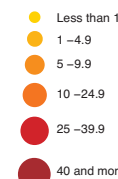




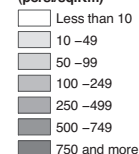
Map data sources: WHO/UNAIDS Epidemiological Fact Sheets and the United States Census Bureau
Map production: WHO

HIV sentinel surveillance in injecting drug users
Latest available year for 1998–2000

Percent seropositive



Population density (pers./sq.Km)



World Health Organization

1. Demographic and socioeconomic data

	Date	Estimate	Source
Total population (millions)	2004	48.2	United Nations
Population in urban areas (%)	2003	67.2	United Nations
Life expectancy at birth (years)	2002	67.2	WHO
Gross domestic product per capita (US\$)	2001	771	UNECE
Government budget spent on health care (%)	2001	7.6	WHO
Per capita expenditure on health (US\$)	2001	33	WHO
Human Development Index	2001	0.766	UNDP

3. Situation analysis

- **Epidemic level and trend and gender data.** There is a concentrated epidemic among injecting drug users, who comprise 73% of all reported cases since 1986 and 59% of all newly reported HIV infections in 2003. There is considerable regional variation, with the eastern and southern regions most affected, including Odessa, Mikolaev, Dnipropetrovsk, Donetsk, Crimea and Sevastopol. The most rapid spread took place between 1995 and 1997 among networks of injecting drug users. Since then there has been increasing heterosexual transmission, especially to the female sexual partners of injecting drug users and related to sex work.
- **Major vulnerable and affected groups.** HIV prevalence rates among injecting drug users are as high as 59% in the most severely affected cities. HIV prevalence rates among sex workers are much higher than in western Europe (6–32%), especially among sex workers who inject drugs (33–83%). Female sex partners of injecting drug users and children of female drug users are especially vulnerable.
- **Policy on HIV testing and treatment.** Increasing HIV infection rates have been masked by a decrease in testing among injecting drug users because of a law adopted in March 1998 that codified the principle of voluntary HIV testing in Ukraine. The law also stipulates that HIV/AIDS treatment should be free, including antiretroviral therapy, although limited resources have restricted universal access to antiretroviral therapy.
- **Antiretroviral therapy: first-line drug regimen, cost per person per year.** National HIV/AIDS treatment guidelines, including first- and second-line regimens, have been developed with the assistance of WHO. First-line regimens include: efavirenz + zidovudine + lamivudine; nevirapine + zidovudine + lamivudine; and nelfinavir

2. HIV indicators

	Date	Estimate	Source
Adult prevalence of HIV/AIDS (15–49 years)	2003	0.7 – 2.3%	WHO/UNAIDS
Estimated number of people living with HIV/AIDS (0–49 years)	2003	180 000–590 000	WHO/UNAIDS
Cumulative number of reported AIDS cases	June 2004	7 465	Ministry of Health
Reported number of people receiving antiretroviral therapy (15–49 years)	June 2004	170	WHO
Estimated total number needing antiretroviral therapy in 2005	2003	45 000	WHO/UNAIDS
HIV testing and counselling sites: number of sites	2003	127	Ministry of Health
HIV testing and counselling sites: number of people tested at all sites		not available	
Prevalence of HIV among adults with tuberculosis (15–49 years)	2002	5.7%	WHO

- + zidovudine + lamivudine. Second-line regimens include: nelfinavir + stavudine + lamivudine; efavirenz + stavudine + didanosine; and lopinavir with a low-dose ritonavir boost + stavudine + lamivudine. Zidovudine and lamivudine are procured in a fixed-dose combination. The Ministry of Health tender for 2000–2002 resulted in an average antiretroviral therapy cost of US\$ 10 000 per person per year. Because generic products rapidly penetrated the market, first-line regimens range in price from US\$ 494 to US\$ 3711 per person per year and second-line regimens from US\$ 1090 to US\$ 5722.
- **Assessment of overall health sector response and capacity.** The overall capacity of the health sector to provide antiretroviral therapy is very limited. Antiretroviral therapy is provided in three government hospitals and through one small programme run by Médecins Sans Frontières. The Round 1 grant from the Global Fund to Fight AIDS, Tuberculosis and Malaria will support scaling up antiretroviral therapy, including establishing antiretroviral therapy by trained personnel in seven regions with cascade training to follow.
- **Critical issues and major challenges.** Marginalization of and discrimination against drug users remains a major obstacle to identifying individuals needing treatment, encouraging them to seek treatment services and providing quality care. Coordination and links between drug dependence treatment services, outreach programmes, tuberculosis services and HIV/AIDS prevention and treatment services need to be strengthened to ensure the comprehensive management of people living with HIV/AIDS. Although clinicians have been trained in readiness for scaling up antiretroviral therapy, procurement of antiretroviral drugs still depends on the availability of donor funds and strengthening systems for drug procurement and supply management.

4. Resource requirements and funds committed for scaling up antiretroviral therapy in 2004–2005

- Ukraine was successful in its Round 1 application to the Global Fund to Fight AIDS, Tuberculosis and Malaria, with a total of US\$ 92 million requested over five years and US\$ 17.35 million approved for the first two years. The treatment and care component of the proposal is budgeted at about US\$ 62 million, with the Ministry of Health proposed as principal recipient for the component. About US\$ 7 million had been disbursed by May 2004. In January 2004 the grant was reprogrammed, and the International HIV/AIDS Alliance was appointed interim principal recipient. It is proposed that the grant cover antiretroviral therapy for 2100 people from 2004 to March 2005. The number of people to be covered for 2005 has not yet been agreed.
- The World Bank has provided a US\$ 60 million loan to Ukraine for implementing the US\$ 72 million Ukraine Tuberculosis and AIDS Epidemic Control Project. This Project includes developing treatment protocols, treating pregnant women to prevent mother-to-child transmission, treating opportunistic infections, training staff, strengthening laboratories and conducting a small antiretroviral therapy pilot project. Total funding for HIV/AIDS treatment is US\$ 4 million.
- WHO estimates that the total funding required to support scaling up antiretroviral therapy to reach the "3 by 5" treatment target of 22 500 is between US\$ 242 million and US\$ 246 million. It is anticipated that funding available for scaling up antiretroviral therapy during 2004–2005 could include about US\$ 27.4 million from the Global Fund to Fight AIDS, Tuberculosis and Malaria grant and about US\$ 1 million from bilateral partners. Taking into account the funds committed to date to support scaling up antiretroviral therapy, WHO estimates that the total funding gap for Ukraine to reach 22 500 people by the end of 2005 is between US\$ 214 and US\$ 218 million.

5. Antiretroviral therapy coverage

- Ukraine's total treatment need for 2005 is estimated to be 45 000 people, and the WHO "3 by 5" treatment target is 22 500 by 2005. The government has declared a national treatment target of providing antiretroviral therapy to 2 100 people by the end of 2005.
- As of June 2004, an estimated 170 people were receiving therapy.
- As of June 2004, the Ministry of Health is providing antiretroviral therapy for 137 people and is relying on donor funds to significantly expand the programme. An additional 10–15 people are being treated through regional health budgets in Kiev and Odessa. Médecins Sans Frontières supports a small treatment programme in Odessa covering antiretroviral therapy for about 42 people, including children.

6. Implementation partners involved in scaling up antiretroviral therapy

- *Leadership and management.* The Ministry of Health has overall responsibility for national HIV/AIDS policy, programming and management. The Ministry of Health led a strategic planning process that resulted in the development of the National AIDS Programme for 2004–2008. The Country Coordinating Mechanism provides a mechanism for coordinating the activities of partners. The Vice-Prime Minister is co-chair of the Country Coordinating Mechanism and Head of the Government Commission on HIV/AIDS. The Expanded United Nations Theme Group on HIV/AIDS in Ukraine complements the coordination efforts of the Country Coordinating Mechanism. The International HIV/AIDS Alliance, as the interim principal recipient for the Global Fund to Fight AIDS, Tuberculosis and Malaria grant, is responsible for managing the grant and facilitating the coordination of implementation. WHO and UNAIDS play important roles in providing technical assistance for developing national plans and guiding policy.
- *Antiretroviral therapy service delivery.* The Ministry of Health provides overall leadership in delivering antiretroviral therapy services, primarily through government AIDS centres. WHO provides technical assistance to the Ministry of Health in procuring drugs, and the International HIV/AIDS Alliance, as principal recipient, is managing procurement related to the Global Fund to Fight AIDS, Tuberculosis and Malaria grant. WHO provides normative guidance for activities related to scaling up antiretroviral therapy, including antiretroviral therapy guidelines, HIV testing and counselling, laboratory services, drug dependence treatment and outreach to drug users. Capacity-building is supported through the World Bank loan and the Knowledge Hub for the Care and Treatment of HIV/AIDS in Eurasia (based in Kiev). The United States Agency for International Development, WHO and UNFPA support testing and counselling activities.

- *Community mobilization.* The Global Fund to Fight AIDS, Tuberculosis and Malaria and the World Bank support significant community mobilization activities. The International HIV/AIDS Alliance, other international nongovernmental organizations, UNAIDS and the European Union support the building of capacity among people living with HIV/AIDS and community organizations. A range of nongovernmental and community-based organizations represent the interests of affected and vulnerable populations, including people living with HIV/AIDS and drug users.
- *Strategic information.* The National AIDS Prevention Center is involved in operational research and tracking patients. UNAIDS has supported the Ministry of Health in developing the national HIV/AIDS monitoring and evaluation system. WHO is providing technical assistance for monitoring antiretroviral drug resistance.

7. WHO support for scaling up antiretroviral therapy

WHO's response so far

- Providing technical and financial assistance for developing HIV/AIDS treatment protocols for Ukraine
- Supporting the development of a National HIV/AIDS Treatment and Care Plan as part of the overall national HIV/AIDS plan
- Providing technical assistance for drug procurement and supply management
- Providing technical assistance in developing national standards for HIV testing and counselling
- Supporting the establishment of a pilot project on HIV and tuberculosis in Donetsk
- In collaboration with GTZ, establishing the Knowledge Hub for the Care and Treatment of HIV/AIDS in Eurasia (in Kiev) to support regional capacity-building, including: adapting HIV/AIDS treatment and care tools and guidelines locally and regionally; developing training curricula and materials; providing training for trainers and HIV/AIDS care providers; and establishing a subregional network of HIV/AIDS treatment and care experts and institutions
- Providing technical support for planning for the implementation of the Global Fund to Fight AIDS, Tuberculosis and Malaria grant and the Ukraine Tuberculosis and AIDS Epidemic Control Project supported through the World Bank loan

Key areas for WHO support in the future

- Establishing a "3 by 5" country team in the WHO Country Office to support the government and other partners in scaling up antiretroviral therapy
- Assisting the government in finalizing the National HIV/AIDS Treatment and Care Plan, including an operational plan for scaling up antiretroviral therapy
- Strengthening the capacity of the Knowledge Hub for the Care and Treatment of HIV/AIDS in Eurasia to expand training, with a focus on HIV/AIDS clinicians
- Continuing to provide technical assistance for strengthening systems for procuring drugs and supply chain management

Staffing input for scaling up antiretroviral therapy and accelerating prevention

- Current WHO Country Office staff responsible for HIV/AIDS and sexually transmitted infections include one National Programme Officer for HIV/AIDS, and the recruitment of an international "3 by 5" Country Officer is currently underway.
- Additional staff needs identified include: one international medical officer and one National Programme Officer to focus on delivering antiretroviral therapy; one National Programme Officer to support community mobilization efforts; and one National Programme Officer to support monitoring and evaluation and strategic information management.

For further information, please contact:

World Health Organization
Department of HIV/AIDS

"3 by 5" Help Desk

E-mail: 3by5help@who.int

Tel.: +41 22 791 1565

Fax: +41 22 791 1575

www.who.int/3by5

This country profile was developed in collaboration with national authorities, the WHO Country Office for Ukraine and the WHO Regional Office for Europe.