Antiretroviral therapy target declared by country: not declared

**UKRAINE**

Estimated number of people needing antiretroviral therapy (0-49 years), 2005: 53 000*

HIV surveillance in injecting drug users latest available year: 2005

**Percent positive**

<table>
<thead>
<tr>
<th>Serum window</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - 45</td>
<td></td>
</tr>
<tr>
<td>46 - 124</td>
<td></td>
</tr>
<tr>
<td>125 - 154</td>
<td></td>
</tr>
<tr>
<td>&gt; 154</td>
<td></td>
</tr>
</tbody>
</table>

*Note: These figures are estimates and may not reflect the actual number of people needing antiretroviral therapy.

1. Demographic and socioeconomic data

<table>
<thead>
<tr>
<th>Date</th>
<th>Estimate</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004</td>
<td>48.2</td>
<td>United Nations</td>
</tr>
<tr>
<td>2005</td>
<td>67.3</td>
<td>United Nations</td>
</tr>
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</table>

2. HIV indicators

<table>
<thead>
<tr>
<th>Date</th>
<th>Estimate</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003</td>
<td>0.54 - 1.73%*</td>
<td>WHO/UNAIDS</td>
</tr>
<tr>
<td>2003</td>
<td>130 000 - 416 000*</td>
<td>WHO/UNAIDS</td>
</tr>
<tr>
<td>2005</td>
<td>3 022</td>
<td>WHO/UNAIDS</td>
</tr>
<tr>
<td>2005</td>
<td>53 000*</td>
<td>WHO/UNAIDS</td>
</tr>
<tr>
<td>2004</td>
<td>487</td>
<td>Ministry of Health</td>
</tr>
<tr>
<td>2005</td>
<td>2.5 million</td>
<td>Ministry of Health</td>
</tr>
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</table>

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, Nikolayev, Dnipropetrovsk, Donetsk, Crimeea 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.

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 is the cornerstone of the strategy to prevent HIV among injecting drug users and to increase their access to antiretroviral therapy. It 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, Mykolayev, Dnipropetrovsk, Donetsk, Crimeea (Simferopil) and Kherson. The current plan is to scale up these projects to 60 000 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

[Further details on antiretroviral therapy and costs per person per year are not provided in the image.]
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 nevirapine + zidovudine + lamivudine. Second-line regimens include: nevirapine + stavudine + lamivudine; efavirenz + tenofovir + emtricitabine with a low-dose ritonavir boost + stavudine + lamivudine. Zidovudine and lamivudine are procured in a fixed-dose combination. The Ministry of Health reported in 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 drugs; allowing them to be tax exempt. With support from the Global Fund grant, the first-line antiretroviral drug stavudine costs US$ 1.75 per person per year in a regimen of non-nucleoside reverse transcriptase inhibitors and US$ 2.20 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$ 1.32 per person per year for the first-line regimen.

Assessment of overall health sector reponse and capacity

The lack of availability of second substitution therapy for many injecting drug users who need antiretroviral therapy is a significant barrier to creating an enabling environment for antiretroviral therapy provision. Marginalisation of and discrimination against drug users remain major obstacles to identifying individuals needing treatment, encouraging them to seek services and providing quality care. Coordination and links between drug dependence treatment services, pre-exposure prophylaxis, 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. 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 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).

• 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, 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

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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, programing 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 newly created body is designed to coordinate the activities of all other central and local authorities and relevant international and public organizations to ensure effective and uniform policy and consolidated disbursment, implementation and monitoring for HIV/AIDS activities. UNAIDS and the United Nations Department for International Development provided support for the establishment of this new government-led coordination mechanism. The Expanded United Nations Development Programme, the United Kingdom Department for International Development, the European Union, the United Nations Development Programme, the United States Agency for International Development, the United Nations Children’s Fund, the United Nations Population Fund and the Global Fund to Fight AIDS, Tuberculosis and Malaria are supporting the implementation of the national strategy. The expansion of the national strategy to cover other regions is planned for 2006.

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), which 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), which 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.

Community mobilization

The Global Fund and the World Bank support significant community mobilization activities. The International HIV/AIDS Alliance, other nongovernmental organizations, 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 has designated one operational and one non-operational HIV/AIDS specialist per town to coordinate implementation of antiretroviral therapy. WHO and UNAIDS continue to play an important role in developing national data for HIV/AIDS trend and prevalence treatment needs. UNAIDS has supported the Ministry 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 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 fur 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.