Ukraine's National Report on Monitoring the Implementation of the UNGASS Declaration of Commitment on HIV/AIDS represents a systematic review of the status of the national response to HIV/AIDS in Ukraine for the period 2003-2005. Through submission of this report, Ukraine is fulfilling its reporting requirements on implementation of its national commitments, as outlined in the Declaration of Commitment.

Report developed and endorsed by:

НАЦІОНАЛЬНА КООРДИНАЦІЙНА РАДА з питань запобігання поширенню ВІЛ-інфекції/СНІДу

With technical assistance from:

Альянс
International HIV/AIDS Alliance in Ukraine

UNAIDS
JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS
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UKRAINE

UKRAINE

National Report on the Follow-up to the UNGASS Declaration of Commitment on HIV/AIDS

Reporting Period:
January 2003 – December 2005

Kyiv 2006

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PREFACE

The Ministry of Health of Ukraine, as the key executive body of the Government of Ukraine responsible for the coordination of the national response to HIV/AIDS, is proud to present Ukraine's National Report on Monitoring the Implementation of the UNGASS Declaration of Commitment on HIV/AIDS (2003-2005).

This report represents a systematic review of the status of the national response to HIV/AIDS in Ukraine for the period 2003-2005. As readers will see from the National Composite Policy Index and key national indicators, Ukraine continues to make progress in implementing updated policies and programmes that respond to the rapidly-changing needs of the epidemic. In particular, significant improvement has been made in the prevention of mother to child transmission and access to antiretroviral treatment. However, as demonstrated by the data for other national indicators, we are still far from achieving the desired outcomes in improved knowledge and behaviours. At the level of impact, there is still progress to be made in ensuring universal access to prevention, treatment, and care for all those that need it.

Every year, the Government of Ukraine has continued to increase the resources committed to the national response to HIV/AIDS. The Ministry of Health, in partnership with non-governmental partners and international donors, aims to make most effective use of all existing resources.

This report is the result of extensive collaboration between the Government of Ukraine and our key partners, including people living with HIV, non-governmental organizations, and international organizations – most notably UNAIDS. In preparation of this report, Ukraine used a set of national indicators that are fully consistent with the updated Guidelines for Monitoring the UNGASS Declaration of Commitment. The 24 national indicators in this report include indictors from the lists for Generalized and Concentrated / Low Prevalence Epidemics. An additional five indicators are also included, as they are also considered to be strategically important for monitoring Ukraine's national response to HIV/AIDS. The results for each of these indicators have been prepared, reviewed and endorsed by the responsible governmental agency or organization in Ukraine.

The extensive process of drafting the report was coordinated by the Ministry of Health's Ukrainian AIDS Centre, and supported by the International HIV/AIDS Alliance in Ukraine, with funding from the Global Fund. In the process of reviewing the draft report, two national consultations were held in December 2005 to review and disseminate the preliminary data in the report. The report was also endorsed by the National Coordination Council on HIV/AIDS. The Ministry of Health is very grateful to all of the experts, researchers, governmental and non-governmental representatives, as well as international organizations that contributed to this important report.

I highly recommend this report to all of our stakeholders in Ukraine and abroad as the key report on the current status of the AIDS epidemic in Ukraine and our national response to it. I encourage you to make extensive use of this report in informing your interest in and support for a coordinated, strategic, effective and measurable response to HIV/AIDS in Ukraine.

Hon. Yuriy Polyachenko

Minister of Health of Ukraine

ACKNOWLEDGEMENTS

This report was approved by the Minister of Health of Ukraine on 30 December 2005, and was subsequently endorsed by the National Coordination Council on HIV/AIDS.

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The working group is deeply grateful to the following groups for their invaluable contributions to this report:

- Specialists from the six research institutions that performed data collection and analysis;
- Personnel of the Secretariat of the National Coordination Council on HIV/AIDS;
- Representatives of the following governmental institutions responsible for the preparation and approval of national indicators:
  Ministry of Health; Ministry of Finance; Ministry of Education and Science; Ministry of Family, Youth & Sport; Ministry of Labour and Social Policy; Ministry of Defense; State Committee for Television and Radio Broadcasting; State Department of Ukraine for Execution of Penalties

The working group would also like to recognize the contributions of the following colleagues, whose high level of professionalism and commitment to the monitoring and evaluation of HIV/AIDS in Ukraine helped to make this report possible:

- Alexandrina, T.A.; Ministry of Health of Ukraine
- Balakarieva, O.M; Ukrainian Institute of Social Research
- Chichulin, Y.I.; PHRplus
- Drew, R.; Independent Consultant (UK)
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- Pohorila, N.B.; Centre of Social and Political Research "SOCIS"
- Shamota, T.S.; Ukrainian Institute of Social Research
- Sosidko, T.I.; Ukrainian Institute of Social Research
- Storozhuk, L.A.; Ukrainian AIDS Centre
- Varban, M.Y.; State Institute of Family and Youth

The publication of this report was made possible with support from UNAIDS and the International HIV/AIDS Alliance in Ukraine.

© Ministry of Health of Ukraine, "UKRAINE: National Report on the Follow–up to the UNGASS Declaration of Commitment on HIV/AIDS – Reporting Period: January 2003 – December 2005," (Kyiv, 2006).

GLOSSARY

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral therapy, used to inhibit the ability of retroviruses such as HIV to multiply in the body
BSS	behaviour surveillance surveys
CDC	Centers for Disease Control (USA)
CIS	Commonwealth of Independent States
CRIS	Country Response Information System
CSW	commercial sex worker(s)
GFATM	Global Fund for AIDS, Tuberculosis and Malaria
HIV	Human Immunodeficiency Virus
IDU	injection drug user(s)
M&E	monitoring and evaluation
MOH	Ministry of Health of Ukraine
MOES	Ministry of Education and Science of Ukraine
MSM	men who have sex with men
National Report	National Report on the Follow-up to the UNGASS Declaration of Commitment on HIV/AIDS
National Indicator(s)	Indicator(s) adopted by the Government of Ukraine for regular reporting on the status and response of the HIV/AIDS epidemic
NCC	National Coordination Council for HIV/AIDS
NGO	non-governmental organization(s)
PLWHA	people living with HIV/AIDS
PMTCT	prevention of mother to child transmission of HIV
SES	Sentinnel epidemiological surveillance
STI	sexually transmitted infections
UAC	Ukrainian Centre for the Prevention and Fight Against AIDS
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNGASS	United Nations Special Session on HIV/AIDS (June 2001)
UNGASS DoC	Declaration of Commitment adopted by UN member states at UNGASS
UNGASS Indicators	Indicators recommended by UNAIDS for global and national reporting on implementation of the UNGASS DOC
UNICEF	United Nations Children's Fund
VCT	voluntary counselling and testing
WB	World Bank; International Bank for Reconstruction and Development
WHO	World Health Organization

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I. Status at a Glance

National Commitment and Action

1. National Composite Policy Index on HIV/AIDS (see Annex 2)
2. Amount of national funds spent by the Cabinet of Ministers of Ukraine on HIV/AIDS response in 2004 was UAH 20,932,429 (USD 3,935,259).

National Programs:

HIV testing and prevention programs for most-at-risk populations

3. Percentage of persons, who received HIV testing in the last 12 months and know the results:
   a. Among injecting drug users in 2004 was 27%;
   b. Among commercial sex workers in 2004 was 32%;
   c. Among men, who have sex with men in 2004 was 25%;
   d. Among prisoners in 2004 was 18%;
   e. Among young people aged 15-24 in 2004 was 5%.
4. Percentage of persons, reached by prevention programs:
   a. Among injecting drug users in 2004 was 38%;
   b. Among commercial sex workers in 2004 was 34%;
   c. Among young people aged 15-24 in 2004 was 83%.

Education, workplace policies, STI case management, blood safety, prevention of mother-to-child transmission coverage, antiretroviral combination therapy coverage

5. Percentage of schools with teachers who have been trained in life-skills-based HIV/AIDS education and who taught it during the last academic year was 55% in 2004.
6. Percentage of large enterprises/companies that have HIV/AIDS workplace policies and programs was 0% in 2004.
7. Percentage of patients with sexually transmitted infections at state-owned and communal health care facilities, who were appropriately diagnosed, treated and counseled was 41% in 2005.
8. Percentage of HIV-infected pregnant women receiving a complete course of ARV prophylaxis to reduce the risk of MTCT was 86% in 2004.
9. Number and percentage of women and men with advanced HIV infection receiving antiretroviral combination therapy was 33.5% in 2005 (3,050 persons).
10. Percentage of transfused blood units screened for HIV during the last 12 months was 100% in 2004.

Knowledge and behavior indicators

11. Percentage of persons, who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission:
    a. Among injecting drug users in 2004 was 21%;
    b. Among commercial sex workers in 2004 was 8%;
    c. Among men, who have sex with men in 2004 was 49%;
    d. Among prisoners in 2004 was 39%;
    e. Among uniformed personnel in 2004 was 23%.
12. Percentage of young people aged 15-24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission was 14% in 2004.
13. Percentage of female and male sex workers among respondents, who provided commercial sex services during the last 12 months and reported the use of a condom with their most recent client was 80% in 2004.
14. Percentage of men reporting the use of a condom the last time they had anal sex with a male partner was 72% in 2004.
15. Percentage of injecting drug users who have adopted behaviors that reduce transmission of HIV was 20% in 2004.
16. Percentage of young people aged 15-24 years reporting the use of a condom during sexual intercourse with a non-regular sexual partner was 69% in 2004.

Impact indicators

17. HIV prevalence according to surveillance data in capital Kyiv among:
    a. Injecting drug users in 2005 was 49%;
    b. Commercial sex workers in 2005 was 8%;
18. Percentage of adults and children with HIV/AIDS still alive 12 months after initiation of antiretroviral therapy in 2005 was 72%.
19. Percentage of infants born to HIV-infected mothers who were infected in 2004 was 15.8%.

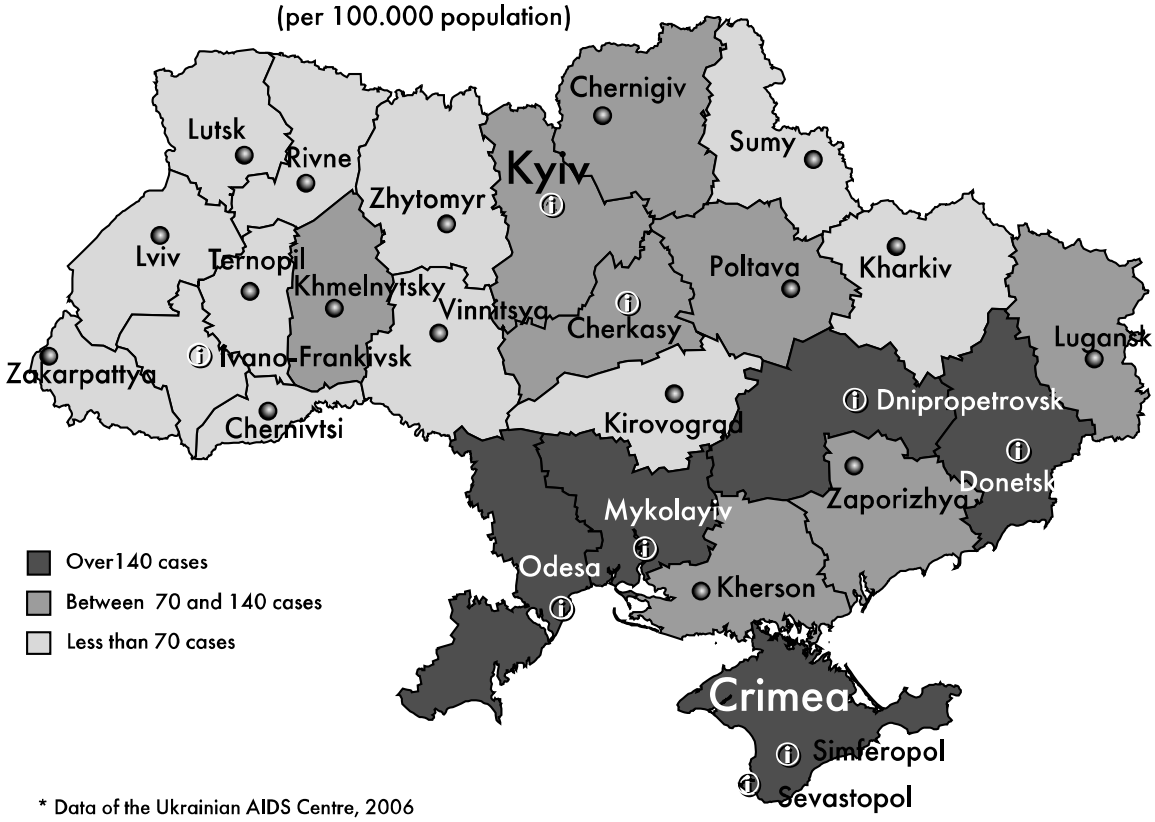
II. Overview of the HIV/AIDS Epidemic in Ukraine

Ukraine has the most severe AIDS epidemic in Europe, with an estimated adult prevalence of 1.46%, or over 344,000 people aged 15-49 living with HIV. As of December 31, 2005, 62,888 people were diagnosed as living with HIV-infection and under clinical observation at the network of 27 regional AIDS centres in Ukraine. This includes 4,175 children with HIV-infection, the majority of who were born to HIV-infected mothers. 13,117 patients have been diagnosed with AIDS, including 5,092 patients currently living with AIDS under clinical observation, and 7,526 people that have died of AIDS.

Despite efforts by government agencies, local governments, nongovernmental organizations and international donors, the HIV/AIDS epidemic in Ukraine continues to spread and deteriorate at an alarming rate. In this reporting period from 2003-2005, there were 36,270 new cases of HIV-infection diagnosed in Ukraine, which represents 40% of the 88,525 cases of HIV-infection reported since the beginning of HIV surveillance in 1987. Similarly, 8,875 new AIDS cases were diagnosed in this reporting period from 2003-2005, which represents over 67% of all AIDS cases reported to date.

While the estimated adult HIV prevalence rate among adults in Ukraine is 1.46%, HIV prevalence among pregnant women was 0.45% at the end of 2005, indicating that that Ukraine is not yet classified as a generalized epidemic. However, HIV prevalence among pregnant women in five of the most affected regions of Ukraine in 2005 already exceeded 0.8%,[1] indicating that Ukraine is rapidly approaching a generalized epidemic.

Prevalence of HIV-infection amongst registered cases, by region of Ukraine as 01.01.2006*
(per 100.000 population)



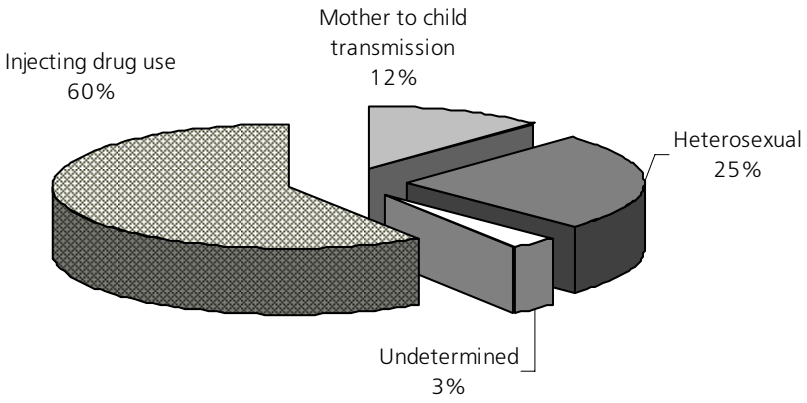
* Data of the Ukrainian AIDS Centre, 2006

The epidemic is spreading rapidly beyond the regions in southern and eastern Ukraine where over two-thirds of the all HIV cases were reported to date. Sharp increases in reported infections are occurring in central regions of Ukraine.

[1] The five regions of Ukraine with the highest prevalence of HIV among pregnant women include: Chirnigiv – 0.84%; Donetsk – 0.9%; Odessa – 0.93%; Dnieprpetrovsk – 0.93%; and Mikolaev 1.18%. Ukrainian AIDS Centre, 2006.

Since 1995, the growth of the epidemic was driven by the rapid spread of HIV among injecting drug users. Since the end of the 1990s, the share of heterosexual HIV transmission has started to grow, primarily linked to the increase of HIV among sexual partners of injecting drug users.

Primary Modes of Transmission of HIV in Ukraine among Reported Cases, 1987–2005



Data of the Ukrainian AIDS Centre, 2006.

By mode of transmission, those infected through injection drug use (IDUs) remained the most heavily affected group, accounting for 59% of people diagnosed with HIV. Individuals infected through heterosexual contact comprised 25%, and children born of mothers with HIV accounted for 12% of the registered HIV-positive population.[2] To date, there have been 75 cases of HIV infection reported through male-to-male sexual transmission (0.08% of all reported cases), and 18 cases of HIV through contaminated blood and blood products (0.02% of all reported cases). Among 2,939 reported cases of HIV (3.32% of all reported cases), the mode of transmission was undetermined.

Women are also increasingly affected by the epidemic. If in 2001, the proportion of women among newly reported cases of HIV in Ukraine was 38.2%, the proportion of women diagnosed with HIV in 2005 increased to 41.6%.

HIV Prevalence Among Most–At Risk Populations

Sentinel surveillance for HIV has been conducted consistently since 1998, as a complement to the data from routine epidemiological surveillance. According to the most recent data from sentinel epidemiological surveillance conducted in 2005, the percentage of most-at-risk populations who are HIV infected far exceeds 5%, which indicates that Ukraine is still in the concentrated stage of the HIV epidemic. The data for the UNGASS indicator on the percentage of most-at-risk populations who are HIV infected is reported only for the capital Kyiv. In 2005, sentinnel surveillance studies were conducted among injecting drug users, commercial sex-workers and men who have sex with men in various cities in Ukraine[3]. These results indicate that the prevalence of HIV in many other major cities of Ukraine is considerably worse than in the capital Kyiv.

[2] This figures includes all 10,825 children born to mothers with HIV who have tested positive for HIV-antibodies. Of these, only 1,021 children have been confirmed to be HIV-positive at 18 months.

[3] Epidemiological research was conducted from August 01, 2005 to September 31, 2005 by the Ukrainian AIDS Prevention Center of the Ministry of Health of Ukraine, in collaboration with the regional AIDS Centers, oblast sanitary and epidemiological stations and NGOs, funded by the ICF "International HIV/AIDS Alliance in Ukraine" within the program "Overcoming the HIV/AIDS Epidemics in Ukraine," supported by the Global Fund to Fight AIDS, TB and Malaria.

Injecting Drug Users:

Among IDUs, the data for the UNGASS indicator on the percentage infected with HIV in the capital Kyiv was 48.8% in 2005. However, sentinnel surveillance data among IDUs from 13 different cities indicates that HIV-infection prevalence among this population has extremely high, but varying rates: from 9.6% in the city of Sumy to 66.4% in the city of Mykolayiv. This is evidence that IDUs are still the driving force of the HIV/AIDS epidemic in Ukraine, and that in ten of Ukraine's largest cities, over one-fifth of IDUs are already infected with HIV.

Table 1: Results of sentinel surveillance among injecting drug users in 2005

#	Regions	Number of people tested for HIV	Number of people who tested HIV-positive	Percentage of HIV positive people (%)
1.	Sumy city	218	21	9.6
2.	Kherson city	300	52	17.3
3.	Poltava city	250	49	19.6
4.	Vinnytsia city	267	61	22.8
5.	Kharkiv city	100	23	23.0
6.	Lutsk city	300	78	26.0
7.	Cherkasy city	219	59	26.9
8.	Donetsk city	250	102	40.8
9.	Odessa city	269	111	41.3
10.	Zhytomyr city	192	93	48.4
11.	Kyiv city	250	122	48.8
12.	Simferopol city	380	194	51.1
13.	Mykolayiv city	250	166	66.4

Sentinel surveillance among IDUs was performed using the method of anonymous unlinked blood testing. Samples of blood serum or blood traces from used syringes and needles were tested for antibodies to HIV.

In comparison to the data of sentinnel surveillance from previous years, the most recent data suggests that HIV prevalence among IDU in the most heavily affected regions of Ukraine may have reached saturation point. With the coverage of harm reduction programs throughout Ukraine remaining limited, there is no evidence to suggest that the consistently high, but relatively stable prevalence of HIV among IDUs is a result of prevention interventions.

Commercial Sex Workers:

Among commercial sex workers (hereafter "CSWs"), the data for the UNGASS indicator on the percentage infected with HIV is reported only for the capital Kyiv, which in 2005 was 8%. However, recent sentinnel surveillance data among CSWs from eight different cities indicates that the HIV prevalence among this population is moderately high, although varied: from 8% in the city of Kyiv city to 32% in the city of Mykolayiv. These results indicate that commercial sex workers are highly vulnerable to HIV-infection, and a significant portion of CSWs in are already infected with HIV, which is contributing to the continued growth of the epidemic.

Table 2: Results of sentinel surveillance among commercial sex workers in 2005

#	Cities	Number of people tested for HIV	Number of people who tested HIV-positive	Percentage of HIV-positive people (%)
1.	Kyiv city	54	4	8.0
2.	Kherson city	100	13	13.0
3.	Zhytomyr city	50	9	18.0
4.	Poltava city	100	25	25.0
5.	Odessa city	100	27	27.0
6.	Lutsk city	51	12	23.5
7.	Donetsk city	116	34	29.3
8.	Mykolayiv city	100	32	32.0

Sentinel surveillance among CSWs was performed using the method of anonymous unlinked blood testing. In some cases voluntary linked and confidential blood testing method was used. Samples of blood serum were tested for antibodies to HIV. All of the CSWs in this sample were women, which does not suggest that all CSWs in Ukraine are women. However, to date it has not been possible to recruit male CSWs to participate in sentinel surveillance in Ukraine.

The rate of HIV prevalence among CSWs is highly dependent on injecting drug use. Among CSWs who reported injecting drug use, the prevalence rate was between 25%-86%, whereas among CSWs who did not report injecting drug use, the prevalence rate was between 0%-21%.

In contrast to IDUs, the prevalence data among CSWs indicates a consistent and rapid increase of HIV since 2000, when sentinel surveillance among this population began. The latest data indicates that the coverage and intensity of prevention programs among CSWs need to be urgently increased to both protect these women and their clients from HIV.

Men Who Have Sex with Men:

Among men who have sex with men (hereafter "MSM"), sentinel epidemiological surveillance was conducted in 2004 in only two cities of Ukraine. In the city of Odessa 5 of 26 participants (19%) tested positive for HIV. In the city of Mykolayiv 2 of 23 participants (8.7%) tested were HIV-infected. The small sample size indicates the difficulty of recruiting participants among MSM for sentinel surveillance, and the limitations of these results. Even these preliminary results, however, suggest that male-to-male transmission can play a significant role in the development of the HIV epidemic in Ukraine among men who have sex with men

Sentinel surveillance among MSM was performed using anonymous unlinked, and in some cases voluntary linked and confidential testing of blood samples. Blood serum samples were tested for antibodies to HIV.

In 1991, Ukraine was the first country in the former Soviet Union to rescind the criminalization of homosexual sex. However, MSM are still stigmatized by Ukrainian society. Since 1987, only 75 cases of HIV have been officially reported among MSM in Ukraine, indicating that MSM are still not seeking VCT services, and that the data from official serological surveillance may capture only a small percentage of MSM who may already be infected with HIV. These limited data indicate that the population of MSM in Ukraine are still hard to reach for research and prevention purposes, and deserve more attention.

HIV Treatment – Survival on Antiretroviral Therapy

The percentage of adults and children with HIV/AIDS still alive after 12 months on antiretroviral therapy was 71.9%.[4]

Large-scale implementation of antiretroviral therapy (ART) among HIV/AIDS patients in Ukraine commenced in August, 2004, within the framework of the program "Overcoming the HIV/AIDS Epidemics in Ukraine," supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM). Initially, ART was launched in six regions of the country with the largest and most severe epidemics: Autonomous Republic of Crimea, Dnipropetrovsk, Donetsk, Mykolayiv, Odessa oblasts and in the city of Kyiv. The selection criteria for the implementation of ART in regions included epidemiological situation and HIV/AIDS prevalence, as well as the level of infrastructure and accessibility of resources to provide ART. As of the end of 2005, the national ART programme was been expanded to cover 3,050 patients from all regions of Ukraine.

The calculation of this indicator was based on a cohort of all HIV-infected adults and children who commenced ART in September 2004 in three regions of Ukraine: Crimea, Donetsk oblast and the city of Kyiv. The majority of patients in this cohort had heavily advanced HIV disease that had long-awaited access to treatment, suggesting that such a low survival rate. The ART monitoring data was for the period of 12 months, ending October 1, 2005. The percentage of children with HIV/AIDS in the selected cohort still alive 12 months after initiation of ART was 100%.

Reduction in Mother–to–Child Transmission

The percentage of HIV–infected children born to HIV–infected mothers was 15.8% in 2004. This indicator value was calculated using the UNGASS methodology, which takes into account only the influence of antiretroviral prophylaxis. The actual rate of mother-to-child transmission in Ukraine in 2004 was 8.2%. The actual rate takes into account not only the influence of ARV prevention treatment, but also the results of other prevention interventions, such as rational delivery practices and exclusion of breastfeeding, etc. This indicator was calculated on the basis of the related national indicator "Percentage of HIV-infected pregnant women receiving a complete course of ARV prophylaxis to reduce the risk of MTCT," which was 86% in 2004.

In 2001, Ukraine collected baseline data on the rate of mother-to-child HIV transmission, when there were still no interventions to reduce vertical transmission in the country. According to this research, the rate of MTCT was 27.8% in 2001. As of 2004, the rate of mother-to-child transmission was reduced by 43%, in comparison to the rate in 2001. For this indicator, Ukraine is quickly approaching the UNGASS target of a 50% reduction of rate of mother-to-child transmission by 2010.

Key Impact Indicators

⇒ HIV prevalence among IDUs in the city of Kyiv: 49%

⇒ HIV prevalence among CSW in the city of Kyiv: 8%

⇒ Percentage of people with HIV/AIDS still alive 12 months after initiation of ART and continue treatment: 72%

⇒ Percentage of HIV-infected infants born to HIV-infected mothers: 15,8%

[4] To calculate this indicator, data from Temporary sectoral statistical form No.55 of the Ministry of Health of Ukraine "Reports on the Provision of ARV Therapy to People Living with HIV/AIDS" for 2005 were used. The value for this indicator was calculated for minimal survival. The denominator includes the total number of adults and children who initiated ART in September 2005 in Crimea, Donetsk oblast and the city of Kyiv, including those who subsequently discontinued treatment.

III. National Response to the HIV/AIDS Epidemic

i. National Commitment and Action Indicators

Having recognized the HIV/AIDS epidemic as a national threat, the Ukrainian Parliament and the Government of Ukraine identified a strategic response to AIDS response as one of the top priorities of state policy in the sphere of health care and social development.

The national response to HIV/AIDS is supported by successive national laws on HIV/AIDS that were adopted in 1991 and 1998, which comply with the norms of international legislation and recommendations of the Joint United Nations Programme on HIV/AIDS (UNAIDS).

However, despite legislation related to HIV/AIDS and the declared public efforts based on coordination, broad participation, openness and responsibility of political approaches to address the problem of HIV/AIDS, the HIV/AIDS epidemic in Ukraine continued to deteriorate.

In accordance with current legislation, the Ministry of Health of Ukraine is responsible for the management and coordination of national HIV/AIDS activities, in close collaboration with other central and local governments, local governments, as well as private enterprises, institutions, organizations and communities.

In light of the serious status of the HIV/AIDS epidemic in Ukraine, a series of important activities are being implemented by the Government of Ukraine at the government level. In May 2005, the National Coordination Council on HIV/AIDS was established, headed by the Vice Prime-Minister of Ukraine. At the end of 2003, the Ukrainian Parliament organized parliamentary hearings on the topic "Social and Economic Problems of HIV/AIDS, Drug Use and Alcoholism in Ukraine," which resulted in the adoption of a parliamentary resolution. Between 2000 and 2005, the President of Ukraine issued five decrees and orders on HIV/AIDS. The sectoral program on the "Prevention of Mother-to-Child Transmission of HIV for 2001-2003" was also approved.

Ukraine is confronting HIV/AIDS against the background of its transition to a market economy. In spite of the Government having allocating more funds for HIV/AIDS in recent years, the inconsistency between the needs and the availability of resources is still obstacles to reversing the epidemic, and for efforts aimed at the development of an effective strategy for the provision of care, support and treatment.

HIV/AIDS has long since ceased to be a purely medical problem. The key objective is to make effective use all existing resources, and to mobilize additional resources in order to implement large-scale activities that can effectively respond to the epidemic.

Amount of national funds disbursed by the Government of Ukraine

The amount of national funds spent by the Cabinet of Ministers of Ukraine on HIV/AIDS response in 2004 was UAH 20,932,429, equivalent to USD 3,935,259.[5] The following information is available concerning funds, allocated by central and local executive authorities for HIV/AIDS in 2004:

Table 3. Funds allocated by central and local executive authorities of Ukraine on HIV/AIDS in 2004

Budget Line Item	Code of program classification	Code of functional classification	Amount, UAH	Amount, USD[6]
Implementation of the National State Budget				
Ministry of Health of Ukraine	**2300000**			
Programs and Centralized Activities for the Prevention and Treatment of AIDS	2301380	0763	**17,473,715**	**3 ,285, 027**
Procurement of HIV test-kits for pregnant women			3,225,400	606, 369
Procurement of HIV test-kits for other individuals (excluding pregnant women)			4,959,300	932, 339
Procurement of medication to treat HIV			8,272,300	1 ,555, 177
Social support to HIV-infected children			1,016,715	191, 141
World Bank loan – AIDS program funds only	2301600	0763	**1,556,597**	**292, 637**
HIV/AIDS-related activities			156,250	29, 375
Commission paid to World Bank (on funding for HIV/AIDS activities)			1 ,400,347	263, 263
State Department of Ukraine for Execution of Penalties	**6070000**			
World Bank loan – AIDS program funds only	6071600	0763	**246 ,134**	**46, 273**
HIV/AIDS-related activities			0	0
Commission paid to World Bank (on funding for HIV/AIDS activities)			246, 134	46, 273
Implementation of the Regional State Budget				
Programs and Centralized Activities to Prevent and Treat AIDS from the Regional State Budget		0763	**1 ,655, 983**	**311, 322**
Total			**20, 932, 429**	**3, 935, 259**

Policy Development and Implementation

Ukraine's implementation of the Declaration of Commitment on HIV/AIDS in the area of policy development and implementation is reflected in the National Composite Policy Index on HIV/AIDS. Data on Part A of this Index was completed by the Ministry of Health Of Ukraine (see Annex 2, Part A), while Part B was completed by the Coalition of HIV-Service Organizations of Ukraine (Annex 2, Part B).

[5] Calculations of this indicator were performed within PHRplus project "National Expenditures in the Health Field in Ukraine" (NHA), and allocated by the Government of Ukraine under the special request of the Ministry of Health of Ukraine (Letter No. 482 as of June 23, 2005). Report on execution of central and local budgets was provided by the Ministry of Finance of Ukraine.

[6] Exchange rate: USD 1 = UAH 5,3192 (Statistical Yearbook – 2004, State Statistics Committee of Ukraine).

National Programs

Governmental ownership and responsibility is a key component of an effective national response to HIV/AIDS. As follow-up to its political commitment to fight HIV/AIDS, in March 2004 the Cabinet of Ministers of Ukraine adopted a resolution that established the Concept of the Strategy for Government Action targeted at the prevention of HIV/AIDS, and approved the National Programme to Prevent HIV Infection, to Support and Treat People Living with HIV/AIDS for 2004-2008 (hereinafter – the National Programme).

Currently the National Programme specifies the key priorities in response to the HIV/AIDS epidemic and provides a framework for attracting additional financial and technical resources. The program is focused on the following two strategic areas: the prevention of the spread of HIV/AIDS, and the expansion of access to treatment, support and care for people living with HIV/AIDS.

HIV testing among most–at–risk populations

The percentage of persons who received HIV testing in the last 12 months and who know the results among (a) injecting drug users; (b) commercial sex workers; (c) men who have sex with men; and (d) young people aged 15-24 was calculated for each separate most-at-risk population. Data for the calculation of this indicator was collected from behavior surveillance studies conducted in 2004.

Injecting Drug Users:

According to behavioral survey data,[7] only 27% of IDUs received HIV testing during the last 12 months and know the results. Some difference in values of this indicator is observed between different age groups of IDU: younger than 25 – 23%, and 25 and older – 30%.

Table 4. Distribution of values of indicator for IDUs, disaggregated by sex and age

Numerator:	Females			Males			Both sexes		
	<25	25+	Total	<25	25+	Total	<25	25+	Total
1. Number of respondents, who received HIV testing in the last 12 months	138	185	323	276	452	728	414	637	1,051
2. Number of respondents, who know the results of their HIV testing	125	167	292	250	417	667	375	584	959
3. Number of respondents, who received **HIV testing and know its results**	**125**	**167**	**292**	**250**	**417**	**667**	**375**	**584**	**959**
4. Total number of respondents	**535**	**573**	**1,108**	**1076**	**1358**	**2,434**	**1,611**	**1,931**	**3,542**
5. Value of indicator (%):	**23**	**29**	**26**	**23**	**31**	**27**	**23**	**30**	**27**

[7] A survey "Behavior Surveillance Study among IDU and FSW as a Component of Second Generation Surveillance" funded by ICF International HIV/AIDS Alliance in Ukraine within the Global Fund Program "Overcoming HIV/AIDS Epidemic in Ukraine" was performed by the State Institute for Family and Youth Issues in 14 oblasts of Ukraine, including Volyn, Dnipropetrovsk, Donetsk, Mykolayiv, Odessa, Poltava, Rivne, Sumy, Ternopil, Kharkiv, Kherson and Cherkasy oblasts, Autonomous Republic of Crimea and the city of Kyiv. Total number of respondents – 3,542 injecting drug users.

Commercial Sex Workers:

The survey results also indicated that 32% of CSWs received HIV testing during the last 12 months and know the results, with the highest rates of VCT among female CSWs over the age of 25 (38%).

Table 5. Distribution of values of indicator for FSW, depending on age

	<25	25+	Total
1. Number of respondents, who received HIV testing in the last 12 months	313	165	478
2. Number of respondents, who know the results of their HIV testing	298	160	458
3. Number of respondents, who received HIV testing and know its results	**298**	**160**	**458**
4. Total number of respondents	**987**	**426**	**1,413**
5. Value of indicator (%):	**30**	**38**	**32**

Men who have Sex with Men:

Similarly, only 25% of surveyed MSM received HIV testing during the last 12 months and know the results.[8]

Table 6. Distribution of values of indicator for MSM, depending on age

	<25	25+	Total
1. Number of respondents, who received HIV testing in the last 12 months	146	87	233
2. Number of respondents, who know the results of their HIV testing	82	136	218
3. Number of respondents, who received HIV testing and know its results	**82**	**136**	**218**
4. Total number of respondents	**326**	**560**	**886**
5. Value of indicator (%):	**25**	**24**	**25**

Prisoners:

Among prisoners, 18% of those surveyed reported receiving an HIV test during the last 12 months and knew the results.[9]

Table 7. Distribution of values of indicator for prisoners, depending on sex

	Females	Males	Both sexes
1. Number of respondents, who received HIV testing in the last 12 months	24	36	60
2. Number of respondents, who know the results of their HIV testing	20	28	48
3. Number of respondents, who received HIV testing and know its results	**20**	**28**	**48**
4. Total number of respondents*	**79**	**189**	**268**
5. Value of indicator (%):	**25**	**15**	**18**

*The sample included only prisoners who served sentences not longer than 14 months

[8] A survey "Behavior Surveillance Study of Men Who Have Sex with Men as a Component of Second Generation Surveillance" funded by ICF International HIV/AIDS Alliance in Ukraine within the Global Fund Program "Overcoming HIV/AIDS Epidemic in Ukraine" was performed from October 25, 2005 to November 15, 2004 by the Center for Social Expertise at the Institute of Sociology of National Academy of Sciences of Ukraine in 7 cities: Kyiv, Lviv, Odessa, Mykolayiv, Kharkiv, Donetsk, Luhansk. Total number of respondents - 886 persons.

[9] Survey "Monitoring of Awareness and Behavior of Prisoners as a Component of Second Generation Surveillance" funded by ICF International HIV/AIDS Alliance in Ukraine within the Global Fund Program "Overcoming HIV/AIDS Epidemic in Ukraine" was performed by the Center for Social and Political Studies "Socis" in 12 correction facilities in 6 oblasts of Ukraine that have different levels of HIV prevalence, namely: Zhytomyr, Luhansk, Lviv, Odessa, Poltava and Ternopil oblasts. Total 1,241 prisoners were questioned.

A significant difference in values of this indicator is observed for females and males – 25% and 15%, correspondingly.

Young People (15–24):

Only 5% of young people surveyed, aged 15–24, reported receiving HIV testing in the last 12 months and know the results.[10]

Table 8. Distribution of values of indicator for young people aged 15–24, disaggregated by sex

	Males	Females	Both sexes
1. Number of respondents, who received HIV testing in the last 12 months	55	79	134
2. Number of respondents, who know the results of their HIV testing	47	67	114
3. Number of respondents, who received HIV testing and know its results	**47**	**67**	**114**
4. Total number of respondents	**1,147**	**1,107**	**2,254**
5. Value of indicator (%):	**4**	**6**	**5**

Most–at–risk populations reached by prevention programmes

The percentage of persons reached by prevention programs among (a) injecting drug users; (b) commercial sex workers; and (c) young people aged 15-24 was calculated for each separate most-at-risk population. Data for calculation of this indicator was received as a result of behavior surveillance studies conducted in 2004.

Injecting Drug Users:

In 2004, 38% of IDUs surveyed reported to have been reached by prevention programmes.[11] As in other most at-risk populations, the breakdown by age indicates that IDU younger than 25 are less frequently reached by prevention programmes than IDUs in the age group of 25 and older – 31% and 44% respectively.

Table 9. Distribution of values of indicator for IDUs, disaggregated by sex and age

Numerator:	Females			Males			Both sexes		
	<25	25+	Total	<25	25+	Total	<25	25+	Total
1. Number of respondents, reached by peer education programs*	45	40	85	85	103	188	130	143	273
2. Number of respondents, reached by targeted mass media **	92	100	192	166	193	359	258	293	551
3. Number of respondents, reached by STI screening and/or treatment ***	28	41	69	37	52	89	43	74	117
4. Number of respondents, reached by HIV counseling and testing ****	43	58	101	35	53	88	50	68	118
5. Number of respondents, reached by	42	53	95	75	100	175	117	153	270

[10] Survey "Behavioral Surveillance Study among Young People as a Component of Second Generation Surveillance" funded by ICF International HIV/AIDS Alliance in Ukraine within the Global Fund Program "Overcoming HIV/AIDS Epidemic in Ukraine" was performed by the State Institute for Family and Youth Issues in all oblasts of Ukraine, AR Crimea and Kiev city. Total number of respondents - 2,501 persons.

[11] A survey "Behavior Surveillance Study among IDU and FSW as a Component of Second Generation Surveillance" funded by ICF International HIV/AIDS Alliance in Ukraine within the Global Fund Program "Overcoming HIV/AIDS Epidemic in Ukraine" was performed by the State Institute for Family and Youth Issues in 14 oblasts of Ukraine, including Volyn, Dnipropetrovsk, Donetsk, Mykolayiv, Odessa, Poltava, Rivne, Sumy, Ternopil, Kharkiv, Kherson and Cherkasy oblasts, Autonomous Republic of Crimea and the city of Kyiv. Total number of respondents – 3,542 injecting drug users.

substitution therapy and safer injection practices among IDUs *****									
6. Number of respondents, who participated in at least one prevention program in the last 12 months	**185**	**265**	**450**	**318**	**593**	**911**	**503**	**858**	**1361**
7. Total number of respondents	**535**	**573**	**1108**	**1076**	**1358**	**2434**	**1611**	**1931**	**3542**
Value of indicator (%):	**35**	**46**	**41**	**30**	**44**	**37**	**31**	**44**	**38**

*Users of outreach syringe exchange outlets
**Receiving informational materials, booklets at syringe exchange outlets and "Dovira" cabinets
***Sum: Free medical examination of STI at syringe exchange outlets and "Dovira" cabinets + hospitalization to STI clinics
****Sum: Visitors of HIV counseling outlets + clients of "Dovira" cabinets to receive voluntary HIV counseling and testing
*****Sum: Users of syringe exchange outlets and "Dovira" cabinets, who exchange syringes + users of syringe exchange outlets and "Dovira" cabinets, who receive disinfectants

For IDUs, the indicator was also calculated using data from programme monitoring. Based on cumulative reporting data from organizations that implement HIV-prevention and harm reduction programmes amongst IDUs, there were 59,109 IDUs covered with prevention programmes at the end of 2004, and 75,997 at the end of 2005.[12] For the calculation of this indicator, data on the estimated number of IDUs in Ukraine was used as the denominator, using a range from 324,000 to 426,000 IDUs. These estimates were developed through the co-efficient method, using the results of BSS among IDUs in 2004.[13] Using this methodology, the coverage of prevention programmes among IDUs in 2004 was between 13.87% and 18.24%, and in 2005 was between 17.83% and 23.46%.

Commercial Sex Workers:

Based on data from the same survey, 34% of commercial sex workers surveyed in 2004 were reached by prevention programs. There was a significant difference between CSWs younger than 25, and those 25 and older: 26% and 51% correspondingly.

Table 10. Distribution of values of indicator for FSWs, disaggregated by age

Numerator:	**<25**	**25+**	**Total**
1. Number of respondents, reached by peer education programs			
2. Number of respondents, reached by targeted mass media *	163	133	296
3. Number of respondents, reached by STI screening and/or treatment **	183	150	333
4. Number of respondents, reached by HIV counseling and testing ***	47	58	105
5. Number of respondents, reached by substitution therapy and safer injection practices among IDUs ****	84	87	171
6. Number of respondents, who participated in at least one prevention program in the last 12 months	**260**	**216**	**476**
7. Total number of respondents	**987**	**426**	**1,413**
Value of indicator (%):	**26**	**51**	**34**

*Recipients of informational materials and booklets in NGOs in the last 12 months.
** Sum: Free medical examination of STI at syringe exchange outlets and "Dovira" cabinets + hospitalization to STI clinics during the last 6 months
***Recipients of free HIV testing consultations in NGOs in the last 12 months.
****Sum: FSW-IDUs – users of NGO services, who exchange syringes + users of NGO services, who received disinfectants in the last 12 months.

[12] This programme monitoring data is compiled by the International HIV/AIDS Alliance in Ukraine, based on programme reports from non-governmental organizations involved in HIV-prevention and harm education among IDUs. During the period 2004-05, Alliance supported the majority of all prevention programmes among IDUs in Ukraine. This data does not include IDU clients covered by the "Dovira" trust points, managed by the Ministry of Family, Youth, and Sport, as it is not possible to dissagregate client data covered by these facilities and non-governmental organizations with whom they collaborate.
[13] "Survey on Estimation of Populations Most-at-Risk for HIV in Ukraine," International HIV/AIDS Alliance in Ukraine, 2005.

Young People (15–24):

Among young people aged 15–24, 83% of those surveyed reported to have been reached by prevention programmes.[14]

Table 11. Distribution of values of indicator for young people aged 15–24, disaggregated by sex

Numerator:	Females	Males	Both sexes
1. Number of respondents, reached by peer education programs*	535	611	1,146
2. Number of respondents, reached by targeted mass media **	765	782	1,547
3. Number of respondents, reached by STI screening and/or treatment			
4. Number of respondents, reached by HIV counseling and testing	14***	6***	20***
5. Number of respondents, covered by substitution therapy and safer injection practices among IDUs			
6. Number of respondents, who participated in at least one prevention program in the last 12 months	**904**	**973**	**1,877**
7. Total number of respondents	**1,107**	**1,147**	**2,254**
Value of indicator (%):	**82**	**85**	**83**

*Sum: sources of information on HIV – friends, peers
**Printed media (newspapers, magazines, leaflets)
***Those who received HIV testing, as well as pre- and posttest counseling

Schools with teachers who have been trained in life–skills based HIV education

In 2004, 55% of secondary schools had teachers who have been trained in life–skills–based HIV education and who taught such courses during the last academic year.[15]

There is no difference in values for this indicator between primary and secondary schools, as the educational system in Ukraine does not envisage institutional differentiation between primary and secondary schools.

In light of the specific features of the educational curricula in Ukraine, all teachers who received corresponding training in life-skills-based HIV/AIDS education, irrespective of the duration of this training, were included in the calculation of this indicator.

According to the survey results, more than half of school principals indicated that teachers in their schools had received relevant training and taught HIV/AIDS prevention. Over 99% of schools reported that their teachers which had been trained had applied their skills in the last academic year, with the principal of only one surveyed school indicating that a trained teacher did not teach HIV prevention. 80% of the schools had 1 to 3 such teachers.

The indicator calculated separately for urban and rural areas demonstrates that urban schools have significantly more trained teachers: 64% compared to 44% in the rural areas.

[14] Survey "Behavioral Surveillance Study among Young People as a Component of Second Generation Surveillance" funded by ICF International HIV/AIDS Alliance in Ukraine within the Global Fund Program "Overcoming HIV/AIDS Epidemic in Ukraine" was performed by the State Institute for Family and Youth Issues in all oblasts of Ukraine, AR Crimea and Kiev city. Total number of respondents - 2,501 persons.

[15] Survey "Evaluation of the Level of Coverage of Pupils and Students by Prevention Programs" funded by ICF International HIV/AIDS Alliance in Ukraine within the Global Fund Program "Overcoming HIV/AIDS Epidemic in Ukraine" was performed by the Information and Analytical Agency "Statinformconsulting" at 349 schools Vinnitsa, Kirovohrad, Luhansk, Lviv, Rivne, Sumy and Kherson oblasts and Kiev city.

School-based prevention is also more intensive in urban schools: such classes are provided "on a permanent basis" in 54% of the surveyed urban schools and, correspondingly, in 39% rural schools.

There were no statistically significant differences, based on private versus public schools. The share of schools with teachers who had received relevant training and who taught HIV/AIDS prevention varied in the surveyed regions from 32% to 92%.

Additional national indicators were also calculated on HIV/AIDS in the education system that complement or clarify information gathered on the basis of the core UNGASS indicator. For example, in the 2003-2004 academic year, Ukraine had 23,627 educational facilities, including 21,391 state-owned secondary schools, 278 private secondary schools, 949 vocational training schools, 670 higher educational institutions of I-II levels of accreditation and 339 higher educational institutions of III-IV level of accreditation. 67% of pupils and students of these institutions reported that they were covered by HIV prevention programs.

According to the research results, pupils and students reported that information about HIV/AIDS was effectively acquired through the active forms of training, such as participation in the preparation and implementation of activities, discussion of problems, role games, etc.. 60% of students that had been covered by prevention programs indicated that they had been active participants in such programs, i.e. were involved in the preparation, implementation or discussion of these activities.

The highest rates of coverage of prevention activities was found in secondary and specialized schools (72 and 75% correspondingly), while at post-secondary educational institutions, the rate of coverage was only 44%.

The involvement of students in prevention activities was higher at the state-owned educational facilities (68%) than at private educational facilities (57%). Female students reported to be more actively involved in such programmes and activities than male students (71% and 63%, respectively).

Information Materials about HIV/AIDS on State-Owned TV and Radio

The quantity and volume of information materials about HIV/AIDS on state-owned TV and radio during 10 months of 2005 was calculated for the first time in 2005. When this data is collected in subsequent years, trends can be assessed to monitor coverage of HIV/AIDS issues broadcast by the national, oblast and regional state-owned TV and radio companies.

Table 12. Quantity and Volume of Information Materials on HIV/AIDS on State TV and Radio

#	Name of the state-owned TV and radio company	Number of materials	Volume of materials (airtime in hours)
1	National Radio Company of Ukraine	60	1500
2	National TV Company of Ukraine	87	676
3	Oblast and regional state TV and radio companies	1,826 TV programs 1,076 radio programs	25,530 minutes of TV broadcasting 10,525 minutes of radio broadcasting
	Total		38, 231

Table 13. Quantity and Volume of PSAs on HIV/AIDS Control and Prevention on the State TV and Radio

#	Name of the state-owned TV and radio company	Number of materials	Volume of materials (airtime in hours)
1	National TV Company of Ukraine	225	5820
2	Oblast and regional state TV and radio companies		940,516 minutes of TV broadcasting 106,076 minutes of radio broadcasting
	Total		1,052,506

Large enterprises/companies which have HIV/AIDS workplace policies and programs

In 2004, the percentage of large enterprises/companies with HIV/AIDS workplace policies and programs was 0% in both the state-run and private sectors.[16] While a majority of the companies reported to be implementing components of HIV/AIDS workplace policies and programs, there were no companies that were providing the full spectrum of HIV-related workplace policies and programs. In particular, the low value for this indicator is related to the inclusion of condom distribution and provision of ART for employees with HIV/AIDS as required components in the indicator calculation. The provision of ART for employees is currently not offered by any large enterprises/companies in Ukraine.

The five large state-owned companies in the survey included the Ministry of Labor and Social Policy of Ukraine, the Ministry of Health of Ukraine, the Ministry of Transport and Communications of Ukraine, the Ministry of Education and Science of Ukraine, and the State Tourism Administration of Ukraine.

The twenty-five private sector employers in the survey included companies with over 1,000 employees and in which the share of state ownership does not exceed 50%.

The sample included private enterprises from 12 different regions of the country that represent the major social and economic regions of Ukraine facing different stages of the HIV/AIDS epidemic.

Anti-discrimination in the workplace:

In Ukraine, HIV/AIDS in the workplace policies are mostly based on current Ukrainian legislation, which requires tolerant attitudes towards people with HIV-infection. Despite these legal requirements, it cannot be stated that all employers ensure tolerant attitude towards employees with HIV, as the majority of respondents did not have or know of cases of HIV-infection cases among their employees.

Only one employer had an established policy to prevent HIV/AIDS and sexually transmitted diseases among his employees[17]).

[16] Research "Policy and Programs to Fight HIV/AIDS at Workplace" funded by the ICF International HIV/AIDS Alliance in Ukraine within the program "Overcoming the HIV/AIDS Epidemics in Ukraine" and supported by the Global Fund to Fight AIDS, TB and Malaria was implemented by an NGO Analytical Socis Center among 30 employers of Ukraine, 5 of which are state-owned and 25 are private companies.

[17] This employer actively cooperates with the SMARTWork Project (Scientific and prevention project on HIV/AIDS at workplace), which has been implemented in Ukraine since 2002 by Academy for Education Development (AED), USA.

HIV/AIDS prevention, control and care programs in the workplace:

Most of the surveyed employers implement some forms of HIV/AIDS education activities. 21 of 30 enterprises distributed posters, leaflets, booklets and organized workshops and lectures on HIV/AIDS/STIs and drug use for the employees and senior management.

The employers surveyed reported less attention paid to workplace hazards and safety measures related to HIV. Special regulations that included universal precautions at state owned enterprises were approved only for health care workers. In only 3 of 25 enterprises were such issues addressed in company regulations related to accident prevention.

Condom distribution still remains the largest gap in HIV prevention programmes in the workplace. Only one private enterprise had in place condom distribution, and none of the state-owned enterprises distributed condoms.

Voluntary counseling and testing services were available at 8 of 30 enterprises. 12 enterprises also provided their employees with access to services for the treatment of sexually transmitted infections.

The treatment of people living with HIV/AIDS in Ukraine is performed only at the state health care facilities, in accordance with the procedures established by Ukrainian legislation on HIV/AIDS. None of the enterprises that participated in the survey provide their employees with ART to treat HIV/AIDS related conditions, nor do they have a policy to cover the costs of ART treatment.

Diagnosis, Treatment and Counselling of Sexually–Transmitted Infections

The percentage of individuals with sexually transmitted infections who were appropriately diagnosed, treated and counseled at state–owned and communal health care facilities in 2005 was 41%.

Services for the diagnosis, treatment and counselling of sexually transmitted infections (STI) in Ukraine is provided by a specialized network for STI services that includes STI clinics in all regions of Ukraine and STI departments at city and rayon hospitals.

The state and communal health care facilities that provide diagnostic, treatment and counseling services for STIs are all accredited by the Ministry of Health. All laboratories involved in the diagnosis of STIs have also undergone a separate process of accreditation. According to the accreditation requirements of the Ministry of Health, all STI clinics must possess the minimum requirements to facilitate treatment and prevention activities, including professional physicians and other medical personnel, necessary equipment and materials. The Ukrainian system for STIs is sufficiently supported by the legal and regulatory basis to perform diagnostics, treatment and prevention of STIs. Ukrainian national standards for diagnosis and treatment of STIs are generally consistent with European standards.

According to survey results, 41% of patients with STIs who visited their doctor received counseling on HIV/AIDS.[18]

[18] Survey „Evaluation of HIV/AIDS Counseling for STI Patients", funded by ICF International HIV/AIDS Alliance in Ukraine within the Global Fund Program "Overcoming HIV/AIDS Epidemic in Ukraine" was performed by the Center for Social Expertise at the Institute of Sociology of National Academy of Sciences of Ukraine. 725 STI patients were polled at the exit of doctor's cabinet in 50 specialized STI clinics and facilities in Dnipropetrovsk, Donetsk, Zakarpatya, Luhansk, Lviv, Odessa, Rivne, Kharkiv and Khmelnytskyi oblasts and in the city of Kyiv.

Unfortunately at the time of survey, new national guidelines for voluntary counseling and testing were not yet in force, thus it was not possible to evaluate compliance of received counseling with those defined by the procedures.

Prevention of Mother to Child Transmission of HIV–infection

The percentage of pregnant women infected with HIV who received a complete course of ARV prophylaxis to reduce risk of mother–to–child transmission in 2004 was 86%.

A complete course of PMTCT antiretroviral prophylaxis in Ukraine in 2004 included ART for the prevention of perinatal HIV transmission with retrovir starting from the 28th week of gestation, and nevirapine during delivery. Until 2004, Ukraine had been using only these two forms of antiretroviral prophylaxis. From among those who received a complete course of ARV prophylaxis to reduce mother-to-child transmission in 2004, 60% of HIV-infected pregnant women were covered by the short course of retrovir prophylaxis, while the other 40% only received nevirapine prophylaxis. The provision of antiretroviral treatment for pregnant women is provided only at state-owned clinics.

HIV prevalence among pregnant women is estimated by the Ministry of Health of Ukraine at 0.51%.

Coverage of treatment with antiretroviral combination therapy

The number and percentage of women and men with advanced HIV infection receiving antiretroviral combination therapy (ART) was 3,050 persons, or 33.5% at the end of 2005.[19]

Both men and women are provided with access to antiretroviral therapy on the basis of clinical progression. At the end of 2005, 29.1% of men and 41.0% of women with advanced HIV infection had access to ART.[20]

Large-scale implementation of antiretroviral therapy among patients with advanced HIV-infection and AIDS was launched in Ukraine in August 2004. The regions for the initiation of ART were selected on the basis of their epidemic situation, the level of infrastructure development and availability of resources to provide treatment**.** Initially ART commenced in the six, most heavily affected regions of the country: Autonomous Republic of Crimea, Dnipropetrovsk, Donetsk, Mykolayiv, Odessa oblasts and in the city of Kyiv. By the end of 2004, ART had been scaled-up to cover 1,299 people. Beginning from June 2005, ART was expanded to over an additional nine regions: Vinnytsia, Zaporizhya, Ivano-Frankivsk, Kyiv, Luhansk, Poltava, Kharkiv and Kherson oblasts, and in the city of Sevastopol. As a result, ART is now provided in 15 of 27 regions of Ukraine. Patients with advanced HIV disease from other regions of the country are provided with treatment at the clinic of the L.V. Gromashevsky Institute of Epidemiology and Infectious Diseases in Kyiv.

[19] In order to define the number of patients with advanced HIV infection, the following methodology, recommended by the WHO, was used: the number of people in need of ART was calculated by adding the double number of AIDS patients newly diagnosed with this disease in 2005 to the number of people who were on treatment in the previous year and survived into the current year. World Health Organization, "Progress on Global Access to HIV Antiretroviral Therapy" (June 2005).

[20] The calculation of this indicator was based on the state statistical reporting form "Report on People Living with HIV/AIDS", a quarterly form №1-HIV/AIDS, as well as the data of temporary sectoral statistical from № 55 of the Ministry of Health of Ukraine "Reports on the Provision of ARV Therapy to People Living with HIV/AIDS" for 2005.

Blood Safety

The percentage of transfused blood units screened for HIV during the last 12 months in 2004 was 100%.

According to the statistical reports of the Ministry of Health of Ukraine, in 2004 100% all cases of blood/plasma donations were tested for antibodies of HIV using enzyme-linked immunosorbent assay (ELISA) or simple/rapid tests.

Prevention of HIV infection through donor blood, blood components and preparations continues to be a priority Ukraine's national response to HIV/AIDS.

The Ministry of Health of Ukraine considers efforts to ensure the safety of donor blood, blood components and preparations as a key governmental objective, regardless social, political and economic conditions. In order to achieve this objective, all blood transfusion facilities and institutions were equipped in 1998 with up-to-date equipment to test donated blood and blood products for HIV. A centralized system of the provision of modern test-kits for the laboratories at blood transfusion units with was also established. These activities are funded by the State Budget of Ukraine.

A comprehensive strategy was implemented to exclude the risk of HIV transmission through donor blood and its components that provides for mandatory testing for antibodies to HIV for each blood/plasma donation. The state guarantees the mandatory testing of blood and blood components received from the blood donors and used in medical practice and scientific research in order to detect HIV infection, in accordance with the National Law on AIDS.[21]

Data on HIV prevalence among potential blood donors can also be used to monitor the trends of HIV epidemic. For this reason, Ukraine uses an additional indicator, "Percentage of potential blood donors with diagnosed HIV", which in 2004 was 0.16%.

Due to the social and economic crises experienced by Ukraine in recent years, people who volunteer to become blood donors often include individuals who use alcohol or drugs in order to earn money to buy psychotropic substances. Such individuals are medically unfit to donate blood, and so their blood is discarded after being tested.

[21] The National Law on AIDS, which was amended in November 2001, includes safety measures related to the transfusion of the whole blood, namely: "In order to prevent HIV infection transmission through donor blood, blood transfusion shall be applied only in cases when such medical intervention is the only way to save human life", and "in cases when there is a real threat to human life and when an urgent blood transfusion is the only way to save a patient and there is no properly tested donor blood, then blood transfusion is allowed with a consent of the patient, or of his lawful representative, with the rapid testing of blood for HIV infection." This strategy has contributed to the safety of the blood system in Ukraine.

Key Programme Indicators: Funding, Prevention, Care, Treatment and Support

⇒ National Composite Policy Index on HIV/AIDS (source: MOH Ukraine, Coalition of HIV Service Organizations);

⇒ Amount of national funds spent by the Cabinet of Ministers of Ukraine on HIV/AIDS response in 2004 was : UAH 20,932,429 (USD 3,935,259) (source: Ministry of Finance of Ukraine)

⇒ IDUs, who received HIV testing: 27% (source: Ministry of Family, Youth and Sports of Ukraine);

⇒ CSWs, who received HIV testing: 32% (source: Ministry of Family, Youth and Sports of Ukraine);

⇒ MSM, who received HIV testing: 25% (source: Ministry of Family, Youth and Sports of Ukraine);

⇒ Prisoners, who received HIV testing: 18% (source: State Department for Execution of Penalties);

⇒ Young people aged 15-24, who received HIV testing: 5% (source: Ministry of Family, Youth and Sports of Ukraine);

⇒ IDUs covered by prevention programs: 38% (source: Ministry of Family, Youth and Sports of Ukraine);

⇒ CSW covered by prevention programs: 34% (source: Ministry of Family, Youth and Sports of Ukraine);

⇒ Young people aged 15-24, covered by prevention programs: 83% (source: Ministry of Family, Youth and Sports of Ukraine);

⇒ Percentage of secondary schools had teachers who have been trained in life-skills-based HIV/AIDS education and who taught it during the last academic year: 55% (source: Ministry of Education and Science of Ukraine);

⇒ Percentage of pupils and students of secondary schools, vocational training schools and higher educational institutions of I-IV levels of accreditation were covered by prevention programs: 67% (source: Ministry of Education and Science of Ukraine);

⇒ Quantity and volume of information materials on HIV/AIDS control and prevention on the state TV and radio in 2003 (source: sectoral statistical reports);

⇒ Percentage of large enterprises/companies have HIV/AIDS workplace policies and programs in place: 0% (source: the Ministry of Labor and Social Policy of Ukraine);

⇒ Percentage of patients with STIs at state-owned and communal health care facilities, who were appropriately diagnosed, treated and counseled at state and communal health care facilities: 100% (source: MOH Ukraine)

⇒ Percentage of HIV-infected pregnant women were receiving a complete course of ARV prophylaxis to reduce the risk of MTCT: 86% (source: see Table of MOH Ukraine);

⇒ Percentage of people with advanced HIV infection who receive combination ARV therapy: 41,73% (source: MOH Ukraine)

⇒ Percentage of cases of blood/plasma donation in 2003 were tested for antibodies to HIV with the use of solid phase immune-enzyme test or with simple/rapid blood tests: 100% (source: MOH Ukraine)

⇒ Potential blood donors HIV-infected: 0,16% (source: MOH Ukraine)

ii. Knowledge and Behavior Change Indicators

Knowledge about HIV Among Most–at–Risk Populations

The percentage of persons, who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission was calculated among (a) injecting drug users; (b) commercial sex workers; (c) men, who have sex with men; (d) convicted and prisoners; and (e) uniformed personnel. Data for calculation of this indicator was received from of behavior surveillance studies conducted in 2004 among these most at-risk populations.

Injecting Drug Users:

Despite extensive HIV prevention and awareness programmes among IDUs in Ukraine, these data indicate IDUs continue to have low levels of awareness about HIV and how it is transmitted. **According to results of a BSS survey among IDUs in 2004 survey, only 21% of IDUs both correctly identify ways of preventing the sexual transmission of HIV and reject major misconceptions about HIV transmission.**[22]

Table 14. Distribution of values of indicator for IDUs, disaggregated by sex and age

Numerator:	Females			Males			Both sexes		
	<25	25+	Total	<25	25+	Total	<25	25+	Total
1. The risk of HIV transmission can be reduced by having sex with only one, faithful, uninfected partner *	0	0	0	0	0	0	0	0	0
2. The risk of HIV transmission can be reduced by using condoms during sexual intercourse	456	498	954	886	1201	2087	1342	1699	3041
3. A healthy-looking person can have HIV	404	485	889	793	1117	1910	1197	1602	2799
4. A person can get HIV from insect bites	348	394	742	693	943	1636	1041	1337	2378
5. A person can get HIV by sharing a meal with someone who is infected **	121	200	321	271	533	804	392	733	1125
6. Number of respondents, who gave correct answers to all 5 questions *	**72**	**131**	**203**	**173**	**369**	**542**	**245**	**500**	**745**
7. Total number of respondents, who answered all 5 questions (including "don't know" answers) *	**535**	**573**	**1108**	**1076**	**1358**	**2434**	**1600**	**1914**	**3514**
8. Value of indicator (%):	**13**	**23**	**18**	**16**	**27**	**22**	**15**	**26**	**21**

*The question was not stated

**Would you eat meals with HIV-infected person from using the same plate?

A substantial difference in values of this indicator may be observed in various IDU age groups: only 15% of IDUs younger than 25 responded correctly to all questions, whereas 26% of IDUs 25 and older demonstrated accurate knowledge of HIV.

[22] A survey "Behavior Surveillance Study among IDU and FSW as a Component of Second Generation Surveillance" funded by ICF International HIV/AIDS Alliance in Ukraine within the Global Fund Program "Overcoming HIV/AIDS Epidemic in Ukraine" was performed by the State Institute for Family and Youth Issues in 14 oblasts of Ukraine, including Volyn, Dnipropetrovsk, Donetsk, Mykolayiv, Odessa, Poltava, Rivne, Sumy, Ternopil, Kharkiv, Kherson and Cherkasy oblasts, Autonomous Republic of Crimea and the city of Kyiv. Total number of respondents – 3,542 injecting drug users.

Commercial Sex Workers:

According to results of the same survey, only 8% of CSWs both correctly identify ways of preventing the sexual transmission of HIV and reject major misconceptions about HIV transmission.

Table 15. Distribution of values of indicator for CSWs, disaggregated by age

	<25	25+	Total
1. The risk of HIV transmission can be reduced by having sex with only one, faithful, uninfected partner	767	344	1111
2. The risk of HIV transmission can be reduced by using condoms during sexual intercourse	880	391	1271
3. A healthy-looking person can have HIV	675	313	988
4. A person can get HIV from insect bites	572	272	844
5. A person can get HIV by sharing a meal with someone who is infected *	94	215	309
6. Number of respondents, who gave correct answers to all 5 questions	**68**	**47**	**115**
7. Total number of respondents, who answered all 5 questions (including "don't know" answers)	**987**	**426**	**1413**
8. Value of indicator (%):	**6**	**11**	**8**

* Would you share meals with HIV-infected person using the same eating utensils?

There is a substantial difference in values of this indicator among CSWs younger than 25 and 25 and older – 6% and 11%, respectively.

Men Who Have Sex With Men:

The highest levels of awareness about HIV and modes of transmission was demonstrated by men who have sex with men.[23] 49% of respondents from this group gave correct answers to all 5 questions.

Table 16. Distribution of values of indicator for MSM, disaggregated by age

	<25	25+	Total
1. The risk of HIV transmission can be reduced by having sex with only one, faithful, uninfected partner *	228	303	531
2. The risk of HIV transmission can be reduced by using condoms during sexual intercourse	318	533	851
3. A healthy-looking person can have HIV			
4. A person can get HIV from insect bites	272	499	771
5. A person can get HIV by sharing a meal with someone who is infected **	318	549	867
6. Number of respondents, who gave correct answers to all 5 questions *	**154**	**278**	**432**
7. Total number of respondents, who answered all 5 questions (including "don't know" answers) *	**326**	**557**	**883**
8. Divide Value 6 by Value 7 and multiply by 100:	**47**	**50**	**49**

*HIV may be prevented through having sex with only one, faithful, uninfected partner
** Use of shared kitchenware as a mode of HIV transmission

There were no significant difference between values of this indicator for MSM depending on age.

[23] A survey "Behavior Surveillance Study of Men Who Have Sex with Men as a Component of Second Generation Surveillance" funded by ICF International HIV/AIDS Alliance in Ukraine within the Global Fund Program "Overcoming HIV/AIDS Epidemic in Ukraine" was performed from October 25, 2005 to November 15, 2004 by the Center for Social Expertise at the Institute of Sociology of National Academy of Sciences of Ukraine in 7 cities: Kyiv, Lviv, Odessa, Mykolayiv, Kharkiv, Donetsk, Luhansk. Total number of respondents - 886 persons.

Prisoners:

Among prisoners in medium–security penitentiary facilities, 39% both correctly identify ways of preventing the sexual transmission of HIV and reject major misconceptions about HIV transmission.[24] In comparison with other most at-risk populations, such a high awareness level among this group may be explained by the widespread existence of public myths about HIV transmission may be less common among prisoners. The relatively high level of knowledge among prisoners is also explained by the intensity and consistentcy of HIV awareness programs conducted by the State Department of Ukraine for Execution of Penalties.

Table 17. Distribution of values of indicator for prisoners, disaggregated by sex and age

Numerator:	Females			Males			Both sexes		
	<25	25+	Total	<25	25+	Total	<25	25+	Total
1. The risk of HIV transmission can be reduced by having sex with only one, faithful, uninfected partner	28	145	173	156	580	736	184	725	909
2. The risk of HIV transmission can be reduced by using condoms during sexual intercourse	37	166	203	186	641	827	223	807	1030
3. A healthy-looking person can have HIV	39	172	211	176	595	771	215	767	982
4. A person can get HIV from insect bites	27	120	147	111	430	541	138	550	688
5. A person can get HIV by sharing a meal with someone who is infected	32	152	184	145	509	654	177	661	838
6. Number of respondents, who gave correct answers to all 5 questions	**14**	**88**	**102**	**62**	**303**	**365**	**76**	**391**	**467**
7. Total number of respondents, who answered all 5 questions (including "don't know" answers)	**45**	**191**	**236**	**230**	**718**	**948**	**275**	**909**	**1184**
8. Value of indicator (%):	**31**	**46**	**43**	**27**	**42**	**39**	**28**	**43**	**39**

A significant difference in values of this indicator may be observed for different age groups of prisoners: younger than 25, only 28% have accurate knowledge about how HIV is transmitted, whereas among those 25 an older, 43% have accurate knowledge about how HIV is transmitted.

Military Servicemen:

The percentage of personnel in uniformed services who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission was 23% in 2004.

The awareness of military servicemen on how HIV is transmitted varies widely, depending on the question. The absolute majority of military servicemen are aware of the role of condoms in HIV prevention (89%), as well as importance of having sex with only one, faithful, uninfected partner (85%). The majority are also aware that HIV does not have visible manifestations (81%).[25] However, only 41% were aware that sharing food or insect bites are not modes of HIV transmission. Many respondents who gave correct answers to one group of questions made

[24] Survey "Monitoring of Awareness and Behavior of Prisoners as a Component of Second Generation Surveillance" funded by ICF International HIV/AIDS Alliance in Ukraine within the Global Fund Program "Overcoming HIV/AIDS Epidemic in Ukraine" was performed by the Center for Social and Political Studies "Socis" in 12 correction facilities in 6 oblasts of Ukraine that have different levels of HIV prevalence, namely: Zhytomyr, Luhansk, Lviv, Odessa, Poltava and Ternopil oblasts. Total 1,241 prisoners were questioned.

[25] Survey "Monitoring of Awareness and Behavior of Military Personnel as a Component of Second Generation Surveillance" funded by ICF International HIV/AIDS Alliance in Ukraine within the Global Fund Program "Overcoming HIV/AIDS Epidemic in Ukraine" was performed by the Center for Social and Political Studies "Socis" in 10 military units and 3 higher military educational institutions and training center for NCO located in 8 oblasts of Ukraine, namely, in Dnipropetrovsk, Zhytomyr, Zakarpatiia, Kyiv, Lviv, Odessa, Kharkiv oblasts and AR Crimea. Total number of surveyed was 1,600 people.

mistakes in answering others. As a result, only 23% of military servicemen gave correct answers to all 5 questions.

Table 18. Distribution of values of indicator for uniformed personnel, disaggregated by duration of service and rank (%)

	Soldiers		Cadets	Officers	All military servicemen
	1st year of service	2nd year of service			
1. Can the risk of HIV transmission be reduced by having sex with only one faithful, uninfected partner?	85	83	89	94	**86**
2. Can the risk of HIV transmission be reduced by using condoms during sexual intercourse?	89	87	93	90	**89**
3. Can a healthy-looking person have HIV?	79	79	85	88	**81**
4. Can a person get HIV from insect bites?	38	37	47	49	**41**
5. Can a person get HIV by sharing a meal with someone who is infected?	59	44	62	75	**57**
6. Percentage of personnel in uniformed services who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission (gave correct answers to all 5 questions)	**21**	**18**	**28**	**34**	**23**

Young People (15–24):

The percentage of young people aged 15–24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission was 14% in 2004.

This indicator was calculated on the basis of correct answers to four questions; answers to the question whether it is possible to contract HIV by sharing food were not taken into account, as this question was not included in the questionnaire.[26]

As injecting drug use is a primary route of HIV transmission in Ukraine, an additional question about the risk of HIV transmission through the use of shared syringes and needles was added to the list, but responses to this question were not included in the calculation of the core indicator.

Given that the 2005 target for this indicator stated in the UNGASS Declaration is 90%, the low value of this composite indicator indicates that Ukraine is still far from reaching this target. The low value of this indicator is related to the fact that more than half of young people consider insect bites to be one of the possible routes of HIV transmission, while only less than one third of respondents correctly answered that HIV is not transmitted in this manner.

There is no significant difference in values of this composite indicator depending on respondents' gender: 15% of polled males both correctly identified ways of preventing the sexual transmission of HIV and rejected major misconceptions about HIV transmission, and among females 13%.

[26] Survey "Behavioral Surveillance Study among Young People as a Component of Second Generation Surveillance" funded by ICF International HIV/AIDS Alliance in Ukraine within the Global Fund Program "Overcoming HIV/AIDS Epidemic in Ukraine" was performed by the State Institute for Family and Youth Issues in all oblasts of Ukraine, AR Crimea and Kiev city. Total number of respondents - 2,501 persons.

There is also no significant difference in values of this composite indicator for males and females depending on respondents' place of residence. Among all males who live both in rural and urban areas, 15% both correctly identified ways of preventing the sexual transmission of HIV and rejected major misconceptions about HIV transmission; close to 13% of both rural and urban females gave correct answers to all questions. There were also no significant differences between urban and rural youth.

Only the question about having sex with only one regular, uninfected partner as a method to prevent HIV transmission indicated a significant divergence among women, depending on their place of residence. Women who live in rural areas demonstrated a higher awareness of this transmission route compared to urban women, i.e. 73% and 61% correspondingly. 65% of young people surveyed answered this question correctly. In this manner, rural residents demonstrated slightly better awareness of this method to prevent HIV transmission compared to urban young people – 69% and 63% respectively.

Table 19. Distribution of correct answers about HIV transmission routes and on major misconceptions about HIV transmission, disaggregated by respondents' sex and place of residence (%)

Question	Males		Females		Both sexes	
	Urban	Rural	Urban	Rural	Urban	Rural
1. Can the risk of HIV transmission be reduced by having sex with only one regular, uninfected partner?	65	66	61	73	63	69
2. Can the risk of HIV transmission be reduced by using condoms?	65	65	58	69	61	66
3. Can a healthy-looking person have HIV?	68	71	69	68	68	69
4. Can a person get HIV from insect bites?	29	34	30	23	29	29
5. Can people be infected through sharing syringes and needles for injections??**	95	97	94	95	95	96
6. Value of indicator (%) – percentage of respondents, who gave correct answers to questions 1–4:	**15**	**15**	**13**	**13**	**14**	**14**

Differences in answers to the question about condom use as a means to prevent HIV infection was observed between the selected youth groups, based on place of residence. Young people in rural areas again demonstrated a better awareness of this issue compared to youth in urban centers – 67% versus 61% respectively, while rural women gave correct answers in 69% of cases, and urban women - in 58%. A total of 63% of respondents knew that condoms should be used to avoid HIV transmission.

The myth that a healthy looking person cannot be infected with HIV and can lead to unprotected sex with an infected person is not prevalent among young people in Ukraine. The data of the survey of young people demonstrated that two thirds (68%) of young people correctly identified that a healthy looking person could have HIV.

According to the results of the survey, young people demonstrate low awareness that HIV is not transmitted through insect bites: only 29% answered correctly, while 52% indicated that HIV can be transmitted through insect bites. There is a difference in female answers to this question depending on place of residence; urban women responded better to this question than rural women – 30% and 23% respectively.

Answers to an additional question on the risk of HIV through shared use of syringes and needles indicate that young people are well aware of this route of HIV transmission. A total of

95% of young people correctly indicated that HIV can be transmitted through the sharing of injecting equipment.

The question "Can a person get HIV by sharing a meal with someone who is infected?" was not included in this survey. Previous studies showed that a significant share of young people answered this question correctly. The behavioral survey performed in 2002 among young people aged 18-25 indicated that 77% answered correctly and only 11% said that HIV can be transmitted by sharing a meal with people infected with HIV.[27] According to other research among adolescents aged 15-22 years, only 51% of respondents answered this question correctly, while 20% responded that sharing meals can be a possible route of infection.[28]

Behaviour Change Among Most–at–Risk Populations

Condom Use Among Commercial Sex Workers:

The percentage of female and male sex workers among respondents, who provided commercial sex services during the last 12 months and reported the use of a condom with their most recent client in 2004 was 80%.[29]

According to the survey data, there were no significant age differences within this indicator (79% of women younger than 25 and 81% among those aged 25 and over).

Table 20. Percentage of respondents who report using a condom with any partner in the last 12 months (%), disaggregated by programme coverage and age

Commercial sex workers, who reported of condom use	***Under 25 years of age***	***Over 25 years of age***	***All age groups***
Those covered by prevention programs	81.5%	86%	**83%**
Non-covered by prevention programs	77.6%	75.6%	**77%**

The percentage of female commercial sex-workers who used condoms with their most recent client was slightly higher among CSWs who were covered with HIV prevention programs. 83% of FSWs covered by prevention programs reported condom use with their most recent client, whereas 77% among those who were not covered by prevention programs reported condom use 77%.

Prevention programs had a more positive impact on the behavior of CSWs over the age of 25 than on those younger than 25 years.

Condom Use Among Men who Have Sex with Men:

[27] "Development of Management, Monitoring and Evaluation of National HIV/AIDS Programs in Ukraine Based on Up-to-date Epidemiological Surveillance Methods" (Report of Ukrainian AIDS Center/ State Institute for Family and Youth Issues/UNICEF, 2002).
[28] The survey target group was adolescents and young people aged 10-22 years, but the data presented here include only results for the age group 15-22 years. "Health and Adolescent Orientations of Ukrainian Youth: Sociological Dimension" performed within Ukrainian-Canadian project "Youth for Health – 2."
[29] Survey "Behavioral Surveillance Study among IDU and FSW as a Component of Second Generation Surveillance" funded by ICF International HIV/AIDS Alliance in Ukraine within the Global Fund Program "Overcoming HIV/AIDS Epidemic in Ukraine" was performed by the State Institute for Family and Youth Issues in 14 oblasts of Ukraine, including Volyn, Dnipropetrovsk, Donetsk, Mykolayiv, Odessa, Poltava, Rivne, Sumy, Ternopil, Kharkiv, Kherson and Cherkassy oblasts, AR Crimea and Kiev city. Total number of respondents was 1,414 FSW.

The percentage of men reporting the use of a condom the last time they had anal sex with a male partner in 2004 was 72%.[30]

These data indicate that there are no differences in the value of this indicator in different age groups. 71% of respondents under 25, who ha sexual relations with men during the last six months prior to the survey, reported a condom use during their last sexual contact; for those over 25 years of age this index makes up 72%.

Safe Behaviours Among Injecting Drug Users:

The percentage of injecting drug users who have adopted behaviors that reduce transmission of HIV was 20% in 2004.[31] Despite the rapid expansion of prevention and harm reduction programmes during the period 2003-05, only one-fifth of IDUs in this study reported that they both avoid sharing of injection equipment and reported condom use with their last sexual partner.

According to the results of the survey, no significant difference in the value of this indicator was observed in different age groups. 19% of respondents younger than 25 adhered to safer behaviors which reduces risks of HIV transmission; for those aged 25 and over, 20% of IDUs adhered to safer behaviors.

If the components of this combined indicator are considered separately, 64% of IDUs did not share injecting equipment during the last month. Alternatively, the percentage of IDUs who reported using a condom during their last sexual intercourse was 34%.

A higher percentage of IDUs who practice behaviors which reduce the risk of HIV transmission reported being reached by prevention programs[32] (24%), versus those not covered by prevention programs (16%). There were no significant differences depending on gender and age.

On the results of this survey, it is possible to conclude that prevention programs are having a positive, discernable outcome on safer IDU behaviors, but that the majority of IDUs still exhibit unsafe behaviours at high risk for HIV transmission.

[30] A survey "Behavior Surveillance Study of Men Who Have Sex with Men as a Component of Second Generation Surveillance" funded by ICF International HIV/AIDS Alliance in Ukraine within the Global Fund Program "Overcoming HIV/AIDS Epidemic in Ukraine" was performed from October 25, 2005 to November 15, 2004 by the Center for Social Expertise at the Institute of Sociology of National Academy of Sciences of Ukraine in 7 cities: Kyiv, Lviv, Odessa, Mykolayiv, Kharkiv, Donetsk, Luhansk. Total number of respondents - 886 persons.

[31] A survey "Behavior Surveillance Study among IDU and FSW as a Component of Second Generation Surveillance" funded by ICF International HIV/AIDS Alliance in Ukraine within the Global Fund Program "Overcoming HIV/AIDS Epidemic in Ukraine" was performed by the State Institute for Family and Youth Issues in 14 oblasts of Ukraine, including Volyn, Dnipropetrovsk, Donetsk, Mykolayiv, Odessa, Poltava, Rivne, Sumy, Ternopil, Kharkiv, Kherson and Cherkasy oblasts, Autonomous Republic of Crimea and the city of Kyiv. Total number of respondents – 3,542 injecting drug users.

[32] Reached by prevention programmes refers to the use of services of "Dovira" counseling outlets for IDUs and use syringe exchange points.

Condom Use Among Young People (15–24):

Percentage of young people, aged 15–24, reporting condom use during sexual intercourse with non–regular sexual partner in 2004 was 69%.[33]

Of those young people surveyed in 2004, 67% of urban youth and 62% of rural youth were sexually active.

There was a significant difference between boys and girls in relation to sexual contacts with non-regular partners, while differences in behaviors between rural and urban youth were insignificant: 32% of urban respondents had sexual contact with non-regular sexual partners in last 12 months, including 43% of males and 18% of females. Almost one-third of rural youth also had sexual contact with non-regular partners – 31% of respondents, including 44% of males and 17% of females.

This indicator also specified the frequency of condom use among young people with non-regular sexual partners. 69% of young people aged 15-24 indicated condom use during sexual intercourse with non-regular partners in the last 12 months. This indicator was higher among males than among females, 73% and 65%, respectively.

The difference between urban and rural males was insignificant. However, young women residing in rural areas used condoms less frequently than urban women - 60% and 67%, respectively.

Condom Use Among Military Servicemen:

The percentage of military personnel reporting the use of a condom during sexual intercourse with non–regular partners in 2004 was 80%.[34]

Survey data indicates that soldiers in their second year of service and military officers used condoms most infrequently (76% and 75% of those who had casual contacts, respectively).

The frequency of condom use was highest among those who used the services of female sex-workers – 84%.

[33] Survey "Behavioral Surveillance Study among Young People as a Component of Second Generation Surveillance" funded by ICF International HIV/AIDS Alliance in Ukraine within the Global Fund Program "Overcoming HIV/AIDS Epidemic in Ukraine" was performed by the State Institute for Family and Youth Issues in all oblasts of Ukraine, AR Crimea and the city of Kiev. The survey involved total of 2,501 respondents.

[34] Survey "Monitoring of Awareness and Behavior of Military Personnel as a Component of Second Generation Surveillance" funded by ICF International HIV/AIDS Alliance in Ukraine within the Global Fund Program "Overcoming HIV/AIDS Epidemic in Ukraine" was performed by the Center for Social and Political Studies "Socis" in 10 military units and 3 higher military educational institutions and training center for NCO located in 8 oblasts of Ukraine, namely, in Dnipropetrovsk, Zhytomyr, Zakarpatiia, Kyiv, Lviv, Odessa, Kharkiv oblasts and AR Crimea. Total number of surveyed was 1,600 people.

Table 21. Percentage of military servicemen, who reported that a condom was used the last time they had sex with non–regular partner (%), disaggregated by category of servicemen.

	Soldiers		Cadets	Officers	**All military servicemen**
	1st year of service	2nd year of service			
In the last 12 months, have you had sexual intercourse with a non-regular partner?	63	70	66	32	**60**
Did you (or your partner) use a condom the last time you had sex with your most recent non-regular partner?	81	76	83	75	**80**
Percentage of military servicemen, who reported that a condom was used the last time they had sex with non–regular partner	**81**	**76**	**83**	**75**	**80**

According to the survey data, military servicemen are highly sexually active – 60% had sexual contacts with a non-regular, female partner in the last year. This indicator is the highest among soldiers and sergeants.

Officers have the lowest number of casual sexual contacts. However, given that most of officers are married and live together with their families, 32% of officers also reported to have casual sexual contact during the last year.

Based on the results of this survey, military cadets practice the safest sexual behaviour, with 83% of cadets reporting condom use during their most recent sexual contact. However, this make be a premature conclusion, as cadets are also more sexually active than officers or soldiers. In comparison with soldiers, cadets more often reported sex with non-regular partners: 40% of soldiers reported having multiple numbers of sexual partners during the last year, while 54% of cadets reported to have multiple sexual partners.

Among all military servicemen, 89% reported that they know that condom use is effective in the prevention of HIV infection. 80% of military servicemen reported condom use during sexual intercourse with non-regular partners, which indicates a correspondence between knowledge and safe behavior.

Tolerant attitudes towards People Living with HIV

The percentage of young people, aged 15–24, who have tolerant attitudes towards HIV–infected was 0% in 2004. The value of the same indicator among adults aged 25-49 years was 2%.

The study on tolerance towards people living with HIV was conducted in 2004. Surveys among both young people aged 15-24 years [35], and among adult population (25-49 years of age) [36] were performed on the basis of a national sample in all oblasts of Ukraine, as well as AR Crimea and the city of Kiev. The survey sampling was representative for the above age groups for the key social and demographic characteristics.

[35] Survey "Behavioral Surveillance Study among Young People as a Component of Second Generation Surveillance" funded by ICF International HIV/AIDS Alliance in Ukraine within the Global Fund Program "Overcoming HIV/AIDS Epidemic in Ukraine" was performed by the State Institute for Family and Youth Issues in all oblasts of Ukraine, AR Crimea and the city of Kiev. The survey involved total of 2,501 respondents.

[36] Survey "Attitude and Behavioral Attitude of Adults to the Problem of HIV/AIDS and to People Living with HIV/AIDS", supported by the Ministry of Family, Children and Youth Affairs of Ukraine was performed by the State Institute for Family and Youth Issues in all oblasts of Ukraine, AR Crimea and the city of Kiev. The survey sampling was 2,017 persons aged 25-49.

The indicator was calculated by the methodology provided by UNAIDS[37] on the basis of four questions:

1) " If a member of your family was HIV infected, would you agree to care for him/her at your home?";
2) " If you find out that a shop assistant at the grocery store is HIV infected, would you buy products there?";
3) " If a teacher is HIV infected but has not yet developed AIDS, does she have the right to continue working at school?";
4) "If a member of your family was HIV infected, would you keep it secret?"

The low value of this indicator denotes that few, if any respondents provided correct answers to all four questions.

There were no significant differences in the value of the composite indicator and in the values of indicators by individual questions, based on place of residence and age of respondents.

Despite the overall low value of this indicator, most respondents, both among young people and adults, indicated that they would agree to care for their HIV infected relative at home. The value of this indicator was 85% and 79% respectively.

17% of respondents aged 15-24 years and 19% adults also gave an affirmative answer to the question whether they would buy products from an HIV-infected shop assistant.

Almost equal number of respondents, both young people and adults, indicated that a teacher who was HIV infected, but did not develop AIDS, had the right to work at school - 35% and 36%, respectively.

As mentioned above, the lowest percentage of respondents would have kept secret the HIV-positive status of their relative. Only 11% of young people and 12% of adults answered that they would keep secret the HIV status of their relative.

This survey results reflect extremely low percentage of people Ukraine who have tolerant attitudes towards HIV-infected.

[37] National AIDS Programmes – A Guide to Monitoring and Evaluation; UNAIDS/00.17E, June 2000; pp. 45-46. Geneva**: UNAIDS, 2000.**, The numerator for this indicator was the number of respondents who gave correct answers to all 4 questions. Denominator was composed of the total number of respondents, who answered all 4 questions (including "Don't know" answers) or never heard of AIDS.

Key Knowledge and Behavior Change Indicators:

⇒ Percentage of IDUs who correctly identify ways of HIV transmission: 21% (source: Ministry of Family, Youth and Sports of Ukraine);

⇒ Percentage of CSWs who correctly identify ways of HIV transmission: 8% (source: Ministry of Family, Youth and Sports of Ukraine);

⇒ Percentage of MSM who correctly identify ways of HIV transmission: 49% (source: Ministry of Family, Youth and Sports of Ukraine);

⇒ Percentage of young people who correctly identify ways of HIV transmission: 39% (source: Ministry of Family, Youth and Sports of Ukraine);

⇒ Percentage of young people who correctly identify ways of HIV transmission: 23% (source: Ministry of Family, Youth and Sports of Ukraine);

⇒ Percentage of young people aged 15-24 years both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission: 14% (source: Ministry of Family, Youth and Sports of Ukraine);

⇒ Percentage of all surveyed FSWs reported condom use in 2004: 80% (source: Ministry of Family, Youth and Sports of Ukraine);

⇒ Percentage of MSM reported condom use during the most recent sexual contact with a male partner: 72% (source: Ministry of Family, Youth and Sports of Ukraine);

⇒ Percentage of IDU have adopted behaviors that reduce transmission of HIV, i.e., both avoid sharing injecting equipment and use condoms: 20% (source: Ministry of Family, Youth and Sports of Ukraine)

⇒ Percentage of young people aged 15-24 years reporting the use of a condom during sexual intercourse with a non-regular sexual partner: 69% (source: Ministry of Family, Youth and Sports of Ukraine);

⇒ Percentage of military personnel used condoms during sexual intercourse with non-regular partners: 80% (source: Ministry of Defense);

⇒ Percentage of young people (15-24 years) had tolerant attitude towards HIV infected people: 0% (source: Ministry of Family, Youth and Sports of Ukraine);

⇒ Percentage of adults aged 25-49 had tolerant attitude towards HIV infected people: 2% (source: Ministry of Family, Youth and Sports of Ukraine).

IV. Major Challenges Faced and Actions Needed to Achieve UNGASS Goals / Targets

In this reporting period, Ukraine has made measurable progress in the implementation of many goals and targets outlined in the UNGASS Declaration of Commitment. However, in a number of key areas, current progress still falls short of the UNGASS goals and targets. For example, the UNGASS Declaration of Commitment on HIV/AIDS established specific targets for 2005 and 2010 in relation to 3 national indicators:

- Awareness among of young people on HIV/AIDS
  - (target: 90% by 2005; 95% by 2010)
- HIV prevalence among young people
  - (target: reduction by 25% in the most affected countries by 2005; reduction by 25% globally by 2010)
- Rate of mother to child transmission of HIV
  - (target: reduction by 20% by 2005; reduction by 50% by 2010).

As described below in detail, as of the end of 2005, Ukraine had achieved only the 2005 target for reduction in mother to child transmission, while falling considerably short of the targets for awareness among young people and HIV prevalence among most-at risk populations.

Awareness among of young people on HIV/AIDS:

According to the results of the national indicator "Percentage of young people aged 15-24 years who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission," only 14% of young people both correctly identified ways of preventing the sexual transmission of HIV and rejected major misconceptions about HIV transmission. This is considerably less than the target of 90% by 2005. Given the low result for this indicator, it will require significant efforts for enhanced public education and prevention programs to reach the target of 95% by 2010.

HIV prevalence among young people:

Another indicator that demonstrates the level of achievement of the UNGASS Declaration goals is the "percentage of HIV infected young people aged 15-24 years." However, as Ukraine is still a concentrated epidemic, this indicator among young people was not calculated, as recommended by UNAIDS.

Instead, the indicators for HIV prevalence among IDUs, CSWs and MSM were calculated as populations most at-risk for HIV-infection in Ukraine. According to the data of sentinel surveillance studies among these populations[38], HIV prevalence among IDUs, FSWs and MSM is varying, but alarming high. In order to stop the spread of HIV within these populations, the coverage and intensity of prevention programmes for these and other most at-risk populations need to be urgently increased in regions throughout Ukraine. Similarly, greater political commitment, programmes and resources are required to ensure that the spread of HIV does not only overwhelm the current generation of young people, many of whom are already at high risk for HIV-infection, but even the currently low rates of HIV-infection in the general population are reversed.

[38] Survey "HIV Prevalence by the Data of Sentinel Surveillance among Commercial Sex Workers" funded by ICF International HIV/AIDS Alliance in Ukraine within the Global Fund Program "Overcoming HIV/AIDS Epidemic in Ukraine" was performed by Ukrainian AIDS Center at the Ministry of Health in 8 regions of the country in cooperation with the regional AIDS centers, oblast sanitary and epidemiological services and NGO

Prevention of mother to child transmission of HIV:

In order to calculate Ukraine's progress on the UNGASS target related to the reduction of mother-to-child transmission of HIV, the indicator "Percentage of HIV infected children born to HIV infected mothers" was used.

In 2001 Ukraine performed the first ever baseline research of the rate of mother-to-child HIV transmission, when there were still no interventions to reduce vertical transmission in the country. According to this research, the rate of MTCT in 2001 was 27.8%. Unlike the estimated rate of MTCT in 2004 using the UNGASS methodology (15.9%), which takes into account only the influence of antiretroviral prophylaxis, the actual rate of mother-to-child transmission of Ukraine in 2004 was 8.2%. The PMTCT rate provided by the Ministry of Health of Ukraine takes into account not only the influence of ARV prevention treatment, but also the influence of other prevention interventions, such as rational delivery practices and exclusion of breastfeeding. As of 2004 the rate of MTCT was reduced by 43%, in comparison to the rate in 2001. For this indicator, Ukraine has already achieved the UNGASS target for 2005, and is rapidly approaching the UNGASS target for 2010 of a 50% reduction of rate of mother-to-child transmission. Future progress towards the elimination of mother to child transmission requires that coverage and effectiveness of PMTCT programmes are further intensified, including the expanded use of combination ART for pregnant women.

V. Support Required from the Country's Development Partners

Ukraine is confronting HIV/AIDS against the background of its transition to a market economy. Although government allocations for HIV/AIDS have increased in recent years, the lack of adequate funding still remains a main obstacle to curb the growth of the epidemic, as well as to the implementation of an efficient national strategy for prevention, treatment, care and support.

For these reasons, Ukraine was one of the first countries that submitted an application to the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund). Ukraine received funding from the Global Fund primarily for the expansion of prevetion, treatment, care and support to people living with HIV/AIDS. Ukraine received a grant from the Global Fund for the amount of up to USD 92 million over five years to implement these activities. Following a temporary suspension in early 2004, in mid-2005 the Global Fund approved up to $67.2M of funding for Phase 2 of its grant to Ukraine, thus representing the largest source of external funding for AIDS in Ukraine.

Since early 2004, the ICF "International HIV/AIDS Alliance in Ukraine" has served as principal recipient of grant from the Global Fund, responsible for the Program "Overcoming the HIV/AIDS Epidemics in Ukraine." The majority of the funds under this have been allocated to strengthen infrastructure for diagnosis and treatment, provide ART to those in need of it most, expand prevention for vulnerable groups, and create a system for care and support for people living with and affected by HIV/AIDS that contributes to the mitigation of the impact of the epidemic.

In order mobilize additional funds to combat the HIV/AIDS epidemic, in 2003 Ukraine adopted a special law that ratified the loan agreement between Ukraine and the World Bank for the project "Control of Tuberculosis and HIV/AIDS in Ukraine." The amount of the loan is US$60 million, which includes approximately US$30 million for HIV/AIDS activities in the health sector and in the prison system. The Government of Ukraine remains committed to ensure that these and other resources for HIV/AIDS are effectively used in an efficient manner.

Significant funds for HIV/AIDS have also been committed by USAID, EC, Canadian CIDA, Swedish SIDA, and DFID, as some of the many bilateral donors in Ukraine in support of the national response to AIDS. Major programmatic contributions were also made through UNAIDS and its UN co-sponsor agencies. Other international organizations such as the British Council, the International Renaissance Foundation, and the MSF, among others, have provided essential organizational, financial and technical assistance to the Government of Ukraine and to NGOs in the implementation of HIV/AIDS programs in a growing number of areas.

In light of the invaluable contributions of these and other development partners, it is evident that the stabilization of the HIV/AIDS epidemic in Ukraine will require more effective use of the resources that are already available. However, in order achieve the Millennium Development Goal of Reversing the AIDS epidemic by 2015, extensive additional support and resources will be required from a growing number of development partners to ensure that this crucial goal is achieved.

VI. Monitoring and Evaluation Environment

Development of National UNGASS Report:

In order to coordinate the implementation of the national response to HIV/AIDS and to achieve the goals set by the UNGASS Declaration of Commitment and the Millennium Development Goals, the Cabinet of Ministers of Ukraine issued an order in December 2004 on national reporting for monitoring and evaluation.[39] This order defines the governmental authorities responsible for the monitoring and evaluation HIV/AIDS according to national indicators.

This National Report on Monitoring the Implementation of the UNGASS Declaration of Commitment on HIV/AIDS was prepared by the Ukrainian AIDS Center of the Ministry of Health of Ukraine, with financial and technical assistance from the "International HIV/AIDS Alliance in Ukraine" within the Program "Overcoming the HIV/AIDS Epidemics in Ukraine," supported by the Global Fund. This report was prepared the active participation of eight key governmental institutions, including: Ministry of Health; Ministry for Family, Youth and Sport; Ministry of Education and Science; Ministry of Defense; Ministry of Finance; Ministry of Labor and Social Policy; State Committee of TV and Radio Broadcasting; and the State Penitentiary Department, with technical assistance and coordination from UNAIDS.

This report is based on 24 national monitoring and evaluation indicators, including 19 core indicators and 5 additional indicators. The data used for the calculation of some of the indicators in this report were received from the state or sectoral statistics, while the data for 16 indicators required specialized surveys (see Annex 5). This report was presented and discussed on December 16, 2005 at the Consultation Meeting "Preparation of Ukraine's National Report for 2003-2005 on the Implementation of the Targets of the Declaration of Commitment on HIV/AIDS", and endorsed by the National Coordination Council on HIV/AIDS Prevention.

National System for Monitoring and Evaluation:

In this reporting period, Ukraine made extensive progress in the development of key elements of the national system for monitoring and evaluation for HIV/AIDS. From the development of the updated set of national indicators to the collection of baseline data from special surveys, Ukraine has developed a systematic approach to monitoring the national response to HIV/AIDS. However, the results of these indictors demonstrate that the current scope and intensity of the national response to HIV/AIDS is still insufficient to have a measurable impact on the epidemic. The majority of national indicators underscore the importance of urgently increasing the quality, coverage and effectiveness of HIV/AIDS programmes and services throughout Ukraine.

In the field of monitoring and evaluation for HIV/AIDS, additional efforts are required to solidify the achievements made to date. This will also require that all partners working in the HIV/AIDS make a deliberate contribution to support and develop one national system for monitoring and evaluation.

[39] Order of the Cabinet of Minister of Ukraine, "On Monitoring and Evaluation of the Efficiency of Activities to Control HIV/AIDS Epidemic Status by National Indicators," December 13, 2004, № 890-Kyiv.

Annex 1: Consultation Process / Development of National Report On Monitoring of the Follow-up to the Declaration of Commitment on HIV/AIDS

1) Which institutions/structures were responsible for filling out the forms for different indicators?

a) National Coordination Council on HIV/AIDS Prevention	Yes	
b) Ukrainian AIDS Prevention Center at the MoH of Ukraine	Yes	
c) Other (Please, specify)		No

2) Contribution made by:

Ministries of:

Health	Yes	
Education and Science	Yes	
Labor and Social Policy	Yes	
Family, Children and Sports	Yes	
Defense	Yes	
Finance	Yes	
Foreign Affairs	Yes	
State Committee on TV and Radio	Yes	
State Penitentiary Department	Yes	
Civil society organizations	Yes	
People living with HIV/AIDS	Yes	
Private sector		No
UN system	Yes	
Bilateral organizations	Yes	
International NGO	Yes	
Others		
Republican AIDS Prevention Center of AR Crimea, Oblast AIDS Centers, Odessa oblast sanitary and epidemiological station	Yes	

3) Was the Report discussed at a broad forum? Yes

4) Does central organization keep the research results? Yes

5) Are data available for open consultations? Yes

First name, last name, position: Dr. Larissa V. Bochkova
Head, Department of Monitoring and Prevention
Ukrainian AIDS Centre, Ministry of Health of Ukraine

Date: December 30, 2005

Signature:

Annex 2: National Composite Policy Index on HIV/AIDS – Part A [40]

I. Strategic Plan

1. **Has your country developed a national multi-sectoral/action framework to combat HIV/AIDS?[41]***
(Multisectoral strategies should include, but not be limited to, those developed by Ministries such as the ones mentioned below)

Yes *Coverage Period: 2004-2011.*

1.1 *IF YES*, which sectors are included?

Sectors included	Strategy/ action framework	Focal point/Responsible
Health	*Yes*	*Yes*
Education	*Yes*	*Yes*
Labour	*Yes*	*Yes*
Transportation	*No*	*No*
Military	*Yes*	*Yes*
Women	*Yes*	*No*
Youth	*Yes*	*Yes*
Others to specify* Prisoners	*Yes*	*Yes*

* Any of the following: Agriculture, Finance, Human Resources, Minerals and Energy, Planning, Public Works, Tourism, Trade and Industry.

Comments:

1.2 *IF YES,* does the national strategy/action framework address the following me areas, target populations and cross-cutting issues? (*Yes/ No*)

Programme	
a. Voluntary counseling and testing?	a. Yes
b. Condom promotion and distribution?	b. Yes
c. Sexually transmitted infection prevention and treatment?	c. Yes
d. Blood safety?	d. Yes
e. Prevention of mother-to-child transmission?	e. Yes
f. Breastfeeding?	f. Yes
g. Care and treatment?	g. Yes
h. Migration?	h. No
Target populations	
i. Women and girls?	i. Yes
j. Youth?	j. Yes
k. Most-at-risk populations?	k. Yes
l. Orphans and other vulnerable children?	l. No
Cross-cutting issues	
m. HIV/AIDS and poverty?	m. No
n. Human rights?	n. Yes
o. PLHA involvement?	o. No

1.3 *IF YES,* does it include an operational plan? *Yes*

1.4 *IF YES,* does the strategy/operational plan include:

[40] The National Composite Policy Index, Part A was completed by the Ministry of Health of Ukraine, and endorsed by Dr Tetiana Aexandrina, Head of Department of Social Diseases, Ministry of Health of Ukraine, December 2005.
[41] All questions in bold and marked by "*" also correspond to the Three Ones Principle of one national system for monitoring and evaluation.

a. Formal programme goals? *Yes*
b. Detailed budget of costs? *No*
c. Indications of funding sources? *Yes*
d. M/O plan? *No*

1.5 Has your country ensured "full involvement and participation" of civil society in the planning phase?

Yes

Comment:

The draft multisectoral strategy to overcome HIV/AIDS established by the resolution of the Cabinet of Ministers of Ukraine № 264 as of 04.03.2004 "On approval of the Concept of Government Actions Strategy to Prevent the Spread of HIV/AIDS for the period to 2011, and of National Program to Ensure HIV Prevention and Provide Support and Treatment to People, Living with HIV/AIDS for 2004-2008 роки", was agreed in accordance with the Cabinet procedures, with all stakeholders from the executive power and head of public administrations of 27 territorial units of the country.

1.6 Has the national strategy/action framework been endorsed by key stakeholders?

Yes

Comment:

The draft multisectoral strategy to overcome HIV/AIDS established by the resolution of the Cabinet of Ministers of Ukraine № 264 as of 04.03.2004 "On approval of the Concept of Government Actions Strategy to Prevent the Spread of HIV/AIDS for the period to 2011, and of National Program to Ensure HIV Prevention and Provide Support and Treatment to People, Living with HIV/AIDS for 2004-2008 роки", was agreed in accordance with the Cabinet procedures, with all stakeholders from the executive power and head of public administrations of 27 territorial units of the country.

2. **Has your country integrated HIV/AIDS into its general development plans (such as: a) National Development Plans, b) United Nations Development Assistance Framework, c) Poverty Reduction Strategy Papers, and d) Common Country Assessments)?**

Yes

2.1 *IF YES,* in which development plan? a) *Yes –National Development Plan;* b) *Yes – United Nations Development Assistance Framework;* c) *No;* d) *Yes – Common Country Assessment*.

Covering which of the following aspects? (*Yes/ No*)

	a)	b)	b)	d)
HIV Prevention	Yes	Yes		Yes
Care and support	Yes	Yes		Yes
HIV/AIDS impact alleviation	Yes	Yes		Yes
Reduction of gender inequalities as relates to HIV/AIDS prevention/care	Yes	Yes		Yes
Reduction of income inequalities as relates to HIV/AIDS prevention/care	Yes	No		No

3. **has your country evaluated the impact of HIV and AIDS on its economic development for planning purposes?**

No

IF YES, how much has it informed resource allocation decisions? *(Low to High)*

Low *High*

0 1 2 3 4 5 6 7 8 9 10

Comments:

4. **Does your country have a strategic/action framework for addressing HIV and AIDS issues among its national uniformed services, military, peacekeepers and police?**

Yes

4.1 *IF YES,* which of the following have been implemented?

HIV Prevention	Yes
Care and Support	No
Voluntary HIV testing and counseling Mandatory HIV testing and counseling	Yes No
Other (specify): A study of risky behaviors among military servicemen of Ukraine was conducted	Yes

Comments:

" Comprehensive plan of response to HIV/AIDS epidemic spread in the Armed Forces of Ukraine for 2004-2008". Approved by the Minister of Defense on July 4, 2004.

"Plan of medical activities to prevent HIV/AIDS in the Armed Forces of Ukraine for 2005" was approved by the Director of Health Care Department of the Ministry of Defense of Ukraine on August 12, 2004, № 80.

Overall, how would you rate strategy planning efforts in the HIV and AIDS programmes?												
2005	Poor										Good	
		0	1	2	3	4	5	6	**7**	8	9	10
2003	Poor										Good	
		0	1	2	3	**4**	5	6	7	8	9	10
In case of discrepancies between 2003 and 2005 rating, please provide main reasons supporting such differences: *Improvement is connected with a program "Overcoming HIV/AIDS Epidemic in Ukraine", implemented by ICF "International HIV/AIDS Alliance in Ukraine" and funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria.*												

II. POLITICAL SUPPORT

Strong political support includes government and political leaders who speak out often about AIDS and regularly chair important meetings, allocation of national budgets to support the AIDS programmes and effective use of government and civil society organizations and processes to support effective AIDS programmes.

1. **Does the head of the government and/or other high officials speak publicly and favourably about AIDS efforts at least twice a year?**
   Head of government *Yes*
   Other high officials *Yes*

2. **Does your country have a national multisectoral HIV and AIDS management/coordination body recognized in law? (National AIDS Council or Commission)***
   Yes

   2.1 *IF YES,* when was it created? Year: 2005

   2.2 Does it include?

Terms of reference	*Yes*
Defined membership	*Yes*
Including civil society	*Yes*
People living with HIV	*Yes*
Private sector	*Yes*
Action plan	*Yes*
Functional Secretariat	*Yes*
Date of last meeting of the Secretariat	Date: July 27, 2005

   Comments:

3. **Does your country have a national HIV and AIDS body that promotes interaction between government, people living with HIV, the private sector and civil society for implementing HIV and AIDS strategies/programmes?**
   Yes

   3.1 *IF YES,* does it include?

Terms of reference	*Yes*
Defined membership	*Yes*
Action plan	*Yes*
Functional Secretariat	*Yes*
Date of last meeting of the Secretariat	Date: July 27, 2005

   Comments:

4. **Does your country have a national HIV and AIDS body that is supporting coordination of HIV-related service delivery by civil society organizations?**
   Yes

   4.1 *IF YES,* does it include?

Terms of reference	*Yes*
Defined membership	*Yes*
Action plan	*Yes*
Functional Secretariat	*Yes*
Date of last meeting	Date: Nov. 23, 2005

Comments:
Ukraine has an All-Ukrainian Charity Fund "Coalition of HIV-servicing Organizations" registered at the Ministry of Justice, № 0682 as of 07.07.2004. The Coalition mission is to strengthen and expand the participation of NGO that provide services in the area of reproductive health, HIV prevention, care for PLHA, overcoming HIV/AIDS, TB and STI epidemics. The Coalition members include 42 permanently operating civil society organizations and funds

Overall, how would you rate the political support for the HIV/AIDS programme?												
2005	Poor										Good	
		0	1	2	3	4	5	6	7	8	9	10
2003	Poor										Good	
		0	1	2	3	4	5	6	7	8	9	10
In case of discrepancies between 2003 and 2005 rating, please provide main reasons supporting such differences: *Improvement is connected with a program "Overcoming HIV/AIDS Epidemic in Ukraine", implemented by ICF "International HIV/AIDS Alliance in Ukraine" and funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria.*												

III. Prevention[42]

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

   No

   1.1 In the last year, did you implement an active programme to promote accurate HIV and AIDS reporting by media?
   No

2. **Does your country have a policy or strategy promoting HIV and AIDS–related reproductive and sexual health education for young people**?

   Yes

   2.1 Is HIV education part of the curriculum in:
   primary schools? *Yes* secondary schools? *Yes*

   2.2 Does the strategy/curriculum provide the same reproductive and sexual health education for young men and young women?
   Yes

[42] Strategies/policies discussed under Prevention may be included in the national strategy/action framework discussed in I.1 or separate

Comments:

3. Does your country have a policy or strategy to promote information, education and communication and other preventive health interventions for most–at–risk populations?

Yes

3.1 Does your country have a policy or strategy for these most-at-risk populations?

Injecting drug users, including: - Risk reduction information, education and counseling? - Needle and syringe programmes? - Treatment services? - If yes – drug substitution treatment?	*Yes* *No* *Yes* *Yes* *No*
Men who have sex with men?	*No*
Sex workers?	*No*
Prison inmates?	*Yes*
Cross-border migrants, mobile populations?	*No*
Refugees and/or misplaced populations?	*No*
Other most-at-risk populations? *Please, specify*	

Comments:

4. Does your country have a policy or strategy to expand access, including among most–at–risk populations, to essential preventative commodities? (These commodities include, but are not limited to, access to confidential voluntary counseling and testing, condoms, sterile needles and drugs to treat sexually transmitted infections.)

No

4.1 Do you have programmes in support of the policy or strategy?

A social marketing programme for condoms?	*No*
A blood safety programme?	*Yes*
A programme to ensure safe injections in health care settings?	*Yes*
A programme on antenatal syphilis screening?	*Yes*
Other programmes? *Please, specify*	

Comments:

Overall, how would you rate policy efforts in support of prevention?												
2005	Poor											Good
		0	1	2	3	4	5	6	**7**	8	9	10
2003	Poor											Good
		0	1	2	3	**4**	5	6	7	8	9	10
In case of discrepancies between 2003 and 2005 rating, please provide main reasons supporting such differences: *Improvement is connected with a program "Overcoming HIV/AIDS Epidemic in Ukraine", implemented by ICF "International HIV/AIDS Alliance in Ukraine" and funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria.*												

5. Which of the following prevention activities have been implemented in 2003 and 2005 in support of the HIV-prevention policy/strategy ?

(Check all programmes that are implemented beyond the pilot stage to a significant portion in both the urban and rural populations).

	2003	2005
a. A programme to promote accurate HIV and AIDS reporting by the media.	a. Yes	a. Yes
b. A social marketing programme for condoms	b. No	b. No
c. School-based AIDS education for youth	c. Yes	c. Yes
d. Behavior-change communications	d. Yes	d. Yes
e. Voluntary counseling and testing	e. Yes	e. Yes
f. Programmes for sex workers	f. No	f. Yes
g. Programmes for men who have sex with men	g. No	g. No
h. Programmes for injecting drug users, if applicable	h. Yes	h. Yes
i. Programmes for other most-at-risk populations	i. Yes	i. Yes
j. Blood safety	j. Yes	j. Yes
k. Programmes to prevent mother-to-child transmission of HIV	k. Yes	k. Yes
l. Programmes to ensure universal precautions in health care settings	l. Yes	l. Yes

Overall, how would you rate the efforts in the implementation of HIV prevention programmes?												
2005	Poor											Good
		0	1	2	3	4	5	6	**7**	8	9	10
2003	Poor											Good
		0	1	2	3	**4**	5	6	7	8	9	10
In case of discrepancies between 2003 and 2005 rating, please provide main reasons supporting such differences: *Improvement is connected with a program "Overcoming HIV/AIDS Epidemic in Ukraine", implemented by ICF "International HIV/AIDS Alliance in Ukraine" and funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria.*												

IV. Care and support[43]

1. Does your country have a policy or strategy to promote comprehensive HIV and AIDS care and support, with sufficient attention to barriers for women, children and most-at-risk populations? (Comprehensive care includes, but is not limited to, confidential voluntary counseling and testing, psychosocial care, access to medicines, and home and community-based care.)

No

2. Which of the following activities have been implemented under the care and treatment of HIV and AIDS programmes?

	2003	2005
HIV screening of blood transfusion	*Yes*	*Yes*
Universal precautions	*Yes*	*Yes*
Treatment of opportunistic infections (IO)	*Yes*	*Yes*

[43] Strategies/policies discussed under Care and Support may be included in the national strategy/action framework discussed in I.1 or separate

Antiretroviral therapy (ART)	*Yes*	*Yes*
Nutritional care	*No*	*No*
Sexually transmitted infection care	*Yes*	*Yes*
Family planning services	*Yes*	*Yes*
Psychosocial support for people living with HIV and their families	*Yes*	*Yes*
Home-based care	*Yes*	*Yes*
Palliative care and treatment of common HIV-related infections: pneumonia, oral thrush, vaginal candidiasis and pulmonary TB (DOTS)	*Yes*	*Yes*
Cotrimoxazole prophylaxis among HIV-infected people	*Yes*	*Yes*
Post exposure prophylaxis (e.g. occupational exposures to HIV, rape)	*Yes*	*Yes*
Other (*Please, specify*)		

Comments:

Overall, how would you rate the efforts in care and treatment of the HIV/AIDS programme?											
2005	Poor										Good
	0	1	2	3	4	5	6	7	8	9	10
2003	Poor										Good
	0	1	2	3	4	5	6	7	8	9	10
In case of discrepancies between 2003 and 2005 rating, please provide main reasons supporting such differences: *Improvement is connected with a program "Overcoming HIV/AIDS Epidemic in Ukraine", implemented by ICF "International HIV/AIDS Alliance in Ukraine" and funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria.*											

3. Does your country have a policy or strategy to address the additional HIV and AIDS–related needs of orphans and other vulnerable children (OVC)?

No

3.1 *IF YES,* Is there an operational for orphans and other vulnerable children in the country? *Yes, No*

IF YES, please provide definition:_____

3.2 Which of the following activities have been implemented under orphan and vulnerable children programmes?

	2003	**2005**
School fees for orphans and vulnerable children	*Yes*	*Yes*
Community programmes *	*Yes*	*Yes*
Other: (*please specify*)		

Comments:
General education in Ukraine (both primary and secondary) is free of charge (covered by the state).

** Within donor programs.*

Overall, how would you rate the efforts to meet the needs of orphans and other vulnerable children?												
2005	Poor										Good	
		0	1	2	3	4	5	6	7	8	9	10
2003	Poor										Good	
		0	1	2	3	4	5	6	7	8	9	10
In case of discrepancies between 2003 and 2005 rating, please provide main reasons supporting such differences: *During the last two years a number of activities were implemented to increase the qualification of staff, who work with these groups of children*												

V. Monitoring and Evaluation[44]*

1. Does your country have one national Monitoring and Evaluation (M & E) plan?

No

1.1. *IF YES*, was it endorsed by key partners in evaluation?
Yes *No*

Comments

1.2. Was the Monitoring and Evaluation Plan developed in consultation with civil society, people living with HIV?
Yes *No*

2. Does the Monitoring and Evaluation plan include?

- A data collection and analysis strategy?
  Yes *No*

- Well defined standardized set of indicators?
  Yes *No*

- Guidelines on tools for data collection?
  Yes *No*

- Data management plan?
  Yes *No*

3. Is there a budget for the Monitoring and Evaluation plan?

No *Year covered:*

3.1 *IF YES*, has funding been secured?
Yes *No*

4. Is there a Monitoring and Evaluation functional Unit or Department?

In the process of establishment

[44] All Section on Monitoring and Evaluation complies with "Three Ones Principle"

IF YES,
Based in NAC or equivalent? *No*
Based in the Ministry of health *Yes*
Elsewhere? Specify

4.1 If "yes", are there mechanisms in place to ensure that all major implementing partners submit their reports to this Unit or Department?
No

Comments:

4.2 Is there a full-time officer responsible for monitoring and evaluation activities of the national programme?
Yes, full-time employee

4.3 *IF YES,* since when? : Year: 2004

5. Is there a committee or working group that meets regularly coordinating Monitoring and Evaluation activities?

Yes, regularly *Date of the last meeting: November 9, 2005*

5.1 Does it include representation from civil society, people living with HIV?
Yes

6. Have individual agency programmes been reviewed to harmonize Monitoring and Evaluation indicators with those of your country?

No

7. To what degree (*Low to High*) are UN, bi–laterals, other institutions sharing Monitoring and Evaluation results ?

Low *High*
0 1 2 3 4 5 6 7 8 9 10

Comments:

8. Does the Monitoring and Evaluation Unit manage a central national database?

No

8.1 *IF YES,* what type is it? _____

9. Is there a functional* Health Information System?

National level	Yes
Subnational level *	Yes

*(*reporting regularly data from health facilities aggregated at district level and sent to national level, analysed, and used at different levels)*

10. Is there a functional Education Information System?

National level	Yes
Subnational level (oblast)*	Yes

** If "yes", please, specify the level, i.e. district*

11. Does your country publish at least once a year an evaluation report on HIV and AIDS, including HIV surveillance reports ?

Yes

12. To what extent strategic information is used in planning and implementation?

Low *High*

0 1 2 3 4 5 6 7 8 9 10

Comments:

13. In the last year, was training in Monitoring and Evaluation conducted?

- At national level? *Yes*
- At subnational level? *Yes*
- Including civil society? *Yes*

Overall, how would you rate the monitoring and evaluation efforts of the HIV and AIDS programme?												
2005	Poor										Good	
	0	1	2	3	4	5	6	7	8	9	10	
2003	Poor										Good	
	0	1	2	3	4	5	6	7	8	9	10	
In case of discrepancies between 2003 and 2005 rating, please provide main reasons supporting such differences: *Improvement is connected with a program "Overcoming HIV/AIDS Epidemic in Ukraine", implemented by ICF "International HIV/AIDS Alliance in Ukraine" and funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria.*												

National Composite Policy Index on HIV/AIDS – Part B [45]

I. Human rights

1. **Does your country have laws and regulations that protect people living with HIV and AIDS against discrimination (such as general non-discrimination provisions or those that specifically mention HIV, that focus on schooling, housing, employment, etc.)**?

   Yes

   Comments:
   There are relevant laws, but they are not executed in appropriate manner, because the system to monitor human rights violations is underdeveloped.

2. **Does your country have non-discrimination laws or regulations which specify protections for certain groups of people identified as being especially vulnerable to HIV and AIDS discrimination (i.e., groups such as injecting drug users, men who have sex with men, sex workers, youth, mobile populations, and prison inmates)**?

   No

   IF YES, please list groups:

3. **Does your country have laws and regulations that present obstacles to effective HIV prevention and care for most-at-risk populations**?

   No

   IF YES, please list groups:
   Current laws do not contain direct norms or regulations that would present obstacles to effective HIV prevention and care. However, a number of by-laws (resolutions, orders of various government bodies) there are some regulations, which do not facilitate prevention and care. A special issues is criminalization of certain most-at-risk populations (injecting drug users, female sex workers). In other words, there are no direct obstacles for the implementation of prevention and care programs, but the abovementioned groups have limited access to such services.

4. **Is the promotion and protection of human rights explicitly mentioned in any HIV and AIDS policy/strategy**?

   Yes

   Comments:

5. **Has the Government, through political and financial support, involved vulnerable populations in governmental HIV-policy design and programme implementation**?

[45] The National Composite Policy Index, Part B was completed by the All-Ukrainian Charitable Organization "Ukrainian Coalition of HIV Service Organizations," and endorsed by Elena Nechosina, Executive Director, Ukrainian Coalition of HIV Service Organizations, , December 2005.

Yes

IF YES, please list groups

Participation of representatives of All-Ukrainian Network of PLHA in the work of the National Coordination Council, policy and project planning (GF project in particular), etc.

6. Does your country have a policy to ensure equal access, between men and women, to prevention and care?

Yes

Comments:

Some men and women have equally limited access to prevention and care services (e.g. in penitentiary facilities).

7. Does your country have a policy to ensure equal access to prevention and care for most–at–risk populations?

No

Comments:

There is no comprehensive policy in place; in the majority of oblasts and cities of Ukraine representatives of most-at-risk populations have limited access to services. The country has a policy of "priority regions"

8. Does your country have a policy prohibiting HIV screening for general employment purposes (appointment, promotion, training, benefits) ?

No

9. Does your country have a policy to ensure that HIV and AIDS research protocols involving human subjects are reviewed and approved by a national/local ethical review committee?

No

9.1 *IF YES,* does the ethical review committee include civil society and people living with HIV?

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

- Collection of information on human rights and HIV and AIDS issues and use of this information in policy and programme development reform.

No

Some mechanisms do exist, however, they are not executed or executed partially in policy development reform

- Existence of independent national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions and ombudspersons which consider HIV- and AIDS-related issues in their work.

Yes

- Establishment of focal points within governmental health and other departments to monitor HIV-related human rights abuses.

No

- Development of performance indicators or benchmarks for compliance with human rights standards in the context of HIV and AIDS efforts.
  No

11. Have members of the judiciary been trained/sensitized to HIV and AIDS and human rights issues that may come up in the context of their work?

No

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

- Legal aid systems for HIV and AIDS casework.
  No

- State support to private sector law firms or university based centers to provide free pro bono legal services to people living with HIV and AIDS in areas such as discrimination.
  No

- Programs to educate, raise awareness among people living with HIV and AIDS concerning their rights.
  No

There exist some limited pilot or local programs, which do not have a significant impact.

13. Are there programmes designed to change societal attitudes of discrimination and stigmatization associated with HIV and AIDS to understanding and acceptance?

No

Overall, how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV and AIDS?											
2005	Poor										Good
	0	1	2	3	**4**	5	6	7	8	9	10
2003	Poor										Good
	0	1	**2**	3	4	5	6	7	8	9	10
In case of discrepancies between 2003 and 2005 rating, please provide main reasons supporting such difference: *Increase of information programs. Increase of civil society's role in the formation and implementation of the national policy*											
Overall, how would you rate the effort to enforce the existing policies, laws and regulations?											
2005	Poor										Good
	0	1	2	3	4	**5**	6	7	8	9	10
2003	Poor										Good
	0	1	2	**3**	4	5	6	7	8	9	10
In case of discrepancies between 2003 and 2005 rating, please provide main reasons supporting such difference: *Insignificant increase of PSA numbers, often of poor quality. Increase of role of civil society.*											

II. Civil society participation

1. **To what extent civil society has made a significant contribution to strengthening the political commitment of top leaders and national policy formulation?**

Low *High*
0 1 2 3 4 **5** 6 7 8 9 10

2. **To what extent civil society representatives have been involved in the planning and budgeting process for the National Strategic Plan on HIV and AIDS or for the current activity plan (attending planning meetings and reviewing drafts)**?

Low *High*
0 1 **2** 3 4 5 6 7 8 9 10

3. **To what extent the complimentary services provided by civil society to areas of prevention and care are included in both the National Strategic plans and reports**?

Low *High*
0 1 2 3 4 **5** 6 7 8 9 10

4. **Has your country conducted a National Periodic review of the Strategic Plan with the participation of civil society in**:

Yes

Month ……. Year **2005**

5. **To what extent your country have a policy to ensure that HIV and AIDS research protocols involving human subjects are reviewed and approved by an independent national/local ethical review committee *in which people living with HIV and caregivers participate***?

Low *High*
0 1 2 3 4 5 6 7 8 9 10

Overall, how would you rate the efforts to increase civil society participation?												
2005	Poor									Good		
		0	1	2	3	4	**5**	6	7	8	9	10
2003	Poor									Good		
		0	1	2	**3**	4	5	6	7	8	9	10
In case of discrepancies between 2003 and 2005 rating, please provide main reasons supporting such difference: *Establishment of the National Coordination Council and Oblast councils.*												

III. Prevention

1. **Which of the following prevention activities have been implemented in 2003 and 2005 in support of the HIV-prevention policy/strategy**?

(*Check all programmes that are implemented beyond the pilot stage to a significant portion of both the urban and rural populations).*

	2003	**2005**

A programme to promote accurate HIV and AIDS reporting by the media.	a. No	a. No
A social marketing programme for condoms	b. No	b. No
School-based AIDS education for youth	c. No	c. Yes
Behavior-change communications	d. No	d. No
Voluntary counseling and testing	e. No	e. No
Programmes for sex workers	f. No	f. No
Programmes for men who have sex with men	g. No	g. No
Programmes for injecting drug users, if applicable	h. No	h. No
Programmes for other most-at-risk populations*	i. No	i. No
Blood safety	j. Yes	j. Yes
Programmes to prevent mother-to-child transmission of HIV	k. Yes	k. Yes
Programmes to ensure universal precautions in health care settings	l. No	l. No

**Please specify*

All types of prevention programs are in place, but they do not cover rural population

Overall, how would you rate the efforts in the implementation of HIV prevention programmes?												
2005	Poor										Good	
		0	1	2	3	4	**5**	6	7	8	9	10
2003	Poor										Good	
		0	1	2	**3**	4	5	6	7	8	9	10
In case of discrepancies between 2003 and 2005 rating, please provide main reasons supporting such difference: *Increase of funding for prevention, treatment and care services. Increase of awareness level among decision-makers. Improvement of services and prevention programmes.*												

IV. Care and support

1. Which of the following activities have been implemented under the care and treatment of HIV and AIDS programmes?

	2003	2005
HIV screening of blood transfusion	*Yes*	*Yes*
Universal precautions	*Yes*	*Yes*
Treatment of opportunistic infections (IO)	*Yes*	*Yes*
Antiretroviral therapy (ART)	*Yes*	*Yes*
Nutritional care	*No*	*Yes*
Sexually transmitted infection care	*Yes*	*Yes*
Family planning services	*No*	*No*
Psychosocial support for people living with HIV and their families	*No*	*Yes*
Home-based care	*No*	*Yes*
Palliative care and treatment of common HIV-related infections: pneumonia, oral thrush, vaginal candidiasis and pulmonary TB (DOTS)	*No*	*No*
Cotrimoxazole prophylaxis among HIV-infected people	*Yes*	*Yes*
Post exposure prophylaxis (e.g. occupational exposures to HIV, rape)	*Yes*	*Yes*
Other (*Please, specify*) Programs for HIV-infected children	*No*	*Yes*

Overall, how would you rate the care and treatment efforts of the HIV and AIDS programme?											
2005	Poor										Good
	0	1	2	3	4	**5**	6	7	8	9	10
2003	Poor										Good
	0	1	**2**	3	4	5	6	7	8	9	10
In case of discrepancies between 2003 and 2005 rating, please provide main reasons supporting such difference: *Availability of new services and expansion of coverage*											

2. Does your country have a policy or strategy to address the additional HIV and AIDS–related needs of orphans and other vulnerable children (OVC)?

No

2.1 Which of the following activities have been implemented under orphan and vulnerable children programmes?

	2003	**2005**
School fees for orphans and vulnerable children Community programmes Other: (*please specify*)		

Comments:
Failed to define

Overall, how would you rate the efforts to meet the needs of orphans and other vulnerable children?											
2005	Poor										Good
	0	1	**2**	3	4	5	6	7	8	9	10
2003	Poor										Good
	0	**1**	2	3	4	5	6	7	8	9	10
In case of discrepancies between 2003 and 2005 rating, please provide main reasons supporting such difference:											

Annex 3: National Return Forms

UNGASS Indicators: National Return Form Country: **Ukraine**

C/LPE: Indicator 3 **Most-at-risk populations: HIV testing**

Data source: name	**Ministry of family, youth and sport**							
Data source: type	**Survey "Behavior Surveillance Study among IDU and FSW as a Component of Second Generation Surveillance" funded by ICF International HIV/AIDS Alliance in Ukraine within the Global Fund Program "Overcoming HIV/AIDS Epidemic in Ukraine"**							
Data collection period (day/month/year)	**15**	**08**	**2004**	no	**16**	**09**	**2004**	
Data source: type	**Survey "Behavior Surveillance Study of Men Who Have Sex with Men as a Component of Second Generation Surveillance" funded by ICF International HIV/AIDS Alliance in Ukraine within the Global Fund Program "Overcoming HIV/AIDS Epidemic in Ukraine"**							
Data collection period (day/month/year)	**25**	**10**	**2004**	**no**	**15**	**11**	**2004**	
Data source: type	**Survey "Behavioral Surveillance Study among Young People as a Component of Second Generation Surveillance" funded by ICF International HIV/AIDS Alliance in Ukraine within the Global Fund Program "Overcoming HIV/AIDS Epidemic in Ukraine"**							
Data collection period (day/month/year)	**22**	**10**	**2004**	no	**13**	**11**	**2004**	
Data source: name	**State Penitentiary Department**							
Data source: type	**Survey "Monitoring of Awareness and Behavior of Prisoners as a Component of Second Generation Surveillance" funded by ICF International HIV/AIDS Alliance in Ukraine within the Global Fund Program "Overcoming HIV/AIDS Epidemic in Ukraine"**							
Data collection period (day/month/year)	**26**	**11**	**2004**	to	**07**	**12**	**2004**	

PART I:

Data requirements

	IDUs	**FSW**	**MSM**	**Prisoners**	**Youth**
NUMERATOR					
1. Number of respondents tested for HIV in the last 12 months	1051	478	233	60	137
2. Number of respondents who know the results of that test	959	458	218	48	116
3. Number of respondents tested for HIV and who know the results	959	458	218	48	116
DENOMINATOR					
4. Total number of the [most at risk population]	3542	1413	886	268	2501

PART II:

Indicator computation

INDICATOR SCORES BY MOST AT RISK POPULATION

5. Divide the number of respondents in a given most at risk population who reported having been tested and knowing the results (line 3) by the total number (line 4) and multiply the result by 100.	27,1	32,4	24,6	17,9	4,6

C/LPE: Indicator 4 **Most-at-risk populations: prevention programmes**

Data source: name	**Ministry of family, youth and sport**							
Data source: type	**Survey "Behavior Surveillance Study among IDU and FSW as a Component of Second Generation Surveillance" funded by ICF International HIV/AIDS Alliance in Ukraine within the Global Fund Program "Overcoming HIV/AIDS Epidemic in Ukraine"**							
Data collection period (day/month/year)	**15**	**08**	**2004**	no	**16**	**09**	**2004**	
Data source: type	**Survey "Behavioral Surveillance Study among Young People as a Component of Second Generation Surveillance" funded by ICF International HIV/AIDS Alliance in Ukraine within the Global Fund Program "Overcoming HIV/AIDS Epidemic in Ukraine"**							
Data collection period (day/month/year)	**22**	**10**	**2004**	no	**13**	**11**	**2004**	

PART I:

Data requirements

	IDUs			**FSW**			**Youth**		
	<25	25+	All ages	<25	25+	All ages	<25	25+	All ages
NUMERATOR									
1. Number of respondents exposed to peer education	130	143	273				1146		1146
2. Number of respondents exposed to targeted mass media	258	293	551	163	133	296	1547		1547
3. Number of respondents exposed to STI screening and treatment	43	74	117	183	150	333			
4. Number of respondents exposed to HIV counselling and testing	50	68	118	47	58	105	20		20
5. Number of respondents exposed to substitution therapy and safer injection practices for IDU	117	153	270	84	87	171			
6. Number of respondents who have participated in at least one HIV prevention programme in the last month	503	858	1361	260	216	476	1877		1877
DENOMINATOR									
7. Total number of the [most at risk population]	1611	1931	3542	987	426	1413	2254		2254

PART II:

Indicator computation

INDICATOR SCORES BY MOST AT RISK POPULATION

3. Divide the number of respondents in a given most at risk population who have participated in at least one HIV prevention programme in the last month (line 6) by the total number of respondents (line 7) and multiply the result by 100.	38,425	33,687	83,274

GE: Indicator 3 **Life-skills-based HIV/AIDS education in schools**

Data source: name	**Ministry of education and science**
Data source: type	**Survey "Evaluation of the Level of Coverage of Pupils and Students by Prevention Programs" funded by ICF International HIV/AIDS Alliance in Ukraine within the Global Fund Program "Overcoming HIV/AIDS Epidemic in Ukraine"**
Data collection period (day/month/year)	**13 12 2004** no **17 12 2004**

PART I: Data requirements	Primary schools			Secondary schools			All schools		
	Urban	Rural	National	Urban	Rural	National	Urban	Rural	National
NUMERATOR									
Instructions: i) Select *only* those schools that provided information (excluding "don't know") to questions 1 and 2 below; ii) Line 1: enter the number of schools that stated that they had a teacher trained in the last 5 years to teach life-skills-based HIV/AIDS education; iii) Line 2: enter the number of schools that answered "yes" to the question in line 1 and who also reported that their trained teachers taught HIV/AIDS education on a regular basis to all classes in the last academic year									
1. **School has at least one teacher trained in the last 5 years to teach life-skills-based HIV/AIDS education**									
Public sector schools				121	64		121	64	
Private sector schools				8			8		
2. **School has staff member(s) trained to teach HIV/AIDS education in the last 5 years who has taught the subject on a regular basis to all classes in the last academic year**									
Public sector schools				121	63		121	63	
Private sector schools				8			8		
DENOMINATOR									
3. **Number of schools surveyed**									
Public sector schools				189	145		189	145	
Private sector schools				15			15		
4. **Total number of schools in the country:***									
Public sector schools				6826	14565	21391	6826	14565	21391
Private sector schools				278		278	278		278
Public and private schools				7104	14565	21669	7104	14565	21669
PART II: Indicator computation									
INDICATOR SCORES BY TYPE & LOCATION OF SCHOOL									
5. **Divide the number of schools (public & private) that reported having a staff member trained to teach HIV/AIDS life-skills-based education (line 2) by the total number covered by the survey (line 3) and multiply the result by 100.**				63,2	43,4				
INDICATOR SCORES BY TYPE OF SCHOOL (NATIONAL)									
6. **i) Calculate the weighted average of the urban and rural indicator scores (line 5) using the number of schools in urban and rural areas (line 4) as the weights ii) Calculate the weighted average of the indicator scores (line 5) by type and location of school using the numbers for each type and location of school (line 4) as the weights.**						49,9		55,0	

* From Ministry of Education statistics.

GE: Indicator 4 **Workplace HIV/AIDS control**

Source of data used: name	**Ministry of labor and social policy**
Source of data used: type	**Research "Policy and Programs to Fight HIV/AIDS at Workplace" funded by the ICF International HIV/AIDS Alliance in Ukraine within the program "Overcoming the HIV/AIDS Epidemics in Ukraine" and supported by the Global Fund to Fight AIDS, TB and Malaria**
Date data collected (day/month/year)	**5 10 2004** no **20 10 2004**

PART I: Data requirements	**Men**	**Women**	**All**
FORMAL SECTOR EMPLOYMENT			
1. Formal sector workforce ('000s)	**10471**	**10084**	**20555**
2. Population aged 15-64 years ('000s)	**15710**	**17116**	**32826**
Formal sector employment rate	**66,652**	**58,916**	**62,618**

	Public sector	**Private sector**	**All employers in sample**
NUMERATOR			
Anti-discrimination-at-work policies			
3. Staff recruitment & promotion	**5**	**22**	**27**
4. Staff benefits	**5**	**25**	**30**
5. Number of employers providing *both* of the above	**5**	**22**	**27**
Workplace HIV/AIDS prevention, control & care programmes			
6. HIV/AIDS education	**3**	**18**	**21**
7. Work-related hazards & safeguards	**1**	**3**	**4**
8. Condom distribution	**0**	**1**	**1**
9. Voluntary counselling & testing	**2**	**6**	**8**
10. STI services	**2**	**10**	**12**
11. Provision of HIV/AIDS-related drugs	**1**	**0**	**1**
12. Number of employers providing *all* of the above	**0**	**0**	**0**
Comprehensive workplace policies			
13. Number of employers with anti-discrimination policies (line 5) *and* workplace programmes (line 12)	**0**	**0**	**0**
DENOMINATOR			
14. Number of employers in sample	**5**	**25**	**30**

PART II:
Indicator computation

INDICATOR SCORES BY EMPLOYMENT SECTOR			
15. Divide the number of employers with comprehensive workplace policies (line 13) by the total number of employers in the sample (line 14) and multiply the result by 100.	**0**	**0**	**0**

GE: Indicator 5 **Sexually transmitted infections: comprehensive case management**

Data source: name		**Ministry of Health**
Data source: type		**Survey „Evaluation of HIV/AIDS Counseling for STI Patients", funded by ICF International HIV/AIDS Alliance in Ukraine within the Global Fund Program "Overcoming HIV/AIDS Epidemic in Ukraine"**
Data collection period	(day/month/year)	**08 07 2005** to **15 10 2005**

PART I:	**Males**			**Females**			**Both sexes**		
Data requirements	<20	20+	All ages	<20	20+	All ages	<20	20+	All ages
NUMERATOR									
Instructions: **i) Select *only* those patients for whom provider–client interactions were observed on *all* 4 aspects** **ii) Lines 1–4: enter the number of patients for whom the correct procedures were followed by category of patient (i.e., sex/age group)** **iii) Line 5: enter the number of patients for whom the correct procedures were followed on *all* 4 aspects**									
1. History-taking	40	330		41	313		81	643	
2. Examination	40	330		41	313		81	643	
3. Diagnosis & treatment	27	226		22	219		49	445	
4. Counselling covering partner notification, condom use & HIV testing	15	128		11	146		26	274	
5. Number of STI patients for whom correct procedures were followed on *all* of the above	15	128	143	11	146	157	26	274	300
DENOMINATOR									
6. Number of respondents for whom provider–client interactions were observed on *all* of the above 4 aspects (lines 1–4)	40	330	370	41	313	354	81	643	724
PART II: Indicator computation									
INDICATOR SCORES BY SEX & AGE GROUP									
7. Divide the number of respondents who received correct treatment for all 4 aspects (line 5) by the number whose treatment was observed on all 4 aspects (line 6) and multiply the result by 100.	37,5	38,788	38,649	26,829	46,645	44,35	32,099	42,613	41,436

GE: Indicator 6 **MTCT: antiretroviral prophylaxis**

Source of data used: name		**Ministry of Health Україні**						
Source of data used: type		**Statistical report**						
Date data collected	(day/month/year)	**01**	**01**	**2004**	to	**31**	**12**	**'2004**

PART I: Data requirements	**Public sector**	**Private sector**	**Total**
NUMERATOR			
1. Number of HIV+ pregnant women provided with ARV therapy to reduce the risk of MTCT in the last month	**1825**	**0**	**1825**
DENOMINATOR			
2. Number of women who gave birth in the last 12 months*			**412866**
3. HIV prevalence in pregnant women (%)**			**0,00513**
4. Estimated number of HIV+ pregnant women in the country in the last 12 months			**2118**
To calculate line 4.: multiply line 2 by line 3, and divide the product by 100.			
PART II: Indicator computation			
INDICATOR SCORES BY HEALTH SECTOR			
5. Divide the number of HIV+ pregnant women provided with ARV therapy (line 1) by the relevant sector by the number of HIV+ pregnant women in the country (line 4) and multiply the result by 100.	**86,166**	**0**	**86,16609**

* Use national Central Statistics Office estimates of current annual births.
** In most countries, national sentinel surveillance estimates of HIV prevalence among antenatal clinic attendees can be used.

GE: Indicator 7 **HIV treatment: antiretroviral combination therapy**

Data source: name	**Ministry of Health України**
Data source: type	**Statistical report**
Data collection period (day/month/year)	**01 01 2005** to **31 12 2005**

PART I: Data requirements	**Males** Public	Private	Total	**Females** Public	Private	Total	**Both sexes** Public	Private	Total
NUMERATOR									
1. Number of people receiving ARV therapy at the beginning of the year ('000)	**0,683**			**0,616**			**1,299**		
2. Number of people who commenced treatment in the last 12 months ('000)	**1,244**			**0,968**			**2,212**		
3. Number of people receiving ARV therapy at the start of the year who died during the year ('000)	**0,123**			**0,075**			**0,198**		
4. Number of people for whom treatment was discontinued for other reasons ('000)	**0,136**			**0,127**			**0,263**		
5. Number of people receiving ARV therapy at the end of the year ('000) **Calculate line 5 by adding lines 1 & 2 and then subtracting lines 3 & 4**	**1,668**		**1,668**	**1,382**		**1,382**	**3,050**		**3,050**
DENOMINATOR									
6. Number of people (adults and children) with HIV infection in the total population ('000)*			**40**			**23,5**			**63,5**
7. Percentage of people with HIV who are at an advanced stage of infection			**14,33**			**14,33**			**14,33**
8. Number of people with advanced HIV infection ('000) **Calculate line 8 by multiplying line 6 by line 7 and dividing the product by 100.**			**5,732**			**3,36755**			**9,09955**
PART II: Indicator computation									
INDICATOR SCORES BY SEX & HEALTH SECTOR									
9. Divide the number of people with advanced HIV infection currently receiving ARV therapy (line 5) by the total number with advanced HIV infection (line 8) and multiply the result by 100.	**29,1**		**29,1**	**41,0**		**41,0**	**33,5**		**33,5**

* From national HIV sentinel surveillance estimates.

GE: Indicator 9 **Blood safety**

Source of data used: name		**Ministry of Health**						
Source of data used: type		**Statistical report**						
Date data collected	(day/month/year)	**01**	**01**	**2004**	**to**	**31**	**12**	**2004**
Source of data used: name								

PART I: Data requirements	**Public Sector**	**Private Sector**	**All**
NUMERATOR			
1. Number of units of blood screened for HIV in the last 12 months up to WHO or national standards	**924920**	**0**	**924920**
DENOMINATOR			
2. Total number of blood units transfused in the past 12 months	**924920**	**0**	**924920**
PART II: Indicator computation			
INDICATOR SCORES BY HEALTH SECTOR			
3. Divide the number of units of blood screened for HIV (line 1) by the total number of blood units transfused in the past 12 months (line 2) and multiply the result by 100.	**100**	**#####**	**100**

C/LPE: Indicator 5

Most-at-risk populations: knowledge about HIV prevention

Data source: name	**Ministry of family, youth and sport**							
Data source: type	**Survey "Behavior Surveillance Study among IDU and FSW as a Component of Second Generation Surveillance" funded by ICF International HIV/AIDS Alliance in Ukraine within the Global Fund Program "Overcoming HIV/AIDS Epidemic in Ukraine"**							
Data collection period (day/month/year)	**15**	**08**	**2004**	no	**16**	**09**	**2004**	
Data source: type	**Survey "Behavior Surveillance Study of Men Who Have Sex with Men as a Component of Second Generation Surveillance" funded by ICF International HIV/AIDS Alliance in Ukraine within the Global Fund Program "Overcoming HIV/AIDS Epidemic in Ukraine"**							
Data collection period (day/month/year)	**25**	**10**	**2004**	**no**	**15**	**11**	**2004**	
Data source: name	**State Penitentiary Department**							
Data source: type	**Survey "Monitoring of Awareness and Behavior of Prisoners as a Component of Second Generation Surveillance" funded by ICF International HIV/AIDS Alliance in Ukraine within the Global Fund Program "Overcoming HIV/AIDS Epidemic in Ukraine"**							
Data collection period (day/month/year)	**26**	**11**	**2004**	to	**07**	**12**	**2004**	
Data source: name	**Ministry of defense**							
Data source: type	**Survey "Monitoring of Awareness and Behavior of Military Personnel as a Component of Second Generation Surveillance" funded by ICF International HIV/AIDS Alliance in Ukraine within the Global Fund Program "Overcoming HIV/AIDS Epidemic in Ukraine"**							
Data collection period (day/month/year)	**17**	**12**	**2004**	to	**20**	**12**	**2004**	

PART I:

Data requirements

	IDUs	**FSW**	**MSM**	**Prisoners**	**Army**
NUMERATOR					
Instructions: **i) Select *only* those respondents who gave answers (including "don't know") to *all* 5 questions** **ii) Lines 1-5: enter the number of respondents who gave the correct answer** **iii) Line 6: enter the number of respondents who gave the correct answers to *all* 5 questions**					
1. HIV can be avoided by having sex with only one faithful, uninfected partner		1111	531	909	1371
2. HIV can be avoided by using condoms	3041	1271	851	1030	1428
3. A healthy-looking person can have HIV	2799	988		982	1299
4. A person can get HIV from mosquito bites	2378	844	771	688	659
5. A person can get HIV by sharing a meal with someone who is infected	1125	309	867	838	906
6. Numbers of respondents giving the correct answers to *all* of the above five questions	745	115	432	467	374
DENOMINATOR					
7. Numbers of respondents who gave answers (including "don't know") to all of the above 5 questions or had never heard of AIDS	3514	1413	883	1184	1600

PART II:

Indicator computation

INDICATOR SCORES BY MOST-AT-RISK POPULATION					
9. Divide the number of respondents who gave the correct answers to all 5 questions (line 6) by the number who answered all 5 questions (line 7) and multiply the result by 100.	21,201	8,1387	48,924	39,4426	23,375

GE: Indicator 10 **Young people's knowledge about HIV prevention**

Data source: name	**Ministry of family, youth and sport**								
Data source: type	**Survey "Behavioral Surveillance Study among Young People as a Component of Second Generation Surveillance" funded by ICF International HIV/AIDS Alliance in Ukraine within the Global Fund Program "Overcoming HIV/AIDS Epidemic in Ukraine"**								
Data collection period (day/month/year)	**22**	**10**	**2004**	no	**13**	**11**	**2004**		

PART I:	**Males**			**Females**			**Both sexes**		
Data requirements	Urban	Rural	National	Urban	Rural	National	Urban	Rural	National
NUMERATOR									
Instructions: **i) Select *only* those respondents who gave answers (including "don't know") to *all* 5 questions** **ii) Lines 1–5: enter the number of respondents who gave the correct answer by category of respondent (i.e., male-urban, male-rural, etc.)** **iii) Line 6: enter the number of respondents who gave the correct answers to *all* 5 questions**									
1. HIV can be avoided by having sex with only one faithful, uninfected partner	530	211		490	217		1020	428	
2. HIV can be avoided by using condoms	529	206		465	205		994	411	
3. A healthy-looking person can have HIV	556	226		550	203		1106	429	
4. A person can get HIV from mosquito bites	241	107		236	70		477	177	
5. A person can get HIV by sharing a meal with someone who is infected									
6. Numbers of respondents giving the correct answers to *all* of the above 5 questions	122	49		106	38		228	87	
DENOMINATOR									
7. Numbers of respondents (aged 15–24) who gave answers (including "don't know") to all of the above 5 questions or had never heard of AIDS	820	319		799	299		1619	618	
8. Percentage of the national population (aged 15-24) who live in urban areas*			72,11			72,75			**72,43**
PART II: Indicator computation									
INDICATOR SCORES BY SEX & RESIDENCE									
9. Divide the number of respondents who gave the correct answers to all 5 questions (line 6) by the number who answered all 5 questions (line 7) and multiply the result by 100.	14,878	15,361		13,267	12,709		14,083	14,078	
INDICATOR SCORES BY SEX (NATIONAL)									
10. i) Calculate the weighted average of the urban and rural indicator scores (line 9) using the percentages who live in urban and rural areas (line 8) as the weights. **ii) Take the simple average of the national scores for men and women to get the combined score.**			15,013			13,115			14,064

* From National Census Office statistics.

C/LPE: Indicator 6 **Sex workers: condom use**

Data source: name				**Ministry of family, youth and sport**				
Data source: type				**Survey "Behavior Surveillance Study among IDU and FSW as a Component of Second Generation Surveillance" funded by ICF International HIV/AIDS Alliance in Ukraine within the Global Fund Program "Overcoming HIV/AIDS Epidemic in Ukraine"**				
Data collection period	(day/month/year)	[3]	**15**	**08**	**2004**	**no**	**16**	**09**	**2004**

PART I: Data requirements	**Females**	**Males**	**Both sexes**
NUMERATOR			
1. Number of respondents who reported that a condom was used with their last client	1130		1130
DENOMINATOR			
2. Numbers of respondents who reported having commercial sex in the last 12 months	1413		1413
PART II: Indicator computation			
INDICATOR SCORES BY SEX			
4. Divide the number of respondents who reported using a condom with their last client (line 1) by the number who reported having commercial sex in the last 12 months (line 2) and multiply the result by 100	79,972		79,972

C/LPE: Indicator 7 **Men who have sex with men: condom use**

Data source: name		**Ministry of family, youth and sport**						
Data source: type		**Survey "Behavior Surveillance Study of Men Who Have Sex with Men as a Component of Second Generation Surveillance" funded by ICF International HIV/AIDS Alliance in Ukraine within the Global Fund Program "Overcoming HIV/AIDS Epidemic in Ukraine"**						
Data collection period (day/month/year)	[3]	**25**	**10**	**2004**	**no**	**15**	**11**	**2004**

PART I: Data requirements	**Age <25**	**Age 25+**	**All ages**
NUMERATOR			
1. Number of respondents who reported that a condom was used last time they had anal sex	155	322	477
DENOMINATOR			
2. Numbers of respondents who reported having had anal sex with a male partner in the last 6 months	218	448	666
PART II: Indicator computation			
INDICATOR SCORES BY AGE & RESIDENCE			
4. Divide the number of respondents who reported using a condom last time they had anal sex (line 1) by the number having had anal sex with a male partner in the last 6 months (line 2) and multiply the result by 100.	71,101	71,875	71,622

Injecting drug users: safe injecting and sexual practices

Data source: name	**Ministry of family, youth and sport**
Data source: type	**Survey "Behavior Surveillance Study among IDU and FSW as a Component of Second Generation Surveillance" funded by ICF International HIV/AIDS Alliance in Ukraine within the Global Fund Program "Overcoming HIV/AIDS Epidemic in Ukraine"**
Data collection period (day/month/year)	**15 / 08 / 2004** no **16 / 09 / 2004**

PART I:	**Males**			**Females**			**Both sexes**		
Data requirements	<25	25+	All ages	<25	25+	All ages	<25	25+	All ages
NUMERATOR									
1. Injected drugs sometime in the last month	1044	1315		523	555		1567	1870	
2. Injecting drug users in the last month who avoidedsharing injecting equipment in the last month	418	735		246	310		664	1045	
3a. Injecting drug users in the last month who had sexual intercourse in the last month	799	1038		432	454		1231	1492	
3b. Injecting drug users in the last month who *avoided* sharing injecting equipment but had sexual intercourse in the last month	331	585		208	258		539	843	
4a. Injecting drug users in the last month who usedcondoms during the most recent sexual intercourse (in the last month)	292	360		158	122		450	482	
4b. Injecting drug users in the last month who never shared injecting equipment and used condoms during the most recent sexual intercourse (in the last month)	146	214		92	79		238	293	
5. Avoided sharing injecting drug equipment and used condoms during most recent sexual intercourse in the last month (line 4b)	146	214	360	92	79	171	238	293	531
6. Avoided sharing injecting drug equipment *and either* avoided having sex *or* used condoms during most recent sexual intercourse (all in the last month) (line 2 - line 3b + line 4b)	811	951	1762	393	424	817	1204	1375	2579
DENOMINATOR									
7. Numbers of respondents who reported having injected drugs in the last month *and* having had sex in the last month	799	1038	1837	432	454	886	1231	1492	2723
PART II:									
Indicator computation									
INDICATOR SCORES BY SEX & AGE-GROUP									
8. Divide the number of respondents who reported having avoided shared injecting drug equipment and avoided having unprotected sex in the last month (line 5) by the total number who reported having injected drugs and having had sex in the last month (line 7) and multiply the result by 100	18,273	20,617	19,597	21,296	17,401	19,3	19,334	19,638	19,501

Instructions:

- **i) Line 1: enter the number of respondents who stated that they had injected drugs in the last month**
- **ii) Line 2: enter the number of injecting drug users (line 1) who stated that they had never shared drug injecting equipment in the last month**
- **iii) Line 3a: enter the number of *all* injecting drug users (line 1) who stated that they had had a sexual partner in the last month**
- **iv) Line 3b: enter the number of injecting drug users *who never shared injecting equipment in the last month* (line 2) who stated that they had had a sexual partner in the last month**
- **v) Line 4a: enter the number of *all* injecting drug users (line 1) who answered "yes" to the question in line 3 and who reported using condom on the most recent occasion they had sex**
- **vi) Line 4b: enter the number of injecting drug users *who never shared injecting equipment in the last month* (line 2) and answered "yes" to the question in line 3 who reported using condoms on the most recent occasion they had sex**

* This information can be used to calculate the proportion of *all* recent injecting drug users (i.e., including those who did not have sex in the last month) who avoided *all* forms of behaviour associated with risk of HIV transmission within the last month. In calculating this proportion, line 1 (rather than line 7) must be used as the denominator.

GE: Indicator 13 **Young people's condom use with non-regular partners***

Data source: name		**Ministry of family, youth and sport**
Data source: type		**Survey "Behavioral Surveillance Study among Young People as a Component of Second Generation Surveillance" funded by ICF International HIV/AIDS Alliance in Ukraine within the Global Fund Program "Overcoming HIV/AIDS Epidemic in Ukraine"**
Data collection period	(day/month/year)	**22 10 2004** по **13 11 2004**

PART I: Data requirements	**Males**			**Females**			**Both sexes**		
	Urban	Rural	National	Urban	Rural	National	Urban	Rural	National
NUMERATOR									
Instructions: **i) Select *only* those respondents (aged 15–24) who gave answers (excluding "don't know") to *all* of questions 2 to 5 below** **ii) Line 2: enter the number of respondents who stated that they had commenced sexual activity** **iii) Line 3: enter the number of respondents who stated that they had had any form of sexual relationship in the last 12 months** **iv) Line 4: enter the number of respondents who stated that they had had a non-regular sexual partner in the last 12 months (NB: a 'non-regular' sexual partner here is someone the respondent was not married to and not cohabiting with at the time they had sex)** **v) Line 5: enter the number of respondents who answered "yes" to the question in line 2 and who reported using condom when they last had sex with this non-regular partner**									
1. Commenced sexual activity	584	206		504	180		1088	386	
2. Sexual partner within the last 12 months*	500	181		446	147		946	328	
3. Non-regular sexual partner within the last 12 months*	253	90		91	30		344	120	
4. Had a non-regular sexual partner within the last 12 months and used a condom the last time had sex with this partner	186	65		61	18		247	83	
DENOMINATOR									
5. Numbers of respondents (aged 15–24) who reported having had a non-regular sexual partner in the last 12 months (i.e., line 3 above)	253	90		91	30		344	120	
6. Percentage of the national population (aged 15-24) who live in urban areas**			72,11			72,75			**72,43**
PART II: Indicator computation									
INDICATOR SCORES BY SEX & RESIDENCE									
7. Divide the number of respondents who reported using condoms with their last non-regular partner (line 4) by the number who reported having had a non-regular sexual partner in the last 12 months (line 5) and multiply the result by 100.	73,518	72,222		67,033	60		71,802	69,167	
INDICATOR SCORES BY SEX (NATIONAL)									
8. i) Calculate the weighted average of the urban and rural indicator scores (line 7) using the percentages who live in urban and rural areas (line 6) as the weights. ii) Take the simple average of the national scores for men and women to get the combined score.			73,156			65,116			69,13647

** From National Census Office statistics

C/LPE: Indicator 9 **Most-at-risk populations: reduction in HIV prevalence**

Data requirements Complete only those sections that are considered relevant to the country	**Data source:** Name	Type	Collection period		**Capital city** HIV+	Tested	HIV+%
1. IDUs	Survey "HIV Prevalence by the Data of Sentinel Surveillance among Injective Drug Users" funded by ICF International HIV/AIDS Alliance in Ukraine within the Global Fund Program "Overcoming HIV/AIDS Epidemic in Ukraine"	Sentinel survey	from 01.08.2005	to 30.09.2005	**122**	**250**	**48,8**
2. FSW	Survey "HIV Prevalence by the Data of Sentinel Surveillance among Commercial Sex Workers" funded by ICF International HIV/AIDS Alliance in Ukraine within the Global Fund Program "Overcoming HIV/AIDS Epidemic in Ukraine"	Sentinel survey	from 01.08.2005	to 30.09.2005	**4**	**50**	**8,0**
2. STI Patiens	Survey "HIV Prevalence by the Data of Sentinel Surveillance among Patients with Sexually Transmitted Infections" funded by ICF International HIV/AIDS Alliance in Ukraine within the Global Fund Program "Overcoming HIV/AIDS Epidemic in Ukraine"	Sentinel survey	from 01.08.2005	to 30.09.2005	**10**	**350**	**2,9**

GE: Indicator 16 **HIV treatment: survival after 12 months on ART**

Data source: name	**Ministry of Health**
Data source: type	**PROGRAMME MONITORING**
Data collection period (day/month/year)	**01 / 10 / 2004** to **30 / 09 / 2005**

PART I: Data requirements	**Males** <15	15+	All ages	**Females** <15	15+	All ages	**Both sexes** <15	15+	All ages
NUMERATOR									
1. Number of people who initiated treatment 12 months ago	**3**	**71**		**4**	**57**		**7**	**128**	
2. Number of people continuously on antiretroviral therapy at 12 months after initiation	**3**	**48**		**4**	**42**		**7**	**90**	
3. Number of people who have stopped antiretroviral therapy including those who have transferred out, lost to follow-up and those who have died		**23**			**15**			**38**	
4. Number of people continuously on antiretroviral therapy at 12 months after initiation of treatment	**3**	**48**	**51**	**4**	**42**	**46**	**7**	**90**	**97**
DENOMINATOR									
5. Total number of people (adults and children) who initiated treatment 12 months ago	**3**	**71**	**74**	**4**	**57**	**61**	**7**	**128**	**135**
PART II: Indicator computation									
INDICATOR SCORES BY AGE									
6. Divide the number of adults and children continuously on treatment at 12 months after initiation (line 4) by the total number who initiated treatment 12 months ago (line 5) and multiply the result by 100.	**100,0**	**67,6**	**68,9**	**100,0**	**73,7**	**75,4**	**100,0**	**70,3**	**71,9**

GE: Indicator 17 **Reduction in mother-to-child transmission**

Data source: name	**Ministry of Health**							
Data source: type	**PROGRAMME MONITORING**							
Data collection period	**01**	**01**	**2004**	to	**31**	**12**	**2004**

PART I:

Data requirements % of total

1.	**Proportion of HIV+ pregnant women provided with ARV treatment***	**T**	**0,86**
2.	**MTCT rate in the absence of any treatment**	***v***	**27,8**
3.	**Efficacy of treatment provided (proportionate reduction in MTCT rate)**	***e***	**0,5**

List below the 3 most common forms of treatment provided during the last 12 months and the %'s of all treatment that each represents.

Короткий курс АЗТ-терапії	**60**
Використання невірапіну для профілактики перинатальної трансмісії ВІЛ	**40**

PART II:

Indicator computation

INDICATOR SCORE

4. Calculate the indicator score using the formula: { T*(1-*e*) + (1-T) } * *v*	**15,8**

* From national programme and behaviour indicator 4.

Annex 4: Order of the Cabinet of Ministers on Monitoring and Evaluation of HIV/AIDS

CABINET OF MINISTERS OF UKRAINE

ORDER
As of December 13, 2004, № 890-p
Kyiv

On Monitoring and Evaluation of Efficiency of Activities to Control HIV/AIDS Epidemic Status by National Indicators

To: MOH, MOES, Ministry of Labor, Ministry of Family, Children and Youth, Ministry of Defense, Ministry of Finance, State Committee on TV and Radio, State Penitentiary Department: starting from 2004 to implement monitoring and evaluation of efficiency of activities to control the status of HIV/AIDS epidemic by the national indicators.

MoH shall approve the list of national indicators coordinated with the above bodies of executive power for the monitoring and evaluation of efficiency of activities to control the status of HIV/AIDS epidemic, as well as the guidelines to determine these indicators.

Central bodies of executive power responsible for the implementation of the above monitoring and evaluation shall ensure the organization of gathering and processing of necessary information and shall submit corresponding reports for the generalization of data to the MoH by December 15 on an annual basis.

Acting
Prime-Minister of Ukraine M. AZAROV

Annex 5: List of Research and Data Sources

1. HIV-infection in Ukraine: Information Bulletin No. 25 for 2005 (Ukr, 2006).

2. The Implementation of Current Methods of Epidemiological Surveillance for HIV in Ukraine; UNICEF, Ukrainian AIDS Centre, State Institute for Problems of Family and Youth, Ministry of Health of Ukraine (Ukr, 2003).

3. Epidemiological Surveillance for HIV-infection and Sexually Transmitted Infections as a Component of Second Generation Surveillance (Ukr, 2005).

4. Monitoring of Awareness and Behavior of Military Personnel as a Component of Second Generation Surveillance / Pohorila N.B., Sasko O.V., Pashkovich B.L. – Kyiv: ICF International HIV/AIDS Alliance in Ukraine (Ukr, 2005).

5. Behavior Surveillance Study among FSWs as a Component of Second Generation Surveillance / Artyukh O.R., Balakireva O.N., Bochkova L.V., Galich Y.P., Galustyan Y.M., Didkova-Favorska D.M., Zlobina O.G., Levchuk N.M., Lutiy V.P., Martsinovska V.A., Mykytuk T.P., Morozov V.F., Petrovsky O.M., Shamota T.S., Yaremenko O.O., – Kyiv: ICF International HIV/AIDS Alliance in Ukraine (Ukr, 2005).

6. Behavioral Surveillance Study among Young People as a Component of Second Generation Surveillance / Balakireva O.N., Galustyan Y.M., Didkova-Favorska D.M., Dmitruk D.A., Sosidko T.I., Melnitchenko V.I., Yaremenko O.O., – Kyiv: ICF International HIV/AIDS Alliance in Ukraine (Ukr, 2005).

7. Behavior Surveillance Study among IDUs as a Component of Second Generation Surveillance / Artyukh O.R., Balakireva O.N., Bochkova L.V., Galich Y.P., Galustyan Y.M., Didkova-Favorska D.M., Zlobina O.G., Levchuk N.M., Lutiy V.P., Martsinovska V.A., Mykytuk T.P., Morozov V.F., Petrovsky O.M., Shamota T.S., Yaremenko O.O., – Kyiv: ICF International HIV/AIDS Alliance in Ukraine (Ukr, 2005).

8. Behavior Surveillance Study among Men Who Have Sex with Men as a Component of Second Generation Surveillance / Amjhadeen L., Kaschenkova K., Konoplitska T., Lysenko O., Marusov A., Privalov Y., Sajenko Y., Trofimenko O. – Kyiv: ICF International HIV/AIDS Alliance in Ukraine (Ukr, 2005).

9. Evaluation of the Level of Coverage of Pupils and Students by Prevention Programs / Ganukov O., Berezina N., Varban M., Yeresko O., Kupchinska M., Kupchinska K., Mikhajlitchenko M., Shenin O., Sarigolo V., Yarmoluk E. – Kyiv: ICF International HIV/AIDS Alliance in Ukraine (Ukr, 2005).

10. Policies and Programs to Fight HIV/AIDS at Workplace / Varban M.Y., Demchenko I.L., – Kyiv: ICF International HIV/AIDS Alliance in Ukraine (Ukr, 2005).

11. HIV/AIDS Surveillance in Europe & Eurasia Region. United States Agency for International Development, Europe and Eurasia Bureau Office of Democracy, January 2005. Prepared by Roger Drew and Yogesh Choudhri on behalf of Social & Scientific Systems, Inc., under The Synergy Project through Contract HRN-C-00-99-00005-00

12. Quo vadis? (What is Happening?) The Role of Injection Drug Users in the Development of the HIV-epidemic in Ukraine (Ukr, 2005).