDS Strategy activities will build the capacity of the National HIV M&amp;E Center and regional M&amp;E Centers to coordinate collection and analysis of information on the national AIDS response.</li> <li>• U.S. government and partners will provide TA to the GOU to improve the strategic information systems and to improve the collection, analysis and use of surveillance and program information for decision-making.</li> <li>• The GOU has committed to lead implementation of one integrated M&amp;E system for HIV/AIDS and to systematically use data for decision-making.</li> </ul> |
| Research and Innovation | <ul style="list-style-type: none"> <li>• Framework Partners will conduct formative research on MARPS and will support training for GOU on operational research.</li> <li>• In 2011, the U.S. government supported assessments in the areas of prevention, policy and health systems which provided new analysis and information and suggested innovative approaches in each area.</li> <li>• Innovative approaches to address Ukraine’s concentrated epidemic and its driving IDU population will be used such as testing appropriate avenues for reaching female sex partners of IDUs.</li> </ul>  |

