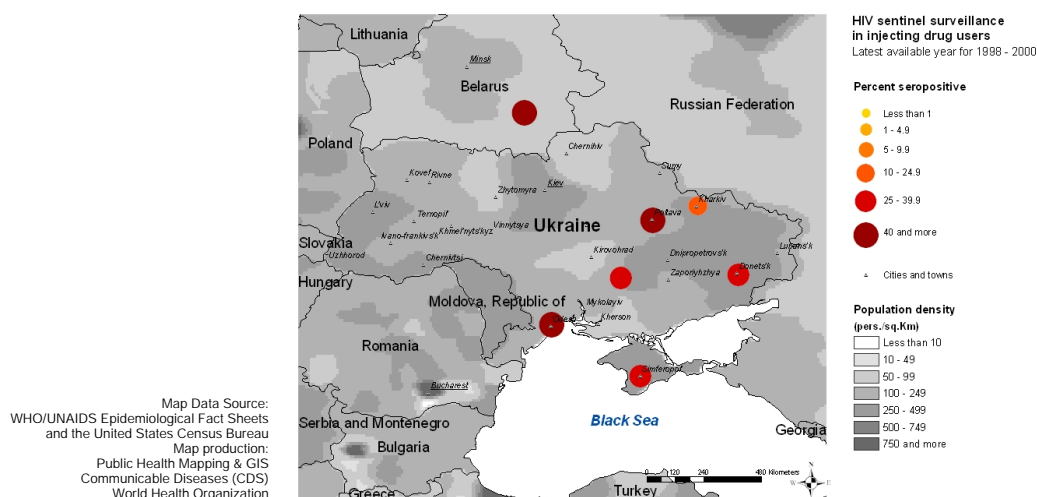


Estimated number of people needing antiretroviral therapy (0-49 years), 2005: 53 000\*  
 Antiretroviral therapy target declared by country: not declared



## 1. Demographic and socioeconomic data

	Date	Estimate	Source
Total population (millions)	2004	48.2	United Nations
Population in urban areas (%)	2005	67.3	United Nations
Life expectancy at birth (years)	2003	67	WHO
Gross domestic product per capita (US\$)	2002	867	UNECE
Government budget spent on health care (%)	2002	9.4	WHO
Per capita expenditure on health (US\$)	2002	40	WHO
Human Development Index	2003	0.766	UNDP

\*= Percentage of young people 15-24 years who correctly identify two major ways of preventing the sexual transmission of HIV (using condoms and limiting sex to one faithful, uninfected partner), who reject the two most common misconceptions about HIV transmission, and who know that a healthy looking person can transmit HIV.

\*\*=Percentage of young people 15-24 years reporting the use of a condom during sex with a non-regular partner in the last 12 months.

\* National estimates indicate that at the end of 2005, the adult prevalence of HIV/AIDS was 1.3%, and 307 000 people were living with HIV/AIDS. HIV/AIDS estimates are currently under review. WHO/UNAIDS will provide updated HIV/AIDS estimates in May 2006.

## 2. HIV indicators

	Date	Estimate	Source
Adult prevalence of HIV/AIDS (15-49 years)	2003	0.54 - 1.73%*	WHO/UNAIDS
Estimated number of people living with HIV/AIDS (0-49 years)	2003	130 000 - 416 000*	WHO/UNAIDS
Reported number of people receiving antiretroviral therapy (0-49 years), 2005	Oct 2005	3 022	WHO/UNAIDS
Estimated number of people needing antiretroviral therapy (0-49 years), 2005	Dec 2005	53 000*	WHO/UNAIDS
HIV testing and counselling sites: number of sites	2004	487	Ministry of Health
HIV testing and counselling sites: number of people tested at all sites	2004	2.5 million	Ministry of Health
Knowledge of HIV prevention methods (15-24 years)% - female*		NA	
Knowledge of HIV prevention methods (15-24 years)% - male*		NA	
Reported condom use at last higher risk sex (15-24 years)% - female**		NA	
Reported condom use at last higher risk sex (15-24 years)% - male**		NA	

## 3. Situation analysis

### Epidemic level and trend and gender data

Ukraine is experiencing a concentrated epidemic among injecting drug users, who comprise 60% of all reported cases since 1987 and 46% of all newly reported HIV infections in 2004. The epidemic has the potential to become generalized, with a slow shift to heterosexual transmission and growing mother-to-child transmission. 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. Many sex workers report high numbers of injecting drug users as their clients or having had injected drugs themselves in the past. As of October 2005, the National AIDS Prevention Center reported a cumulative number (since 1987) of HIV-infected individuals of 84 437, of whom 11 757 had AIDS and 6865 have died. Among all reported HIV cases, 50 335 (60%) are injecting drug users.

### Major vulnerable and affected groups

HIV prevalence rates among injecting drug users are as high as 59% in the most severely affected regions. HIV prevalence rates are especially high among sex workers who inject drugs (33-83%). Female sex partners of injecting drug users and children of female drug users are especially vulnerable. Most of those infected are young adults.

### 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 contributed to poor access to antiretroviral therapy. Opioid substitution therapy, the cornerstone of the strategy to prevent HIV among injecting drug users and to increase their access to antiretroviral therapy, is still largely missing in Ukraine. The first opioid substitution therapy pilot project for 30 clients - using sublingual buprenorphine - started in Kherson in April 2004. In October 2005, eight opioid substitution therapy buprenorphine projects supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria started in Kiev (two sites), Odessa, Mykolaiev, Dnipropetrovsk, Donetsk Crimea (Simferopol) and Kherson. The current plan is to scale up these projects up to 6000 people by September 2008. However, WHO, UNAIDS and UNODC estimate that a minimum of 60 000 injecting drug users should have access to substitution therapy in Ukraine in order to have an impact on the HIV epidemic.

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 + 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. In June 2004 the Humanitarian Aid Committee of the Cabinet of Ministers granted humanitarian status to shipments of antiretroviral medicines, allowing them to be tax exempt. With support from the Global Fund grant, the first-line antiretroviral drug regimen currently costs US\$ 250 per person per year for a regimen with non-nucleoside reverse transcriptase inhibitors and US\$ 2200 per person per year for protease inhibitors. The Ministry of Health signed a memorandum of understanding with the Clinton HIV/AIDS Initiative in September 2004 that should allow the Ministry of Health to purchase antiretroviral drugs at prices as low as US\$ 132 per person per year for the first-line regimen.

#### Assessment of overall health sector response and capacity

The Government of Ukraine has shown a high level of political commitment to the treatment of people living with HIV/AIDS, but the overall capacity of the health sector to provide antiretroviral therapy, especially to vulnerable groups, is still limited. The Ministry of Health led a strategic planning process that resulted in the development of the National AIDS Programme for 2001-2003 and for 2004-2008. The main objectives of the Programme include preventing the further spread of HIV, developing capacity to treat infected individuals and providing social support and counselling for those living with HIV/AIDS. A network of regional centres for AIDS prevention and centres for anonymous testing for HIV has been established to provide specialized inpatient care for people living with HIV/AIDS. A network of diagnostic laboratories has also been established for controlling the quality of donor blood and for testing individuals from vulnerable populations. The government has developed integrated programmes for preventing HIV infection among infants, and services for preventing mother-to-child transmission are widely available, including a universal opt-out strategy for voluntary counselling and testing during pregnancy and the provision of antiretroviral prophylaxis. Antiretroviral therapy is provided in 15 regions by trained staff, with support from the Global Fund. Laboratory infrastructure needs ongoing attention to improve equipment, to ensure quality control and to ensure training of laboratory staff.

#### Critical issues and major challenges

The lack of availability of opioid substitution therapy for many injecting drug users who need antiretroviral therapy is a significant barrier to creating an enabling environment for antiretroviral therapy provision. Marginalization of and discrimination against drug users remain major obstacles 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. Clinic infrastructure varies greatly from region to region. Other major challenges to scaling up the national response include a weak national monitoring and evaluation system, insufficient human resource capacity and the need for improved coordination among programmes run by state agencies, donors and key partners, including nongovernmental organizations.

## 4. Resource requirements and funds committed for scaling up treatment and prevention in 2004-2005

- Ukraine was successful in its Round 1 application to the Global Fund, with a total of US\$ 91 million requested over five years. The treatment and care component of the proposal was budgeted at about US\$ 62 million, with the Ministry of Health proposed as the principal recipient for the component. In January 2004 the grant was reprogrammed, and the International HIV/AIDS Alliance was appointed interim principal recipient. In September 2005, the International HIV/AIDS Alliance was reappointed principal recipient for the second phase of the Global Fund grant for Ukraine for a total amount of about US\$ 67 million over three years. One of the aims of this funding is to increase access to antiretroviral therapy to up to 6000 people by September 2008.
- The World Bank has provided a US\$ 60 million loan to Ukraine in early 2003 for implementing the Ukraine Tuberculosis and AIDS Epidemic Control Project. This project includes support for the Ministry of Health to strengthen HIV prevention, develop treatment protocols, provide services for the prevention of mother-to-child transmission, treat opportunistic infections, train staff, strengthen laboratories and support the government in implementing its tuberculosis programme through training, diagnostics, treatment, and public awareness campaigns, including in prisons. So far 3% of the loan has been disbursed.
- The United States Agency for International Development launched a US\$ 8.2 million project entitled SUNRISE (Scaling up the National Response to HIV/AIDS through Information and Services) in September 2004 to support HIV prevention and increased access to care and support for people living with HIV/AIDS.
- The budget allocated to HIV/AIDS in Ukraine for 2006 totals US\$ 58 500 000 (including US\$ 11 500 000 from the state budget, US\$ 21 500 000 from the Global Fund and US\$ 25 500 000 from other sources).

## 5. Treatment and prevention coverage

- In 2005, WHO/UNAIDS estimated Ukraine's treatment need to be up to 53 000 people. National treatment targets are being developed.
- The International HIV/AIDS Alliance, primary recipient of the Global Fund grant, has planned to provide antiretroviral therapy to 6000 people by the end of the second phase of grant implementation (September 2008).
- As of November 2004, an estimated 907 people (including 161 children) were receiving antiretroviral therapy in the six regions with the highest AIDS burden: Crimea, Dnipropetrovsk, Donetsk, Mykolayiv, Odessa and the city of Kiev. Of this figure, 84 were funded through the state budget, 662 via the Global Fund grant and 161 by Médecins Sans Frontières. As of October 2005, according to the National AIDS Prevention Center, 2977 people (of whom 381 are children) were receiving antiretroviral therapy in 15 regions (of which the nine additional regions are Vinnitsa, Zaporozhye, Ivano-Frankovsk, Kiev region, Lugansk, Poltava, Kharkiv, Kherson and Sevastopol City). By December 2005, close to 3000 people were receiving antiretroviral therapy.
- Regional AIDS centres have been set up in each region to provide prevention services, and the number of HIV testing and counselling sites has increased up to 487 within the country. Services to prevent mother-to-child transmission of HIV are also increasingly available.

## 6. Implementation partners involved in scaling up treatment and prevention

#### Leadership and management

The Ministry of Health, through the National AIDS Prevention Center, has overall responsibility for national HIV/AIDS policy, programming and management. In May 2005, a new national HIV/AIDS coordination body, the Ukrainian National Coordination Council for the Prevention of the Spread of HIV/AIDS, was created under the umbrella of the Cabinet of Ministers. The objective of the Ukrainian National Coordination Council for the Prevention of the Spread of HIV/AIDS is to coordinate the activities of ministries, other central and local executive authorities and relevant international and public organizations to ensure effective and uniform policy and consolidated disbursement, implementation and monitoring system for HIV/AIDS activities. UNAIDS and the United Kingdom Department for International Development provided support for the establishment of this new government-led coordination mechanism. The Expanded United Nations Theme Group on HIV/AIDS in Ukraine supports the coordination of the activities of United Nations agencies. The International HIV/AIDS Alliance, as the interim principal recipient for the Global Fund 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.

#### Service delivery

The Ministry of Health provides overall leadership in delivering HIV prevention, care and treatment 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 grant. Programme implementation occurs through 150 direct and indirect Alliance grant recipients. Antiretroviral drugs are procured through the International Dispensary Association Foundation (Amsterdam). 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 by the American International Health Alliance supporting the Knowledge Hub for the Care and Treatment of HIV/AIDS in Eurasia (based in Kiev) and the World Bank loan. AHF Global Immunity (a nongovernmental organization based in the United States) provides clinical mentoring through a preceptorship programme. The United States Agency for International Development, WHO and the United Nations Population Fund support testing and counselling activities. The United States Agency for International Development, the European Union and other donors also provide support for prevention, capacity-building of civil society organizations and initiatives that focus on areas most heavily affected by HIV and AIDS. Ukraine joined the Clinton HIV/AIDS Initiative Procurement Consortium in September 2004, enabling Ukraine to purchase antiretroviral drugs at lower prices. Médecins Sans Frontières supported a project for the delivery of antiretroviral therapy services until December 2005, and UNICEF provides support for preventing mother-to-child transmission of HIV as well as information, education and communication activities.

#### Community mobilization

The Global Fund 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 such as the Ukrainian Network of People Living with HIV/AIDS. 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, such as the All Ukrainian Harm Reduction Association. The United States Agency for International Development also supports community mobilization activities through its SUNRISE project, which emphasizes increased access to care and support for people living with HIV/AIDS.

#### Strategic information

The International HIV/AIDS Alliance provides support to the National AIDS Prevention Center in managing the monitoring and evaluation of the scaling up of antiretroviral therapy. The National AIDS Prevention Center is involved in operational research and tracking the people receiving antiretroviral therapy. WHO and UNAIDS play an important role in developing estimates of HIV and AIDS prevalence and treatment needs. 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. Staffing input for scaling up HIV treatment and prevention

WHO's response so far

- Establishing an HIV/AIDS country team in the WHO Country Office for Ukraine to support the government and other partners in scaling up antiretroviral therapy
- Providing technical and financial assistance for upgrading current national HIV/AIDS treatment guidelines
- Supporting technical consultations on first- and second-line antiretroviral therapy regimens
- Providing technical assistance in finalizing the comprehensive National HIV/AIDS Care and Treatment Plan as part of the overall national HIV/AIDS plan
- Providing technical assistance for drug procurement and supply management, including establishing regulations for quality assurance
- Providing technical assistance in developing national standards for HIV testing and counselling
- Providing support for harm reduction and substitution therapy initiatives: development of guidelines, advocacy and a scaling up plan and monitoring and evaluation plan
- Providing technical assistance for developing laboratory capacity
- Providing technical assistance for developing a national monitoring system for the antiretroviral therapy programme
- Providing technical assistance in preventing mother-to-child transmission, diagnostics for HIV infection among infants under 18 months old and access to antiretroviral therapy for children
- Providing technical assistance for developing national HIV estimates and determining antiretroviral therapy need, including organizing national workshops in collaboration with UNAIDS
- Organizing a series of training sessions for local specialists on estimating the size of hard-to-reach population groups and developing national and regional HIV estimates
- Providing technical assistance for developing HIV and behavioural surveillance protocols
- Creating the normative base for initiating HIV drug resistance studies (surveillance, monitoring and evaluation)
- Supporting the establishment of a pilot project on HIV and tuberculosis in Donetsk
- In collaboration with the German Gesellschaft für Technische Zusammenarbeit (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 assistance in developing the treatment, procurement, monitoring and evaluation components of Ukraine's proposal for Phase II of its Global Fund grant
- Providing technical support for planning for implementing the Ukraine Tuberculosis and AIDS Epidemic Control Project supported through a World Bank loan

#### Key areas for WHO support in the future

- Assisting the government in finalizing the National HIV/AIDS Care and Treatment 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
- Assisting in updating and strengthening the current system for the surveillance of sexually transmitted infections
- Assisting in estimating the size of hard-to-reach populations and HIV prevalence and providing support for designing a strategy for regular surveys and systematic data collection
- Collaborating to implement HIV surveillance among people with tuberculosis
- Providing technical assistance in implementing the opioid substitution therapy programme
- Assisting in establishing the HIV drug resistance surveillance and monitoring system (inclusion into the WHO Global HIV Resistance Surveillance Network)
- Continuing to provide technical assistance for strengthening systems for procuring drugs and supply chain management

#### Staffing input for scaling up HIV treatment and prevention

- Current WHO Country Office staff responsible for HIV/AIDS and sexually transmitted infections include an international HIV/AIDS Country Officer and three National Programme Officers: one focusing on treatment and care, one on HIV/AIDS surveillance monitoring and evaluation and one on vulnerable population groups.