

**UNAIDS**

**Second Independent Evaluation  
2002-2008**

**Country Visit to Ukraine**

**Summary Report**

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## Table of contents

ACKNOWLEDGEMENTS .....	v
DISCLAIMER .....	v
<b>1 INTRODUCTION.....</b>	<b>1</b>
<b>2 COUNTRY CONTEXT.....</b>	<b>2</b>
UKRAINE'S HIV EPIDEMIC .....	2
THE NATIONAL POLICY AND INSTITUTIONAL RESPONSE.....	2
<b>3 FINDINGS.....</b>	<b>4</b>
HOW UNAIDS HAS RESPONDED TO THE FIRST FIVE YEAR EVALUATION .....	4
HOW UNAIDS IS RESPONDING TO THE CHANGING CONTEXT .....	4
<i>The evolving role of UNAIDS within a changing environment.....</i>	<i>4</i>
<i>Strengthening health systems.....</i>	<i>5</i>
<i>Delivering as One.....</i>	<i>6</i>
HOW UNAIDS WORKS.....	6
<i>The division of labour between the Secretariat and Cosponsors.....</i>	<i>6</i>
<i>The administration of the Joint Programme.....</i>	<i>8</i>
HOW UNAIDS IS FULFILLING ITS MANDATE.....	10
<i>Involving and working with civil society.....</i>	<i>10</i>
<i>Addressing gender dimensions and issues for sexual minorities.....</i>	<i>11</i>
<i>Technical support to national AIDS responses.....</i>	<i>12</i>
<i>Human rights.....</i>	<i>14</i>
<i>Greater and meaningful involvement of people living with HIV.....</i>	<i>14</i>
<b>4 DISCUSSION POINTS .....</b>	<b>15</b>
UNAIDS – BRINGING ADDED VALUE .....	15
UNAIDS – WAYS OF WORKING .....	16
UNAIDS – SYNERGIES AND SUPPORT TO THE NATIONAL RESPONSE .....	18
ANNEX 1: LIST OF PEOPLE MET .....	20
ANNEX 2: LIST OF DOCUMENTS CONSULTED .....	24
ANNEX 3: SUMMARY OF COUNTRY LEVEL RESPONSES.....	27
<i>A) Assessment of progress towards Five-Year Evaluation recommendations.....</i>	<i>27</i>
<i>B) Summary of progress with Global Task Team Assessment Recommendations (April 2007).....</i>	<i>31</i>
ANNEX 4: MATERIAL FROM THE FEEDBACK WORKSHOP.....	34
ANNEX 5: ANALYSIS, UNAIDS JOINT TEAM MEETING 4 DEC 2008 .....	34

## Acronyms

AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral therapy (or antiretroviral treatment)
ASAP	AIDS Strategy Action Programme
BSS	Behavioural Surveillance Survey
CBO	Community-based organisation
CCM	Country Coordinating Mechanism (GF)
CIS	Commonwealth of Independent States
CRIS	Country Response Information System
CSO	Civil Society Organisation
DaO	Delivering as One
DFID	UK Department for International Development
DHS	Demographic and Health Survey
DOL	Division of Labour
EU	European Union
ExCom	Executive Committee
FBO	Faith-based organisation
GF	Global Fund (abbreviation of GFATM)
GFATM	Global Fund for AIDS, TB and Malaria
GTT	Global Task Team
GTZ	German Technical Cooperation
GOU	Government of Ukraine
HACT	Harmonised Approach to Cash Transfers
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HoA/HoO	Head of Agency or Head of Office (UN)
HSDP	Health Sector Development Plan
HSS	Health systems strengthening
IDU	Injecting drug user
IEC	Information, education and communication
JPS	Joint Programme of Support
JT	Joint Team
MARP	Most at risk population
MOE	Ministry of Economy
MOF	Ministry of Finance
MOH	Ministry of Health
MOU	Memorandum of Understanding
MSM	Men who have sex with men
NASA	National AIDS Spending Assessment
NCC/NC	National Coordinating Council (National Council for HIV/AIDS and TB from 2007)
NGO	Non-government organisation
NHA	National Health Account
OST	Opioid Substitution Therapy
PAF	Programme Acceleration Fund
PCB	Programme Coordinating Board
PEPFAR	President's Emergency Programme for AIDS Relief (USG)
PLHIV	People living with HIV
PMTCT	Prevention of mother-to-child transmission
PR/SR	Principal Recipient and Sub Recipient
PRSP	Poverty Reduction Strategy Paper
RC	Resident Coordinator
SW	Sex worker
TB	Tuberculosis

TSF	Technical Support Facility
TWG	Technical Working Group
UA	Universal Access
UCC	UNAIDS Country Coordinator
UN	United Nations
UNCT	UN Country Team
UNDAF	UN Development Assistance Framework
UNGASS	UN General Assembly Special Session on AIDS
UNTG	UN Theme Group
USAID	US Agency for International Development
USG	United States Government
VCT	Voluntary counselling and testing

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## **Disclaimer**

Full responsibility for the text of this report rests with the authors. The views in this report do not necessarily represent those of UNAIDS nor of the people consulted.

# 1 Introduction

1.1 This report is a summary of findings from a short evaluation visit to Ukraine as part of the Second Independent Evaluation of UNAIDS (SIE). The country visit took place from 2 to 12 December 2008. The team consisted of Nel Druce, Nadia Gittins and Liliya Skotarenko. The team was based in Ukraine's capital, Kyiv. They also attended part of a regional M&E training event in Lviv in western Ukraine, co-ordinated by the UNAIDS Secretariat country office with government and civil society partners, where they also visited the newly opened Lviv AIDS Centre.

1.2 The summary report draws on material developed to complete the evaluation framework tables (described in the inception report for the evaluation<sup>1</sup>). This report, and the content of the tables, is based on information gathered from meetings with over 70 stakeholders (Annex 1) and from review of key documents (Annex 2).

1.3 Ukraine is one of 12 countries visited during the SIE<sup>2</sup>. It is not a comprehensive evaluation of the programme in Ukraine, but focuses on the effectiveness, efficiency and value added of UNAIDS as a joint programme. The material in the framework tables from these country visits, visits to regional offices of the Secretariat and Cosponsors, global visits and interviews, and surveys of other stakeholders will be synthesised in an overall evaluation report for submission to the SIE Oversight Committee in August 2009.

1.4 Following a brief overview of the country context in Section 2, the report presents the main findings from the visit in Section 3, which is structured in line with the conceptual framework of the evaluation (see Box 1). Section 4 highlights key issues and discussion points arising from the findings.

## Box 1 Evaluation scope and objectives

The purpose of the Second Independent Evaluation of UNAIDS is to assess the efficacy, effectiveness and outcomes of UNAIDS (including UNAIDS Secretariat, the PCB and UNAIDS Cosponsors) at the global, regional and country levels and, specifically, the extent to which UNAIDS has met its ECOSOC mandate for an internationally coordinated response to the HIV/AIDS pandemic and the continuing relevance of its mandate and objectives in the current global environment. At country level, the evaluation focuses on the following questions:

- a) The evolving role of UNAIDS within a changing environment
  - c) The response to the first Five Year Evaluation of UNAIDS (see Annex 3)
  - d) The Division of Labour between the Secretariat, Cosponsors, Agencies and Countries
  - e) Strengthening health systems
  - f) The administration of the Joint Programme
  - g) Delivering as One
  - h) Involving and working with civil society
  - i) Gender dimensions of the epidemic
  - j) Technical support to national AIDS responses
  - k) Human rights
  - l) The greater and meaningful involvement of people living with HIV
- Note: Question b) on governance is not addressed by country visits.

The conceptual framework for the evaluation, and this report, organises these questions under three broad themes: how UNAIDS is responding to the changing context; how UNAIDS is fulfilling its mandate; and how UNAIDS works.

<sup>1</sup> The Second Independent Evaluation of UNAIDS 2002-2008 Inception Report. 20<sup>th</sup> October 2008

<sup>2</sup> Cote d'Ivoire, DRC, Ethiopia, Haiti, India, Indonesia, Iran, Kazakhstan, Peru, Swaziland, Ukraine, Vietnam

## 2 Country context<sup>3</sup>

### Ukraine's HIV epidemic

2.1 Ukraine has the most severe HIV epidemic in Europe and the Commonwealth of Independent States (CIS), with an estimated HIV prevalence of 1.63% by the end of 2007. By 2007, HIV prevalence among pregnant women was 0.52% with the rate over 1% in three regions (oblasts) of the country, nearly double the rate of 2003. Similarly, despite progress in prevention of mother-to-child transmission (PMTCT), increasing heterosexual transmission (now accounting for over a third of infections) has contributed to a steady growth in paediatric HIV infections. The highest prevalence rates are in urban areas. In 2007, seven of Ukraine's 27 regions (mainly in south-eastern Ukraine and including the Crimea) accounted for 70% of known infections. Other regions are now contributing to the annual increase in prevalence.

2.2 The HIV infection epidemic in Ukraine remains concentrated in most-at-risk populations (MARPs), especially injecting drug users (IDU), male and female sex workers (SW), men who have sex with men (MSM), at risk young people (including street children) and prisoners. Sentinel surveillance among IDU shows prevalence rates ranging from 18% to over 60% in some cities. Both at-risk and HIV-infected IDU include an increasing number of women, who tend to be harder to reach with prevention and treatment interventions. Infection rates are growing in 'bridge populations', including female partners of IDU and MSM and clients of male and female sex workers.

2.3 According to the recent external evaluation of the national response, commissioned by the National Coordinating Council for HIV/AIDS and TB, 'moderate' progress has been made since 2002 in delivering prevention programmes for MARPs, now involving over 150 non-government organisations (NGOs), mostly supported by Global Fund (GF) funding. Limitations include lack of scale, poor consistency in quality and less than adequate government efforts in both prioritising targeted interventions and in coordination between government and non-government efforts. Sex workers and MSM remain largely hidden and unreached populations. There is growing consensus that, unless prevention efforts for MARPs and bridge populations are rapidly scaled up, a generalised epidemic is on the five-year horizon.

2.4 Access to voluntary counselling and testing (VCT) is widespread, but coverage remains limited. However, HIV testing among pregnant women is high with 95% coverage. Overall, according to national estimates, less than a fifth of those who are HIV positive are aware of their status. Ukraine's antiretroviral treatment (ART) programme was launched in 2004 and is available in all regions. By 2007, coverage had reached one-third of those in need, but AIDS-related mortality continues to increase especially among stigmatised populations such as IDU. The response, in common with the health system as a whole, remains a highly vertical one, and there is little progress in addressing high levels of tuberculosis (TB) and HIV co-infection (nearly half of AIDS patients), and sexually transmitted infections (STI).

### The national policy and institutional response

2.5 National recognition of the importance of HIV and AIDS has grown since the 'Orange Revolution' in 2004, evidenced in several Presidential decrees and attendance at high level meetings on AIDS in 2006 and 2008. Ukraine is a signatory to major international commitments including UNGASS and developed a well-regarded UNGASS report. There has been progress in the enabling policy environment: sex between men was decriminalised in 1991; harm reduction for IDU was adopted as state policy in 1998, including needle exchange; sex work was decriminalised in 2006; and opioid substitution therapy (OST) was approved in 2008 for IDU.

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<sup>3</sup> Sources: UNAIDS 2008 Epidemiological Fact Sheet; UNGASS Report 2006-2007; Comprehensive External Evaluation of the National AIDS Response in Ukraine, Zero Draft June 2008

AIDS legislation specifies state guarantees for treatment and prevention activities, including free VCT and harm reduction, and protection of rights of people living with HIV (PLHIV). The Ukrainian National Centre for the Prevention and Fight Against AIDS under the Ministry of Health (MOH) has provided effective guidance to scaling up treatment access, through the national network of AIDS centres.

2.6 Despite this progress, the response remains greatly challenged by high levels of political instability, with frequent changes of ministers and senior government officials. Poor leadership, low political commitment and weak capacity have prevented the Government of Ukraine (GOU) from fulfilling its role in national coordination, planning, management and monitoring and evaluation (M&E). The MOH is legally responsible for coordinating the national response, guided by the draft Concept of the National AIDS Strategy 2004-2011 and the National AIDS Programme 2004-2008. However, the strategy lacks work plans, an adequate budget and fully funded budget lines and an M&E framework, while the national programme has been limited to MOH activities. Laws and policies have been ambiguously interpreted and poorly implemented, follow up of orders and decrees is slow, and mistreatment and abuse of people's rights is widely reported. Regional and district levels of government lack effective authority and resources to provide services, as well as capacity for coordination.

2.7 In 2005, the National Coordinating Council on the Prevention of Spread of HIV/AIDS (NCC) was established by the Cabinet of Ministers' Decree. Its constituency-based governance arrangements reflected requirements for the Country Coordinating Mechanism (CCM) of the GF and the Three Ones principles. However, the NCC has met irregularly, mainly in response to the need for funding from the GF. It was revitalised in 2007, as the National Council for HIV/AIDS and TB, again linked to GF processes. A Committee on HIV/AIDS and other socially dangerous diseases (AIDS Committee) was set up in the MOH, to support implementation and coordination of the national response, including the provision of a Secretariat to the National Council (NC), but is inappropriately staffed to provide effective strategic planning and management functions. A Presidential decree in 2007 established the Coordination Council on HIV/AIDS, Tuberculosis and Drug Addiction as an advisory and coordination body chaired by President Yushchenko, with an invited multi-stakeholder membership. Its remit in relation to the National Council is not clear.

2.8 In April 2007, the Road Map on Scaling-up Towards Universal Access to HIV/AIDS Prevention, Treatment, Care and Support in Ukraine by 2010, facilitated and coordinated by the UNAIDS Secretariat country office, was endorsed by the National Council but has not been formally adopted by the GOU. Following a proposal from UNAIDS, and a request by the National Council, an external evaluation of the national response was conducted in 2007, coordinated by the UNAIDS Secretariat country office. Although there is reasonable consensus on the preliminary findings and recommendations, these are not adequately reflected in the new AIDS Concept and New National State AIDS Programme 2009-2013, which is planned to be incorporated into law.

2.9 Financing is dominated by external sources. Although domestic budget allocations have grown, according to the external evaluation, these remain inadequate at national and sub-national levels. The Ministry of Finance (MOF) has imposed line item vetoes on AIDS-related expenditures and further cuts are likely, given the current economic crisis in the country. External funds have included a US\$60 million World Bank loan to the MOH for HIV and TB programmes, GF Round 1 (US\$101 million) and Round 6 funding (up to US\$151 million over five years – the largest grant for AIDS in Eastern Europe and Central Asia) and substantial USAID-funded projects implemented by sub-contractors such as the International HIV/AIDS Alliance, Futures and PATH. The World Bank loan had severe management challenges, achieving just 60% disbursement, including commodities procured by the UN. Following slow disbursement and management concerns, in 2003-2004, responsibility for the Round 1 Principal Recipient (PR) role was transferred to the International HIV/AIDS Alliance in Ukraine. Since then, funding has been channelled through the non-government sector – the Alliance and the All

Ukrainian Network of People Living with HIV are PRs for Round 6 – and the Ukrainian AIDS Centre is the only governmental sub-recipient.

### **3 Findings**

#### **How UNAIDS has responded to the first five year evaluation**

3.1 The Five-Year Evaluation put forward 29 recommendations. Of these, 18 have a direct application or influence at country level, though many are also linked to wider global and regional initiatives. Annex 3 lists these country-oriented recommendations together with a comment on progress since 2002 in Ukraine. Many of the recommendations are addressed under the questions in this section.

3.2 There has been good progress on many of the recommendations. UNAIDS has strongly supported the implementation of the Three Ones, such as the multi-stakeholder government-led National Coordinating Council on HIV/AIDS (NCC), the national M&E framework, the national strategy towards Universal Access and the UNGASS reporting process. UNAIDS has also made good progress in facilitating GF processes, especially Round 6 application development, and in providing technical assistance to PRs and to the NCC/NC, its Secretariat (AIDS Committee) and new constituencies such as faith based organisations and the business sector. UNAIDS has secured inputs from the global level for advocacy in Ukraine, with support from UNAIDS' Executive Director and the Secretary General's Special Envoy, and has also enabled high level advocacy by the UN, through the Resident Co-ordinator (RC), which has encouraged Presidential policy commitments to evidence-based interventions such as OST.

3.3 There has been less progress on other aspects, in part linked to limited government leadership and capacity. For example, although participatory consultations with all national stakeholders resulted in approval of the National Universal Access Targets by the NCC, the Road Map has not been fully owned or endorsed by GOU. M&E has been greatly strengthened, with progress in agreeing a national framework and in high quality research, but data are not yet widely available or well used in lesson learning and informing programme design and implementation.

#### **How UNAIDS is responding to the changing context**

##### *The evolving role of UNAIDS within a changing environment*

3.4 In addition to the worsening epidemic, changes in the national environment include the continuing political instability and economic downturn, together with the growing importance of the GF (as some other donors are withdrawing) and of the European integration agenda. UNAIDS responded openly and positively to the Global Task Team (GTT) assessment in 2007 (see Annex 3), and the role, priorities and operations of the Joint Programme have now been better defined in the Joint Programme of Support (JPS) for 2007-2010. There is wide appreciation of the contributions of UNAIDS to facilitating the establishment and operations of the NCC (including fulfilment of GF requirements and support to the Three Ones principles), and the competent UNAIDS Secretariat country office support to the successful GF Round 6 application, capacity building for the new PR (the All Ukrainian Network of People Living with HIV) and to design of Phase 2 programming.

3.5 Although not always set out in formal MOU, good working relationships were reported by ministry officials with UNAIDS Secretariat country office and UNAIDS Cosponsors (with the exception of the World Bank, which reflects the troubled progress of the HIV and TB loan), bilateral donors such as USAID and its contractors, civil society and organisations representing people living with HIV. The UN, supported by the UN Theme Group (UNTG) and Joint Team (JT), is delivering a stronger 'UN voice', shown in consensus position statements on critical

issues and the RC's representation on the NCC/NC. UNAIDS has collectively and successfully advocated with officials, ministers and parliamentarians for increases in the state HIV budget, although commitments are threatened by the current financial crisis.

3.6 However, this review echoes findings of the external evaluation concerning continued fragmentation and parallel operations in the UN and among other external partners, especially in prevention. The absence of strong government coordination creates challenges for harmonisation, and donors currently lack an effective mechanism for ensuring that their efforts are synchronised. Most national informants do not see UNAIDS as a Joint Programme: 'UNAIDS' continues to be viewed as the Secretariat country office which works with other UN agencies on AIDS.

3.7 In a context where national ownership is weak, and where significant external funding may be undermining greater ownership, UNAIDS is striving for a balance between UN-initiated efforts, such as the Road Map and Evaluation, with ongoing UN support for government efforts, such as the new national programme. The collective failure to effectively implement the World Bank loan highlights several lessons about the greater role that UNAIDS could have played, including a more active role for the Bank as a cosponsor. While UNAIDS provided procurement (UNFPA, UNICEF) and consultancy services (UNAIDS Secretariat country office), a strategic and proactive approach as a Joint Programme appears to have been lacking. These and other experiences are generating a constructive dialogue within UNAIDS about complementary, effective and sustainable routes to building government ownership and capacity, through embedded long term technical assistance, for example, and how to best use external UNAIDS' initiatives for national benefit. UNAIDS continues to advocate for increased resource allocation by government at national and sub-national levels.

3.8 Following the successful GF Round 6 Application, the Joint Programme's role in stakeholder negotiations, and its involvement in Technical Working Groups (TWGs), it is perceived by national stakeholders as an expert reference point for HIV and as a neutral organisation. UNAIDS should capitalise on this and provide more 'how-to' constructive technical assistance to institutionalise best practices and international recommendations (e.g. what operational guidelines and training need to be in place for relatively newly implemented interventions such as OST, what training etc). This was done effectively in the case of VCT, harm reduction, ART, M&E, and other areas.

### *Strengthening health systems*

3.9 Health system strengthening (HSS) issues are challenging to address in Ukraine's environment. Approaches developed for other contexts are not felt to be relevant to the unique characteristics of the former Soviet 'Semashko' health system, which includes highly vertical, specialised programmes and deeply entrenched vested interests and incentive structures. While the UNAIDS Secretariat and Cosponsors have not yet developed a shared approach to the challenges of HSS and the HIV response, informal discussions are taking place in the wider context of proposed health reform with the World Bank. UNAIDS JT members articulate the possible entry points for HSS based on the HIV response (for example, integrated service models, greater regard to patient ethics and a client-centred approach, task delegation), and the Ukrainian Centre for AIDS is open to these issues, given the need for treatment provision to expand beyond AIDS Centre capacity. WHO's work plan includes several HSS areas, such as support to development of integrated approaches to treatment and care, human resources for health, procurement and supply management and patient monitoring. The UNAIDS Secretariat country office and WHO are working with the US Agency for International Development (USAID), the European Union (EU) and the GF PRs to carry out a Joint Assessment of Procurement Capacity with government and non-government stakeholders.

3.10 However, there are some missed opportunities. For example, a joint report for the health sector (2007) on behalf of the World Bank and GOU acknowledges the critical challenges of HIV

and TB but does not fully discuss either the issues or the opportunities presented by the response so far.<sup>4</sup> There is little evidence that these issues have been strategically addressed by the UNTG or are considered in GF proposals, although the rejected Round 8 proposal for TB did address TB and HIV integration challenges.

### *Delivering as One*

3.11 Ukraine is a recent signatory to the Paris Declaration. Improving aid effectiveness and coordination therefore represents a new way of thinking to Government, and both capacity and incentives are limited. The UK Department for International Development (DFID) and the UN (Resident Co-ordinator's Office and UNDP) took a proactive approach to working with key government bodies, especially the Ministry of Economy (MOE), but level of effort has gradually dropped-off.<sup>5</sup> Ministerial and advisory changes have prevented much progress and donors tend to work in traditional ways with counterpart ministries. Neither the MOE's Donor and Government Working Group, nor its sub-committee for HIV/AIDS (co-chaired by the MOH and the UNAIDS Country Coordinator (UCC), are functional due to the lack of governmental commitment and leadership and frequent changes within the MOH, which presents a further challenge for harmonisation.

3.12 Given this context, the response to HIV and AIDS is comparatively strong. For example, the HIV response is mentioned in the 2007 Capacity Assessment Report from DFID, UNDP and MOE as one of the few sectors where UN and other efforts have improved coordination and effectively involved civil society. The RC and several Heads of Agencies (HoAs) report that the UNTG and JT are ahead of the game in Delivering as One – 'a shining example of better collaboration'. UNFPA has set a trend for the Executive Committee (ExCom) agencies by implementing Harmonised Approach to Cash Transfers (HACT) with its ministry counterpart.

3.13 While national partners are largely unaware of UN reform processes, bilateral donors are aware of the JPS and JT. German Technical Cooperation (GTZ) and USAID report learning especially from the UNAIDS Secretariat country office's approach to acting as a neutral and facilitative broker. Donors are reluctant to get together formally without government initiating the Working Group or HIV/AIDS sub-committee mentioned above, but there are good informal links and a high level of respect between the UNAIDS Secretariat country office, USAID and GTZ. The UNTG is inviting key constituencies to attend its meetings, which together with the various active TWGs, provide a good informal opportunity for improving coordination. However, several interviewees also noted that unless agencies are required to adopt a collaborative approach to Delivering as One and harmonisation, concrete achievements will be small. Procurement for the World Bank loan project was reportedly delayed greatly due to lack of harmonisation between the procedures of the World Bank and other UNAIDS Cosponsors.

## **How UNAIDS works**

### *The division of labour between the Secretariat and Cosponsors*

3.14 Ukraine has a challenging environment for UN harmonisation and the UNAIDS Technical Support Division of Labour (DOL), due to the lack of well-functioning coordinating authority, inadequate technical capacity and lack of a robust national plan to which all can align. Despite this, UNAIDS has made good progress on the GTT (and national) review recommendations in the 18 months since the 2007 review (see Annex 3). The UN Country Team (UNCT) decided to maintain the UNTG, which is reported by many to be the UN's most effective Theme Group in

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<sup>4</sup> The contribution of the UNAIDS Secretariat country office and Cosponsors is not specified in the report.

<sup>5</sup> The European Integration process (first stage signed in mid-2008) dominates policy dialogue but is also a slow process. HIV and AIDS are not yet felt to be reflected sufficiently as a significant social and economic issue.

Ukraine, partly because it is well serviced through the UNAIDS Secretariat country office and is the longest established. The role complements the more specialist and technical function of the JT. UNTG terms of reference were revised in 2007, to emphasise its leadership role in policy advocacy, and in developing 'one voice' for the UN on HIV and AIDS. This has resulted in several high level advocacy statements based on strong UN consensus. Of special note is the recent committed participation of the RC in the NC and his engagement with the UNTG and the UCC. Following the 2008 mid-term review, the current UN Development Assistance Framework (UNDAF) now includes a new Assistance Area for HIV and AIDS.

3.15 UNAIDS published its JPS 2007-2010 and its work plan in early 2008, following several UNTG and JT meetings, and a reflective UN retreat that also involved government and non-government stakeholder 'challenge panels'. The UNAIDS Secretariat country office regularly carries out a detailed mapping of UNAIDS work plan activities and projects, which provides an invaluable overview of topic, counterpart and funder and is the basis for the JPS progress review.

3.16 The UNAIDS DOL has been adapted to the country context, with for example, WHO and UNODC agreeing complementary roles with respect to OST and harm reduction for IDU, and the UNAIDS Secretariat country office taking responsibility for support to strategic coordination and planning. However, there remain some inconsistencies and challenges to complementary or competing mandates, for example in relation to working with young people and IDU, governance and the Three Ones.

3.17 Overall, the transaction costs of the JT and UNTG are perceived to be 'worth it', in terms of added value through developing consensus on key policy issues, UN solidarity and sharing information on plans. Programme Acceleration Fund (PAF) projects are better planned and managed. UNAIDS has also made a strategic decision to apply for larger initiatives that require robust coordination and multi-stakeholder engagement, such as the new regional governance project. Joint projects are financed mainly with parallel funds although now tend to have joint management committees (for example, the UNDP and UNFPA uniformed services project). Small agencies, or those with limited HIV staff, report better knowledge of their mandates and approaches among other UNAIDS Cosponsors and access to specific technical support in areas where they lack it (for example, IOM, ILO, UNHCR).

3.18 The added value of the UNAIDS Secretariat country office role is appreciated, especially for coordinating inputs on large cross-cutting agendas that would be impossible to address without multi-agency participation (for example, Universal Access Targets and Road Map, the external evaluation, and comments on the new National Programme and draft AIDS Law). The JT has also supported better agency collaboration (for example, WHO and UNODC on the DOL with respect to IDU, UNICEF and WHO on curriculum development for medical training). There is some evidence of effective peer influence in the JPS, such in reaching agreement that a project proposed by UNFPA to be funded by the European Commission (EC) would not add value to the national response.

3.19 Despite progress, several interviewees referred to the 2007-2008 plan as a 'retrofitted' set of activities and a compilation or amalgam of existing programmes, and levels of commitment are not perceived as consistent across HoAs and Heads of Offices (HoOs) (see also Annex 5 for Force Field analysis by JT). Although the revision of the UNDAF 2006-2010 in 2008 (mid-term review) to include a new HIV/AIDS Assistance Area is a positive development, it is also not seen as highly strategic.

3.20 Overall, UNTG and JT members feel that collaboration happens in spite of the institutional arrangements and incentives that continue to encourage resource mobilisation and activities by single agencies. Indeed the UNTG and JT are perceived as effective mainly because of some individuals' energy, skills and willingness to collaborate, and to the expertise and commitment of the UNTG chair, the UCC and her team. Although some agencies are clearly sharing information more effectively through the JT, there continues to be patchy engagement in joint strategic

thinking, planning, programming and implementation of activities/projects/programmes. This also goes further than the UN, given that coordination mechanisms involving other partners are not well established and lack legitimacy in the absence of robust government leadership.

3.21 The JPS has been published in English and Ukrainian and there has been some external advocacy and discussion at annual retreats. It is not clear that more external advocacy would be helpful – to a great extent working effectively as a Joint Programme must be UNAIDS’ internal business. Partners understand enough how the system works – and do use the UNAIDS Secretariat country office for referrals and information about sources of support. For example, the secretariat played a brokerage role between the State Prisons Department and UNODC.

3.22 Government counterparts perceive UN processes to be slower, in part true, due to more time needed for consensus building. The opportunity costs of delays in producing the final report of the external evaluation in 2008 were high, missing government deadlines for the 2009 budget. While high level UN advocacy has been effective, more consideration is needed about timing, level and style of communication for each issue. Several meetings were held to discuss the external evaluation recommendations between the UNAIDS Secretariat country office, UNAIDS Cosponsors and the Committee both individually and in larger groups together with other partners. However, counterparts in the AIDS Committee would have welcomed further dialogue and recommendations tailored for the New National Programme, before UNAIDS’ comments were sent to the Prime Minister or Cabinet of Ministers.

3.23 UNAIDS is building on lessons learned and has adopted a reflective way of working, through annual retreats and frequent TG and JT meetings. Most TG and JT members take seriously their responsibilities to the Joint Programme, and the two groups have defined clear and complementary terms of reference. However, joint working is constrained by UN institutional arrangements and incentive structures, which can only partially be addressed at country level, if UN reform to Deliver as One is slow.

### *The administration of the Joint Programme*

3.24 Arrangements for managing human resources and finances are perceived by both the UNAIDS Secretariat country office and UNDP as working reasonably well, within the recognised constraints of wider institutional regulations. Following the new global MOU in 2008, the Secretariat and UNDP are currently updating the 2002 country MOU. They intend to ensure that UNAIDS and UNDP administrative staff are fully briefed and aware of any issues and procedures (such as UNDP regulations that prevent retrospective contracts and the UNAIDS Secretariat country office’s need for standard turnaround times for requests). The secretariat is looking forward to having access to the UNDP accounts system (Atlas), as recommended in the global MOU. Efforts were made to co-locate secretariat and UNDP staff working on HIV. This was done for 18 months and improved collaboration, but was discontinued due to the high, additional rental cost.

3.25 Overall, the UNAIDS Secretariat country office has very limited programme resources, which can restrict a speedy and flexible response. The PAF mechanism has been used effectively by UNAIDS for the promotion of the Three Ones (UNDP and UNAIDS Secretariat country office), demonstration of integrated OST and ARV service delivery (WHO), support for coordination in selected oblasts (UNDP and UNAIDS Secretariat country office), HIV and the World of Work (ILO), and research into behaviour and interventions to prevent drug use in young people (UNICEF). The recent new PAF guidelines are helping the UCC to provide an oversight and quality assurance role.

3.26 Agencies report high transaction costs for PAF projects under \$100,000, where the requirement for funds management by UNDP is perceived as unwieldy and inefficient by both UNDP and implementers. UNAIDS has decided to apply for larger PAF grants that will also support multi-stakeholder coordination beyond the UN, such as the technical support plan for

prevention (not funded) and support to regional governance efforts led by UNDP. Although the UNAIDS Secretariat country office is not an implementing agency, it occasionally implements larger projects, such as DFID support to the Three Ones and the external evaluation of the national AIDS response. The implementation of these activities through funding arrangements with the UN RC System and UNDP make managing these projects very time consuming.

3.27 The expert contribution of the UNAIDS Secretariat country office staff is highly regarded by both UN and national stakeholders, especially since the appointment of the current UCC in 2005. However – as a team of the UCC with just three technical staff posts – the country office risks loss of expertise and credibility. Both the UCC and M&E advisor are likely to rotate in the near future and a key adviser (on a National Programme Officer contract) has recently left. The UNAIDS Secretariat in Geneva and the Regional Support Team do not appear to be taking a coordinated approach to staff continuity. Since early 2008, the Region has lacked a Director, which has implications for UCC management and affects the team. However, it has also contributed to increased, informal regional linkages made by the UCC, reportedly benefiting smaller countries that lack a country office.

3.28 The UNCT and UNAIDS are making great efforts to improve accountability of the UNTG and JT for the Joint Programme, including through an innovative approach linked to the new UNDAF Assistance Area for HIV/AIDS. The UNTG has recommended that JT members be appointed to serve as ‘outcome focal points’, meaning they will be responsible for monitoring and reporting on progress with regard to specific outcomes, even when more than one organisation and/or project is contributing to its achievement. However, only a few team members have a JT objective in their TOR. Most cosponsors are reluctant to involve the UCC in formal appraisal processes because this is incompatible with agency procedures; for most JT members, the UCC has an informal discussion with their HoA or HoO.

3.29 Ultimately, the RC is reviewed on his or her effective contribution to UN coordination, which includes the many Theme Groups. However, the missing link appears to be for HoAs/HoOs: results linked to the Joint Programme are not necessarily included in their objectives, which could have implications for their level of commitment to the UNTG and the UNAIDS programme overall and also for motivating their agency JT members.

3.30 Several factors jeopardise the competence of the UNAIDS Secretariat at country level. A global and strategic approach to professional development and peer support for specific types of UNAIDS personnel is lacking, except for the M&E advisors cadre. The country office budget for training is small. There is limited staff mobility beyond regional postings – this frustrates professional ambitions and reduces chances for learning from outside the region. The mix of contracts (WHO and UNDP) leads to uneven employment practices and benefits, particularly affecting national contracts, which are paid in the rapidly depreciating local currency. There is also lack of clarity regarding future prospects for project staff funded through local extra-budgetary resources.

3.31 There has been limited promotion and implementation of key UNAIDS policies, such as the ‘greenhouse’ rules to improve environmental responsibility, employment diversity policy and the new policy for work-life balance. Various innovative practices on human resources have not been maintained, such as the Assessment Centres. Although the Learning Strategy is set out in the JPS and was developed with an innovative mapping process, implementation is faltering.

## How UNAIDS is fulfilling its mandate

### *Involving and working with civil society<sup>6</sup>*

3.32 NGOs are well represented in national and regional policy-making bodies, with representation on the NCC/NC since its inception in 2005 (at that time, the Network, Alliance and Coalition for HIV/AIDS Service Organisations). Ukraine has benefited from high-level support from the UNAIDS Executive Director, and the repeat visits of the Secretary General's Special Envoy in 2005, 2006 and 2007 promoted the involvement of communities of most vulnerable populations in decision-making. TWGs and governmental committees serve as an effective mechanism for government-civil society engagement. Support has been provided by UNAIDS Secretariat country office and UNAIDS Cosponsors to strengthen civil society capacity for constituency representation through the Three Ones project and direct partnerships with NGOs and CBOs. UNAIDS is regarded as an effective neutral and independent broker by both civil society and government with respect to GF matters.

3.33 The secretariat country office has made special efforts to support and build capacity for faith-based organisations (FBOs) to develop their role in reducing stigma, in care and support and in effective constituency representation. It also helped to negotiate a balanced approach with civil society groups who were apprehensive about conservative influence on prevention. UNAIDS, through ILO and the secretariat country office, have advocated for labour force, employer and other business community involvement.

3.34 New NC bylaws mandated wider representation by trade unions, FBOs, Red Cross and private sector in 2007. In contrast, the new Presidential Coordination Council involves nominees only (the Executive Director of the Alliance and the Head of the Council of the All-Ukrainian Network of PLHIV). The UNAIDS Secretariat country office supported participation of civil society representatives in the national consultations on UNAIDS' gender assessment findings and gender-related recommendations for the new National AIDS Programme and a government working group on new AIDS-related legislation. A number of legislation revisions include: a mechanism for use of governmental funding for NGO activities; increased number of named vulnerable populations in the law (street children, ex-prisoners); and a mechanism to enable NGOs to be involved in VCT activities.

3.35 The JPS includes some key results with civil society partners, in areas that relate to agency mandates, and progress is documented in both JPS and UNAIDS Secretariat country office reports. However, there is no explicit strategy or plan for the UNAIDS JT for their work with civil society. The secretariat also has very limited resources in its core budget for its work with civil society organisations. Other issues include:

- The UNAIDS National Composite Policy Index (NCPI) for 2007 reports civil society involvement as 'moderate' and notes continued challenges in full engagement, especially at sub-national level. There is growing recognition of a widening rift between the powerful national organisations and smaller regional NGOs and community-based organisations (CBOs). The value of UNAIDS' role (mainly UNAIDS Secretariat country office and UNDP) in raising issues through open discussion forums is acknowledged but their presence at sub-national level is limited by resources. There have been several governance initiatives at the regional level, although these have not always been well coordinated. The new consolidated PAF project for regional governance (UNDP in partnership with the secretariat, other UN agencies, IOM and national partners) includes support to civil society involvement and will also promote better co-ordination and information sharing through a multi-stakeholder committee.

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<sup>6</sup> Civil society and civil society organisations (CSOs) refers to the range of organisations outside government involved in the HIV and AIDS response including non-government organisations (NGOs), community-based organisations (CBOs), faith-based organisations (FBOs), the private sector and the media.

- While UNAIDS is an important advocate for involvement and engages in many partnerships with civil society, resources have been limited. NGOs and CBOs receive funding from a number of sources, with the GF grant being by far the largest. The NCPI estimates that just 1% of the national budget is allocated to civil society (for example by the Ministry of Family, Youth and Sport in 2008 for NGOs and CBOs to work on prevention with vulnerable populations). There is no comprehensive overview of funding allocated to civil society organisations.
- The role and influence of civil society organisations and their acceptance as equal partners have been greatly strengthened due to GF grant activities. However stakeholders in both governmental and non-governmental sectors express concerns that GF has created a financing monopoly that could compromise the independent voice of civil society. There are few NGOs or CBOs not in receipt of grants who could act as independent watchdogs.

### *Addressing gender dimensions and issues for sexual minorities*

3.36 Across UNAIDS there is significant expertise on gender and HIV. Quality technical expertise was provided through the UNAIDS Secretariat country office to develop a Gender Assessment of HIV in Ukraine in 2007. The assessment notes that, in Ukraine, gender issues are under-addressed as a factor in the HIV epidemic and that perspectives a) tend to ignore issues affecting male behaviour and status and b) assume that gender equality has been achieved for women. The UNAIDS Secretariat country office convened multi-stakeholder consultations (roundtables) on gender issues in 2007, to provide recommendations for the external evaluation and the new national AIDS programme. Progress has been made in introducing gender-disaggregated data for UNGASS reporting and M&E (for example, in patient monitoring and in research on prevalence and behaviours among MARPs).

3.37 However, recommendations from both the Gender Assessment and the roundtables are not well reflected in the new national programme or GF proposals. Despite recent data on HIV infections among female IDU and higher frequency of risk behaviours such as sharing equipment, there is limited coordinated action on the implications for programming. While individual cosponsors address gender and HIV in their policy and approaches, there is no overarching UNAIDS position and strategy and this has not been addressed by the UNAIDS Secretariat country office or by UNDP, the lead UN agency on gender in the DOL. The Gender Assessment report was made available both in English and Ukrainian and provided an opportunity for learning. Despite this, several stakeholders, including some JT members, were unaware of the report and there has been limited follow up to ensure that gender issues are addressed in HIV programmes and vice versa. Gender and HIV issues are not included in the JPS Learning Strategy.

3.38 The picture is also mixed in relation to UNAIDS advocacy for the inclusion, and meeting the needs, of sexual minorities. UNAIDS has advocated for MSM and sex workers to be recognised as neglected MARPs, for example, included in the Universal Access Road Map and consulted for the new national programme draft and the evaluation. UNAIDS also ensured that the Round 6 GF process was open to all, with MSM and transgender programme activities included for both PRs. However, UNAIDS' position on reduced funding allocations and coverage target for MSM (i.e. that the lower target was linked not to lower priority but to more limited capacity) has not been well understood or accepted by the constituency. Support by the UNAIDS Secretariat country office is perceived to be not always coherent or consistent among stakeholders, which include an informal expert Reference Group on MSM and other Lesbian, Gay, Bisexual and Transgender (LGBT) issues, supported by the Alliance. Consultation on the implications of UNDP's new lead role on MSM, such as setting up a new Working Group, has been limited. Issues for HIV-positive MSM, and also for the female partners of MSM, are not

well addressed. Publicity for, and implementation of, the Diversity Employment Policy across UNAIDS is not taking place.

### *Technical support to national AIDS responses*

3.39 The UNAIDS Cosponsors and Secretariat country office are providing significant and highly valued technical support to a wide variety of national stakeholders in areas such as advice for improving law, policy and planning, quality and scale of interventions and service provision, research methodology and M&E. The Ukrainian AIDS Centre under the MOH, the ministries responsible for prisons, labour and education, the Network, and FBO groups report especially positive experiences. UNAIDS retreats help stakeholders to understand the different roles of cosponsors.

3.40 There is a UNAIDS Technical Support Plan (linked to the work plan) in the JPS but it refers mainly to the needs of cosponsors not those of national partners. Although there has been no national technical support assessment, the UNAIDS Secretariat country office has developed a joint approach to needs assessment in two-thirds of regions with GTZ. UNAIDS is also proposing the development of a unified national support plan for prevention and has sought PAF funding for this.

3.41 Counterpart ministries are well aware of the mandates of UNAIDS Cosponsors. The extent to which the UNAIDS Secretariat country office or JT is used as an entry point is limited. UNAIDS DOL recommendations that UNAIDS should broker or facilitate all support are not felt to be realistic where agencies already have robust and trusted relationships, but lack of overall coordination does compromise effectiveness, as some agencies continue to work with counterparts while not always recognising and promoting synergies across ministries and UNAIDS. However, given the lack of overall government coordination and management, the system is working reasonably well.

3.42 Requests for technical support are mainly identified through TWGs, which involve both national and international stakeholders. There is wide appreciation of the role of UNAIDS staff in supporting, often as co-chair, the various TWGs. This is an effective and legitimate way to help harmonise and coordinate support in the absence of strong technical leadership from government, and to maintain innovation and momentum in the response. However, there is no complete list available and governance arrangements can be unclear, especially for those working under the NC rather than specific ministries. Examples of TWGs include:

- The VCT technical working group is under the MOH, chaired by the AIDS Committee, and involves a number of national ministries such as Family, Youth and Sport, the State Prisons Department, UNAIDS, PATH and others. The group developed national protocols and meets every three months. In addition, there is a working group dealing with laboratory aspects of testing.
- The Prisons Department has two working groups – one dealing with substitution therapy and the other with HIV prevention and care (Health in Prisons).
- The M&E working group is under the NC and until recently was chaired by UNAIDS Secretariat country office staff; it is now chaired by the WHO staff member.

3.43 There is no regional Technical Support Facility, although one is planned. The three WHO sponsored Knowledge Hubs in the region are mainly focused on providing basic training on specific issues. The Zagreb-based Surveillance Hub is reported to provide useful guidance and training related to surveillance and behavioural research. The Kyiv-based Treatment Hub is reported to be less successful in providing relevant and valued support and is not drawing on the growing expertise in the country and the region. There has been limited support provided through the World Bank based AIDS Strategy Action Programme (ASAP), for example, an AIDS

Committee member was recently trained in strategic planning, under-scoring the limited contribution of the World Bank beyond its involvement in its loan-supported project.

3.44 Existing strategic frameworks and plans, including the draft Concept of the National HIV/AIDS Strategy 2004-2011 and current National AIDS Programme 2004-2008 and the recently submitted new national programme 2009-2013, do not include technical support plans. The lead national agencies in the response to HIV, such as the MOH and the NC, have been somewhat passive in supporting a systematic approach to technical assistance provision. Technical support planning by UNAIDS is not directly linked with the national programme and its benefits are not clear to all national partners. It was expected that the external evaluation would help to identify needs in a number of areas including technical assistance but this has not had a significant impact on the new programme, due in part to delays and to the reported reluctance of the MOH to coordinate discussions around specific findings and recommendations.

3.45 There is no process to enable an assessment across UNAIDS of the volume and nature of requests or of the quality of technical support delivered. There is no overview of technical support provided by UNAIDS overall (by the secretariat country office and cosponsors) and no consolidated reporting against the technical support plans provided in the JPS. One challenge is defining and documenting the range of technical support provided (to include agency staff advice, long term postings, short term consultancies, tools and guidance, access to training etc). Based on anecdotal reports, the provision of technical support in Ukraine – while of reported high quality – remains fragmented and individually driven by agencies and their national counterparts.

3.46 Ukraine is a ‘Three Ones’ priority country and UNAIDS has been instrumental in promoting and strengthening the Three Ones, developing a DFID-supported initiative to develop the architecture and to build the capacity of the CCM (the NCC) and its Secretariat (the AIDS Committee). USAID also responded to this initiative and provided financial support for work of the NCC, including to the AIDS Committee, and on-going consultancy for the MOH. Since 2004, the multi-stakeholder UN Expanded Theme Group on AIDS has been disbanded, the UN aiming instead to support the expected role of the government-led NCC/NC.

3.47 The UNAIDS Secretariat country office has made considerable efforts to promote a unified M&E system with national and international partners, facilitating a strong and valued working partnership with GF PRs and the Ukrainian AIDS Centre, providing technical support for national and sub-national capacity building, funded by the GF, and facilitating a series of new national HIV estimates. The national inter-sectoral M&E reference group was established under the NC and continues to be one of the most effective TWGs, chaired by the UNAIDS Secretariat country office from 2007 to the end of 2008. UNAIDS advocated and supported both technically and financially the proposal to establish the National M&E Centre, although GOU has not yet agreed its institutional home.

3.48 The UNGASS process helped establish a broadly agreed set of national indicators, in addition to the well-regarded report for 2006-2007. Ukraine’s surveillance and behavioural data are recognised as among the best in the region, in terms of quality and completeness. The Country Response Information System (CRIS) has been successfully piloted for UNGASS reporting in 2005, 2006 and 2008. While full-scale implementation of CRIS V2 was not considered appropriate for Ukraine, full-scale implementation of CRIS V3 is planned in 2009.

3.49 However, there remain a number of parallel M&E systems used by various national agencies and donors, and overdependence on the quantitative requirements of the GF. There is limited understanding and process for using the data obtained to inform programming and policy. As yet, there is no online portal for sharing research and data, or a national database, although the UNAIDS Secretariat country office has collected an inventory of research.

3.50 The secretariat and cosponsors are not always advocating consistently with partners in support of a one national M&E system. For example, there are parallel and inconsistent systems for monitoring IDU prevention programmes, managed by the Alliance, supported through the GF

and USAID, and the Ministry for Family, Youth and Support, supported through a UNFPA project. There is some lack of consensus on an appropriate approach to the Three Ones and capacity building for strategic planning and coordination. For example, UNDP technical support to the AIDS Committee is perceived by some to be undermining the UNAIDS position and input into the new national AIDS programme.

### *Human rights*

3.51 Ukraine has adopted all the major international and UN human rights agreements and reflected this in national legislation, but enforcement of legislation is often weak. There is a legal framework in place to protect the rights of vulnerable groups and people with HIV, such as the Law of Ukraine "About prevention of AIDS and social protection of the population" (1998), and decriminalisation of sex work and sex between men. The UNAIDS Secretariat country office and Cosponsors are providing strategic guidance to the government regarding legislation issues. UNAIDS positions on policy and its comments on government documents consistently demonstrate a high regard for human rights issues (such as for the revised Law on AIDS, the new National AIDS Programme, HIV testing, harm reduction in prisons and substitution therapy). The strategic approach is described in the JPS 2007-2010 Priority Area III: Supportive Environment – Human Rights, which also lists a number of cross-cutting and strategic actions, such as a national network of legal professionals, HIV-related human rights monitoring by an independent watchdog NGO and a focus on asylum seekers and refugees.

3.52 UNAIDS has advocated robustly to government regarding providing services to MARPs, who tend to be hidden, stigmatised and discriminated against. While agreement in principle has been achieved, coverage remains low and services are mainly funded through external donors to NGOs. Treatment services are regarded as adequate, but MARPs are less likely to seek VCT and to have access to ART. There has also been limited specific technical support for implementing necessary policy and system changes, for example, developing protocols and procedures for OST and training staff.

### *Greater and meaningful involvement of people living with HIV*

3.53 The All-Ukrainian Network of People Living with HIV, the umbrella organisation representing PLHIV, has been involved in policy-making, implementation and M&E of programmes before and since 2002. PLHIV were represented in the UN Expanded Theme Group, and subsequently formal representation (as Deputy Chair) was secured by law in 2005 in the new national and oblast coordinating councils. The Network's chair is also an invited member of the Presidential Council. PLHIV demonstrate strong leadership through the Network at national and some oblast levels, and have gained regional and international recognition. In 2004, after meeting UNAIDS' Executive Director, and with his encouragement, the Network led on establishing the Eastern Europe and Central Asia Union of PLHIV organisations, involving 14 countries. In Ukraine, representatives participate actively in national policy-making processes, through all the major technical working groups, and through consultations co-ordinated by UNAIDS on, for example, the Universal Access Road Map, the UNGASS report, the external evaluation and the new national programme.

3.54 While UNAIDS does not have a formal strategy to define its role and engagement with PLHIV groups, the secretariat and cosponsors provide a variety of support, with a focus on political advocacy and capacity building for the Network, and engagement as a partner in projects. For example, the UNAIDS Secretariat country office advocated for the role of the Network as PR for the GF Round 6 treatment and care component and has provided substantial technical support in organisational development, M&E and strategic planning. UNICEF worked with the Network to develop a strategy to support HIV-positive children in schools, UNDP is supporting regional participation and ILO PLHIV involvement in its work with trade unions and employers. The UNAIDS Secretariat country office has also played an important broker role in

facilitating discussions between PLHIV and other civil society groups and government, for example, on Round 6 negotiations between PRs and other partners.

3.55 Concerns were raised by some stakeholders about the extent to which the Network represents the full range of PLHIV groups. HIV-positive MSM, sex workers and ex-prisoners do not feel sufficiently represented or supported and perceive barriers to their involvement. There are particular challenges at regional level, where there are reports of disputes concerning constituency representation and UNAIDS has not established links with a range of groups representing PLHIV or promoted and facilitated dialogue between them. As UNDP takes up its role with MSM, it will be important to ensure the involvement of HIV-positive MSM. PLHIV leadership is strongly associated with the role of the leading organisation (the Network) in ARV provision and care and support. Involvement and leadership in prevention issues is less marked.

3.56 The national M&E framework, adapted from the UNGASS indicators, and the GF framework do not include indicators to measure PLHIV engagement directly, or care and support. While the rights of HIV-positive people are recognised and protected in law, high levels of stigma and discrimination continue to be reported, which has implications for education campaigns with the general population.

## **4 Discussion points**

4.1 This section raises some key issues for consideration by stakeholders in Ukraine, which are also relevant to the overall evaluation. As explained in the introduction, this country study is one of twelve which will be synthesised into the overall evaluation of UNAIDS. It is not a comprehensive evaluation of the programme in Ukraine, but focuses on the effectiveness, efficiency and value added of UNAIDS as a joint programme.

### **UNAIDS – Bringing added value**

4.2 UNAIDS has added value particularly in:

- High level and well coordinated advocacy through developing robust UNAIDS positions and ‘one UN voice’ on key issues such as harm reduction in prisons and OST.
- Providing a wide range of well regarded technical support to both governmental and non-government partners, including co-chairing and contributing to multi-stakeholder TWGs (which play a critical role in the absence of strong government coordination).
- Playing an effective role as neutral broker in GF proposal development and negotiations with national stakeholders.
- Consistent and robust promotion of the human rights approach across all aspects of the response, including for MARPS and people with HIV.
- Successfully advocating for the representation of PLHIV and facilitating inclusion and engagement at all levels.
- Promoting full participation of civil society, especially for involving a wider range of interests (FBOs, private sector, trade unions, civic representation), and acting as an effective broker and consensus builder across civil society and government.
- Better understanding of the interactions of gender and HIV, through assessment and consultation activities.

4.3 The challenges described by participants during the team’s debrief included:

- The risk of a generalised epidemic within five years, unless increasingly scarce resources are prioritised for scaling up prevention for the most vulnerable and ensuring linkages between the currently disconnected areas of prevention and treatment, care and support.
- Building and maintaining government ownership at a time of economic crisis, while taking into account the likely reductions in the UNAIDS unified budget and work plan (UBW).
- Managing transition from a response dominated by external funds and NGO leadership for service delivery to one where government is financing and coordinating overall programming (with NGOs continuing to make critical contributions).
- The need to integrate the response into the wider socio-economic context and national development planning – moving away from HIV as a vertical programme for both the UN and partners.
- Developing a long-term vision for building government capacity and support to the response, that reduces dependence and includes an exit strategy for the UN.

4.4 UNAIDS is beginning to respond as a Joint Programme to these challenges. For example, it is refining its capacity building, advocacy and communications strategies. Tailored high level advocacy strategies for OST and harm reduction in prisons have made an impact. However, the weak GOU response to the Universal Access Targets and Road Map, the external evaluation and UNAIDS comments on the new National Programme and AIDS law revisions, are encouraging UNAIDS to consider further how, when and to whom it communicates its position. While the UN's role is always to promote the realisation of international standards and good practice, appropriately targeted communication and messages are needed for each situation.

4.5 UNAIDS would add greater value in developing a more structured and coherent approach to its work – taking into account changing factors in Ukraine's context and key needs in the response, agreeing UNAIDS' unique role and comparative advantage, and developing a clear strategy for UNAIDS as a Joint Programme, rather than a compilation of agency projects (widely acknowledged as the case for the current JPS). This requires building on the approach taken in the JPS Priority Strategy Area on Human Rights, and in the new consolidated PAF project to support capacity in regional governance structures.

4.6 Poor coverage of, and access to, high quality, evidence-based prevention interventions for MARPs is a recognised weakness in the national response. UNAIDS as a Joint Programme needs to agree its collective, coordinated and strategic role in strengthening prevention through technical support provision. With the advocacy and support of UNAIDS, the Alliance is reportedly setting up a new Prevention Working Group but its engagement with government is not agreed and not all relevant agencies may join. The proposed technical support plan is a promising start, but much more should be done. This would also provide UNAIDS with an opportunity to develop an example of a forward looking technical support plan, based on a national needs assessment and on the comparative advantage of UN and other organisations in Ukraine.

## **UNAIDS – Ways of working**

4.7 *Joint programming:* UNAIDS has made progress in its working arrangements, in developing its Joint Programme of Support and work plans and enhancing visibility and joint actions as 'one UN', especially in its ability to work together and coordinate input to major cross-cutting agendas (such as Universal Access targets and Road Map, GF Round 6 proposal, external evaluation, support to the new national state programme). Cooperation, mutual support and trust, and open dialogue have improved between agencies. There is some evidence of a trend from agency projects to joint projects. However, UNAIDS has not yet developed a real 'joint programme'. Greater engagement by all cosponsors, including the Bank, is needed in joint

strategic thinking, planning, programming and implementation, including joint resource mobilisation and use. As noted above an opportunity lies with providing a coordinated approach to prevention.

4.8 Agency incentives continue to over-ride those for joint programming. Unless agencies are required to adopt a collaborative approach to Delivering as One, concrete achievements will be small. More rapid progress in UN coherence (reform) is essential, such as the formalisation of the 'firewall' (the separation of UNDP Resident Representative and Resident Coordinator functions) and more robust leadership and compliance monitoring from cosponsor regional offices and HQs. The UBW is insufficiently results-based, and thus does little to promote performance and accountability at country level.

4.9 Nationally, the new role of JT 'focal points' in monitoring outcomes for the new Assistance Area on HIV/AIDS for 2009-2010 is an innovative step. However, disconnects persist that prevent an effective chain of accountability. The lack of a 'cascade' of performance objectives that require contribution and commitment to the Joint Programme at agency level, from HQ, to regional level, to HoAs/HoOs and to JT members needs to be addressed by agency HQ and regional offices.

4.10 *Technical support:* UNAIDS is recognised as a high quality technical reference point for HIV. UNAIDS also has an important facilitative role with other technical support providers and donors, given that overall coordination mechanisms are not well established in the absence of strong government leadership. There are two areas with serious implications for the national response:

4.11 a) Support to prevention among IDU: several agencies and other providers are providing somewhat fragmented support to different ministries, which is likely to compromise effectiveness, and the interface with non-government providers is weak. WHO, UNODC and UNICEF are providing some support, prevention programmes are provided by the Alliance and its sub-recipients, GTZ is developing interventions in focus regions, and treatment services are provided through AIDS Centres and the Network. UNFPA is supporting the Ministry for Family and Youth with training for social service providers for young IDU, but this project is not well understood among stakeholders. An urgent emerging issue is the need for technical consensus on effective interventions for female and young IDU. Various agencies and technical support providers are engaged in research and in developing approaches. However, there is no mechanism within UNAIDS and with non-UN stakeholders to develop an overall strategy and ensure an effective interface in research, planning, implementation and M&E or between providers.

4.12 b) Support to governance at sub-national level: Stakeholders recognise the need to build regional capacity and the opportunities provided at regional level for greater impact, in the absence of strong national leadership. However, the challenge of working effectively and collectively at sub-national level needs to be addressed more strategically by UNAIDS as a Joint Programme, including identifying where UNAIDS can and cannot address underlying institutional constraints. Several providers and projects are supporting governance and coordination at regional and local levels. Projects in different regions include those led by UNDP, Futures with USAID funding, GTZ (which has worked on a shared approach to sub-national technical needs assessments in 2007 with the UNAIDS Secretariat country office), ILO's work with small cities, and secretariat country office support to the Three Ones, including M&E. Until recently there has been no forum for dialogue and harmonisation across these technical support providers. The new consolidated PAF to support regional governance is designed to tackle this problem through the multi-stakeholder project steering committee and jointly agreed approaches, methods and tools. This issue reflects a much wider question for UNAIDS about how it can effectively use its limited resources at sub-national level.

4.13 *Financing:* Overall, UNAIDS has access to limited resources in Ukraine, and there is substantial competition for funds. In the absence of government-led donor coordination, lack of

harmonisation contributes to this problem, although some agencies such as USAID and GTZ are making significant efforts to coordinate with UNAIDS as a Joint Programme. Although there is little information on the UBW at country level, it appears that it mainly funds staff posts. The secretariat country office has limited programme resources, which restricts a speedy and flexible response. The requirement for UNDP management of small PAF grants may be burdensome for some cosponsors, but may also be providing a positive incentive for larger, joint projects. However, it is important to ensure that management arrangements of larger projects, whether PAF or donor funded, are as efficient as possible, if current arrangements for UNDP management are to remain.

## **UNAIDS – Synergies and support to the national response**

4.14 *UN as a broker*: UNAIDS is regarded as an effective independent broker by civil society and government with respect to GF issues. The secretariat country office makes a critical contribution to proposal development, PR capacity building and programming arrangements for Round 6 Phase 2. This role is valued and important in a country where the current PRs are civil society groups and where GF grant management has previously had a poor track record. UNAIDS is credible in part because it has an established track record in this capacity, and has no current interests in the GF, and is therefore fully independent. UNAIDS support to the government to build capacity for governance and management of GF grants as a PR is important and necessary. Current proposals for TB that may involve a role for the UN as PR, in support of government, need to be considered carefully, as this could jeopardise the UN's neutral broker role.

4.15 *The Three Ones*: UNAIDS Secretariat country office has provided significant support to the national authority, the national action plan and the M&E framework, through the DFID-funded Three Ones project. However, the national authority, the NCC/NC, was established in 2005 to also perform the role of the GF CCM (which is not the case in many countries, where the NAC is separate from the CCM). While there are concerns in these countries about the dual architecture, there are equally serious concerns in Ukraine about combining the functions into one body, in the absence of any other national coordinating structure with constituency representation.

4.16 First, the significance of GF funding has acted as an incentive to focus the role of the NCC/NC on CCM functions, rather than the broader remit of a national AIDS authority, and may have reduced governmental leadership and ownership. The NCC/NC tends to meet only when GF business requires it. Second, the NC covers TB as well, since 2007, and is necessarily devoting time to TB-related proposals (this may also have increased opportunities for coverage of TB and HIV integration in the Round 8 proposal). Third, given the dependence of many of the constituencies represented on the CCM for GF funding, there are potential conflicts of interest that reduce the effectiveness of the NCC as the one national authority, and a lack of independent watchdog organisations. The role and relationship of the Coordination Council on HIV/AIDS, Tuberculosis and Drug Addiction is unclear. UNAIDS and the GF at global level need a clearer, common approach to effective and appropriate architecture at country level, followed through with compliance monitoring, by the GF in particular.

4.17 M&E has been greatly strengthened, with progress in agreeing a national framework and in high quality research, to which UNAIDS (especially the Secretariat country office) has greatly contributed. However, there are persisting parallel systems, for example, for monitoring coverage, access and quality of services for IDU, and limited use of data in lesson learning and informing programme design and implementation. This is an important opportunity for further work across UNAIDS and other stakeholders, and for greater effort and commitment by all partners to build one national M&E system.

4.18 *Health system strengthening*: The external evaluation notes that, 'there is an urgent need to develop a systematic strategy on how the health sector will respond to HIV/AIDS...the health sector still needs a sector plan on HIV/AIDS that is consistent with the national strategy and

addresses the implications of HIV/AIDS to the overall health system, and not only on the provision of health care services'. As discussed in Section 3, the global approach to HSS is not perceived as appropriate to Ukraine's context. A regional approach is proposed to take account of the specific characteristics of the health system, address the need for integrated service models and link the health system with social services and other providers including NGO prevention and care services. Such an approach should be in the context of health system reforms in the region, led by WHO and the World Bank.

## Annex 1: List of people met

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### Annex 3: Summary of country level responses

#### A) Assessment of progress towards Five-Year Evaluation recommendations

Rec. No.	Abbreviated description of topic	Notes on actions taken	Progress <sup>7</sup>
3	Support to the GFATM	<ul style="list-style-type: none"> <li>UNAIDS (country office and several Cosponsors) facilitated the process of GF Round 6 application development and provided technical assistance to PRs in preparation and management of their grant programme implementation, as well as actual planning and implementation of the programme components related to M&amp;E, IDU, SW, MSM, STI care, OST, etc. The UNAIDS country office has recently started to support the process of Phase 2 programming. Debate continues about the pros and cons of a role for the UN as PR in future rounds, given the importance of UNAIDS role as neutral broker for the GF, and the legacy of Round 1.</li> <li>UNAIDS provided assistance to the National Coordinating Council on HIV/AIDS (now NC), its Secretariat and various NC constituencies in its role as a CCM.</li> </ul>	H
10	UNAIDS ...maintains global advocacy, with particular emphasis on political and resource commitments. Opportunities need to be taken to advocate for a gendered response and to promote the successful techniques of partnerships and horizontal learning	UNAIDS ensured that the global advocacy remained focused on Ukraine, with high level support from UNAIDS ExD and UN Secretary-General's Special Envoy focused on Ukraine's political commitment, resource mobilisation, and support for implementation of OST, GIPA, involvement of communities of most vulnerable populations in decision making, focus on MARPs, and increasing governmental funding for AIDS. However, while substantial consultation on gender dimensions took place, including an assessment for UNAIDS Secretariat Geneva, UNAIDS as a whole lacks a unified approach to a gendered response.	M
11	Secretariat expands current work on information into a substantial functional area to support the roles of coordination, advocacy and capacity building.	UNAIDS expanded provision of 'strategic information' to support coordination (Three Ones and External Evaluation reports), advocacy (UNGASS report, advocacy and coordination within the UN system) and technical support (through various TWGs). However, the External Evaluation highlighted lack of strategies to share lessons learned and use research data in programming. While an inventory of research has been compiled by the UNAIDS country office with the JT, it is not yet available via a web portal	M

<sup>7</sup> H-High; M-Medium; L-Low. Assessment by the evaluation team

Rec. No.	Abbreviated description of topic	Notes on actions taken	Progress <sup>7</sup>
		(although this is planned.)	
12	Develop a strategy and workplan to promote evaluations and research into impact at national and regional levels, with the aim of generating data to inform national responses. Priority should be given to studies of behavioural change and contextual factors, including gender, stigma and poverty.	<ul style="list-style-type: none"> <li>• Drawing on UNAIDS mandate for advocacy, strategic information and M&amp;E, UNAIDS supported the implementation of the Comprehensive External Evaluation of the National Response to AIDS, at the request of the National Council. All national stakeholders and relevant development partners have been engaged into the design, planning, implementation and review of preliminary findings. UNAIDS, under facilitation of the Secretariat, advocated for and successfully mobilised financial, human and technical resources for the Evaluation.</li> <li>• In 2007, the UNAIDS Secretariat country office also supported an assessment on gender. Other Cosponsor studies include behavioural studies and strategy development for young IDU, vulnerability of PLHIV and a socio-economic study of impact of HIV/AIDS.</li> </ul>	H
13	Develop CRIS with objectively measurable indicators of an expanded response at country level	CRIS has been successfully piloted for UNGASS reporting in 2005, 2006 and 2008. However, CRIS V2 was not deemed appropriate for Ukraine. Full-scale implementation of CRIS V3 with national partner ownership (AIDS Centres and the Alliance as GF PR) is planned in 2009.	M (but CRIS2 not deemed appropriate to country needs and context)
14	UBW to bring together all planned expenditure on HIV/AIDS by the Cosponsors at global and regional levels should be continued and expanded to reflect all country level expenditure as well	UBW has been discussed by the UNTG and JT at country level, but Cosponsors report mixed levels of knowledge about how UBW funds are allocated by regional offices, and funds are not systematically reflected in the JPS budget.	L
16	Humanitarian response	<i>Not applicable</i>	
17	Cosponsors should promote high standards of transparency and reporting by publishing and making publicly available all Cosponsor country and regional budgets and the annual outturn	<i>Not applicable – evidence to be developed at global level</i>	
18	In those countries where a medium-term expenditure framework and public expenditure review process is underway, that HIV/AIDS be treated as a specific crosscutting topic for monitoring and reporting	<i>Not applicable</i>	
19	OECD donors should link their own bilateral country programmes to national HIV/AIDS strategies and make financial contributions to HIV/AIDS work by the Cosponsors conditional on demonstrated	OECD member states have not been highly active in HIV/AIDS, and few donors are in country. Some evidence that SIDA, DFID, and USAID have promoted synergies and joint programming (though no funds pooling).	M

Rec. No.	Abbreviated description of topic	Notes on actions taken	Progress <sup>7</sup>
	integration and joint programming, reflecting the comparative advantage of the Cosponsors at country level		
20	Continue with and expand the PAF facility, especially to support monitoring and evaluation, if current initiatives by the Secretariat can be shown to improve the allocation process, utilisation and speed of processing.	PAF has been actively used in Ukraine to promote joint planning and implementation of HIV/AIDS related activities of Cosponsors and also for mobilising, harmonising and aligning non-UN partners. PAF mechanism has been intensively used for the promotion of the Three Ones initiative, HIV/AIDS governance improvement at national and regional levels, facilitating technical support planning and implementation. However, the degree of PAF expansion has remained limited, and problems remain with the speed and flexibility of PAF implementation, particularly through the UNRC mechanism, which (for grants under \$100,000) is high in transaction costs. The overall size and impact of PAF grants remain small and unsustainable in comparison to other mechanisms of technical support available in country (GF, USAID).	M
22	Theme groups should have clear objectives with monitorable indicators of both substantive change and process contributions to the national strategy	In 2006, the UNTG made a strategic and context based decision to focus on policy dialogue and advocacy, while “delegating” technical and programmatic support issues to the JT. The UNTG encountered some opposition to the collection and reporting of results against agreed indicators, such as frequency of HoA attendance. The key indicators of performance are not ambitious, and include number of meetings, implementation of the activities included in UNTG work plans and resources mobilised. The JPS is a synthesis of the collective contribution of the UN in Ukraine in support of the national response to AIDS, and represents a significant milestone in the development of a more integrated and coordinated approach for the UN system’s efforts to help the government to achieve national targets for universal access by 2010 and to help reverse the epidemic in the country.	M
23	Expanded theme groups should evolve into partnership forums, led by government	UNAIDS successfully facilitated the process of conversion of the UN Expanded Theme Group on HIV/AIDS into the multisectoral, and constituency-based government-led National Coordinating Council on HIV/AIDS in 2005.	H
24	Expand and strengthen national systems to monitor and evaluate interventions, and analyse	UNAIDS has made a significant contribution to the national M&E system. The national inter-sectoral M&E reference group has been	H

Rec. No.	Abbreviated description of topic	Notes on actions taken	Progress <sup>7</sup>
	surveillance data	established under the National Council on TB and HIV/AIDS and remains functional, having been chaired by UNAIDS Secretariat from 2007 to end 2008. UNAIDS successfully advocated for the establishment of the National M&E Centre, but government has delayed the decision on its institutional location. UNAIDS Secretariat country office has also co-organised three national M&E conferences, and helped to facilitate a series of new national HIV/AIDS estimates.	
25	Programme of joint reviews led by national governments should be launched	The Comprehensive External Evaluation of the National AIDS Response was an example of a joint review (although requested by the National Council, it was not led by the national government as it was an external evaluation). Joint reviews constituted an intrinsic part of the technical needs assessments conducted in two-thirds of Ukrainian regions in 2007-2008.	H
26	UN system at country level must take a strategic view of implementation of national policies and strategies and exploit opportunities for synergy between the sectors	The UN system in Ukraine played a pivotal role in mobilising all national stakeholder groups to substantially contribute to the national response to AIDS and support efforts with resource mobilisation, in particular through the facilitation of the GF Round 6 application (US\$ 151m), lifting of the suspension of the World Bank loan project (US\$ 30m) in 2007, and annual increases in the State Budget allocations for AIDS in 2006, 2007 and 2008. UNAIDS has also provided support and feedback for the process of development of the new draft National AIDS Programme (2009-2013) and the new draft National AIDS Law.	H
27	UNAIDS to act as a broker of good practice for local-level efforts that are designed for horizontal learning and replication	UNAIDS has served as a conduit for the implementation of global and national initiatives at the local level in Ukraine. Specific examples include the Three Ones, which contained specific components that were successfully implemented at the regional level, and Universal Access, which included assessments and action plans developed in two-thirds of Ukrainian regions. UNAIDS' brokering role also included advocacy for and mobilisation of international and UNAIDS' expertise for implementation of peer-driven interventions for IDU, STI syndromic management, care for MARPs, rapid HIV testing, etc in many oblasts of Ukraine.	M
28	Increase support for scaling up by developing strategies as a service both to national governments and	Inclusive and participatory consultations with all national stakeholders resulted in approval of the National Universal Access Targets.	H

Rec. No.	Abbreviated description of topic	Notes on actions taken	Progress <sup>7</sup>
	to partner donors	Unprecedented commitment on allocation of US\$ 600m for the new 5-year National AIDS Programme (2009-2013) has been made by the government following advocacy interventions and technical support on costing.	

*B) Summary of progress with Global Task Team Assessment Recommendations (April 2007)*

Rec. No.	Description	Notes on actions taken	Progress <sup>8</sup>
1	The UNAIDS Secretariat should produce a short briefing paper summarising progress made in Ukraine on the Joint UN Team on AIDS and the technical support of division of labour. Opportunity should be sought to present this to the next available stakeholders' meeting.	Completed. JPS presented at stakeholders meeting in September 2008. Country-level DOL presented and promoted by UNTG and Joint Team, including at UNAIDS Retreat involving national stakeholders. No national TS assessment conducted, in part due to limited government interest. Regional assessments by UNAIDS Secretariat country office in 11 oblasts in partnership with GTZ.	M
2	The UNAIDS Secretariat should focus its activities on initiatives to strengthen the Three Ones in Ukraine. In particular, this will include supporting the evaluation of the national AIDS response scheduled for 2007 and the subsequent development of a new National AIDS Programme for the period from 2008. It will also involve providing support to the NCC through capacity building of members and support to re-establishment of a Secretariat.	Largely completed. Activities of the Secretariat country office in 2007 and 2008 have focused on reinforcing the Three Ones, albeit with mixed results, due to constant instability in government. External Evaluation of the National Response to AIDS successfully implemented, and results provided to guide the development of the new National AIDS Programme and plans of various stakeholders (although limited take-up in part due to delays in evaluation). Capacity building for NC Secretariat has not been highly successful.	M

<sup>8</sup> H-High; M-Medium; L-Low. Assessment by the evaluation team

3	<p>The UN Country Team should decide who is to be the voice of the UN on AIDS in Ukraine and, in particular, who will represent the UN at the NCC. It would be helpful to define exactly what the role entails in addition to attending meetings and what process should be followed in terms of sending an alternate if the person selected can not attend a particular meeting.</p>	<p>Completed. Since mid-2007, UN has clearly articulated its representation in various forums. Regular involvement of UNRC as UN representative to NC has been welcomed within UN and by national and international partners as a significant increase of the UN political commitment to AIDS.</p>	H
4	<p>In developing the UN programme of support on HIV and AIDS, the Joint UN Team on AIDS should seek to identify and address difficult and contentious issues including areas of duplication and opportunistic projects being conducted by UN agencies in areas beyond their areas of comparative advantage.</p>	<p>Partially achieved. UN JPS has only somewhat limited the extent of duplication or work beyond the mandates of Cosponsor. However, majority of project proposals and progress on implementation shared, and perceived to be aligned with national needs. Institutional incentive structures continue to limit effective joint planning and implementation.</p>	L/M
5	<p>Once the Joint Programme of Support is developed, donors should explore ways of providing funding for that programme rather than continuing to fund projects operated by one or more UN agencies.</p>	<p>Many activities persist on a short-term project basis that do not contribute to national results and sustainable programmes. Competition between agencies for donor funds also persists. Example of EC-supported project demonstrates that some donors prefer to deal with individual agencies, and have yet to use the JPS/JT as a mechanism for funding overall UN priorities.</p>	L
6	<p>Although it does not seem practical or desirable that the UNAIDS Secretariat could be a facilitator of all technical support on HIV and AIDS in Ukraine, UNAIDS could explore perhaps taking on this role for organisations that find it difficult to identify and access technical support directly.</p>	<p>UNAIDS Secretariat country office has taken the lead in identifying needs for technical support in some areas (e.g. HIV prevention among MSM, sex workers, IDU, STI care, rapid HIV testing) and regions (oblasts). The Secretariat country office has also advocated for the development of a technical support plan for intensifying prevention in 2009.</p>	M

7	<p>All donors should intensify their efforts to align their support on HIV and AIDS with national priorities and harmonise with other donors. In particular, the European Commission should re-consider the value of funding a stand-alone, population-based study which appears to be examining why current prevention activities are not working. Rather, it should consider harmonising its support with national coordination efforts and the many other agencies that are planning to support a major evaluation of the national AIDS response in 2007.</p>	<p>Partially completed. The extent of donor harmonisation has been mixed. Encouraged by UNAIDS, some donors, such as USAID and GTZ, have engaged in closer consultation with other partners to guide their future contributions. Harmonisation is constrained by lack of legitimate fora led by government – the Donor Governmental Working Group is not functioning. A number of donor and UN agencies supported the Comprehensive External Evaluation. The EC has not pursued its plans to implement its own projects, but has also refrained from committing to support other, more coordinated activities, such as the Comprehensive External Evaluation.</p>	M
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## **Annex 4: Material from the feedback workshop**

See separate file for slides

## **Annex 5: Analysis, UNAIDS Joint Team meeting 4 Dec 2008**

Individual (anonymous) answers to the question: 'What have been the achievements and challenges for the Joint Team in Ukraine, 2003-2008?'

### **Achievements**

#### ***Internal:***

- JPS elaboration and publication, visible as "one UN"
- Cooperation between agencies - open dialogue
- Joint actions (One UN)
- Recognition of the good use of UN architecture and accountability
- UN recognised as technical reference point for HIV
- Better recognition by stakeholders of value of the UN/UNAIDS as a programme
- Trend from agency projects to joint projects to joint programme
- Better coordination of UN support to the national response

#### ***External:***

- Targeted and effective advocacy resulted in positive policy and programme changes
- UNAIDS Joint Programme and JT instrumental in mobilising large resources to support national AIDS responses
- Contribution to coordinated technical support especially in the area of Three Ones, Universal Access target development, prevention, External Evaluation and advice to the UNTG and UNCT
- Engagement of civil society in the national response to AIDS
- Development and assistance to implementation of GF Round 6 proposal
- Implementation of the national M&E indicators
- Progress in setting up national M&E system
- Influencing development of the new National State Programme for 2009-2013
- Progress on implementation and scaling up access to OST

### **Challenges**

#### ***Internal***

- [Need to] better combine agency interests with JT issues
- Joint work not supported by organisational and administrative structures of the UN agencies
- Lack of sufficient resources for technical support
- Getting ahead of the game rather than being reactive with JPS implementation
- Get from "compilation" mode to "consolidation and joint programming" and actual joint resource mobilisation and use, especially with pooling funds for the UNAIDS programme

- The UNAIDS Cosponsors to fully engage on the role of their own staff in the JT (e.g. by incorporating JT members appraisal form into their staff performance evaluation system, preferably into their job descriptions)

***External***

- Lack of leadership among top national authorities
- Weak national capacity to manage the programme in line with international standards/approaches
- Ensuring more transparent governmental policy in response to HIV and AIDS
- Ensuring high level commitment of the government to effective HIV prevention strategies
- Ensuring universal access to high-quality treatment for PLHIV in Ukraine
- Lack of ownership among nationals when initiating something useful for the country