

JPS

2012-2016



The Joint UN Programme of Support on AIDS for 2012-2016 (JPS) is subsumed under and is aligned with the Government of Ukraine and the United Nations Partnership Framework 2012-2016. Within this five-year strategy UN is providing policy and technical advice, expertise and resources to enhance the capacity of the Government of Ukraine and civil society to establish, maintain, and sustain HIV prevention, treatment, care and support programmes benefitting key populations at higher risk of HIV and people living with and affected by HIV and AIDS, as well as to prevent the spread of the epidemic into the general population.

HIV epidemic in Ukraine: overview and trends

Official Data on HIV*

Number of registered people living with HIV in 2011	120,148
Number of reported new cases of HIV infection in 2011	21,177
Number of people on ART as of 01.01.2012	26,720
Number of reported deaths due to AIDS-related diseases in 2011	3,736
Number of children born of HIV positive mothers in 2011	4,010
Rate of mother to child HIV transmission (calculated in 2011 for children born in 2009)	4.7%
HIV modes of transmission among new cases registered in 2011	49% sexual contacts, 31% injecting drug use, 19% mother to child transmission

* - Ministry of Health of Ukraine, Ukrainian AIDS Centre, Institute of Epidemiology and Infectious Diseases named after L.V. Gromashevsky, 2012: Information bulletin #37. Kyiv – 2011.

HIV/AIDS Estimates**

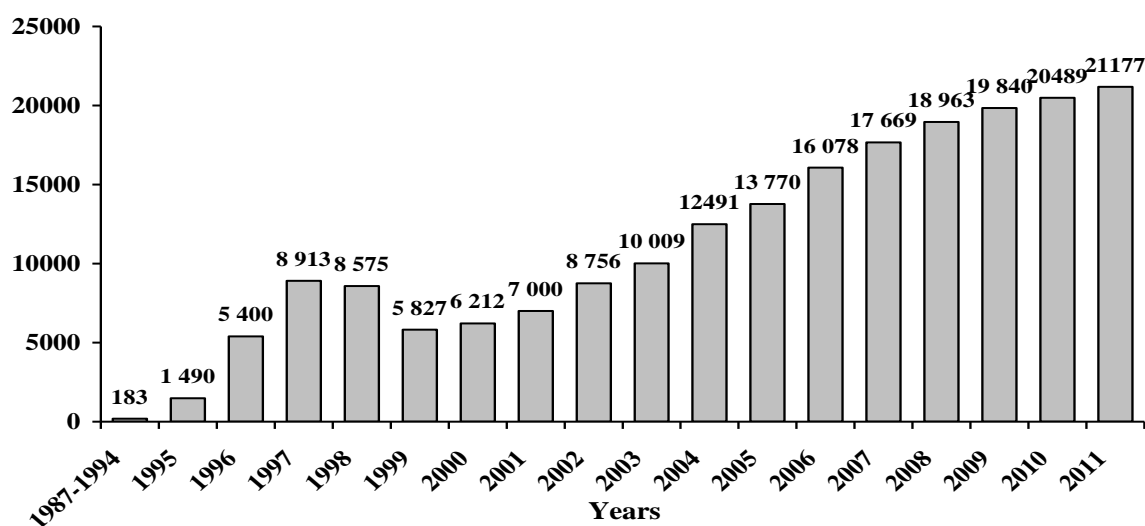
Estimated number of people living with HIV aged 15+ as of 01.01.2012	230,000
Estimated HIV prevalence rate among adults aged 15-49 as of 01.01.2012	0.76%
Estimated HIV prevalence rate among adults aged 15 + as of 01.01.2012	0.58%
Estimated number of deaths of AIDS-related diseases in 2011	22,000
Estimated coverage of ART of the estimated number of people who need it in 2012	22%

** - Ukrainian AIDS Centre of the Ministry of Health of Ukraine, World Health Organization (WHO), Joint United Nations Programme on HIV/AIDS (UNAIDS), International HIV/AIDS Alliance in Ukraine: National Estimates of HIV/AIDS in Ukraine 2012. Kyiv – 2012.

Ukraine has one of the most severe HIV epidemics in Europe, with an estimated 230,000 people living with HIV and 0.78% HIV prevalence among adults aged 15-49 years.² Each day, 58 people are diagnosed with HIV in Ukraine, 25 people diagnosed with AIDS and 10 die of AIDS related diseases, according to official statistics.¹ However, it is generally accepted that the official data do not reflect the real scale of the HIV epidemic in the country as the actual number of people living with HIV in Ukraine is far greater than what the official reports suggest.²

The number of annually reported new cases of HIV infection continues to rise with a total of 21,177 new cases reported in 2011 (46.2 per 100,000 population) – the highest indicator value registered in Ukraine since 1987. Most of the new HIV cases are reported among people aged 25-49 years, women remaining at an increased risk of HIV as their proportion of the newly reported HIV cases compared to men in this age group continues to rise with 45.5% in 2011 in comparison with 43.8% in 2007. The proportion of young people aged 15-25 years among all the newly registered HIV cases has decreased from 15% in 2007 to 9% in 2011, indicating possible impact of the information and education programmes and behaviour change among young people.¹

Reported New Cases of HIV in Ukraine, 1987-2011¹



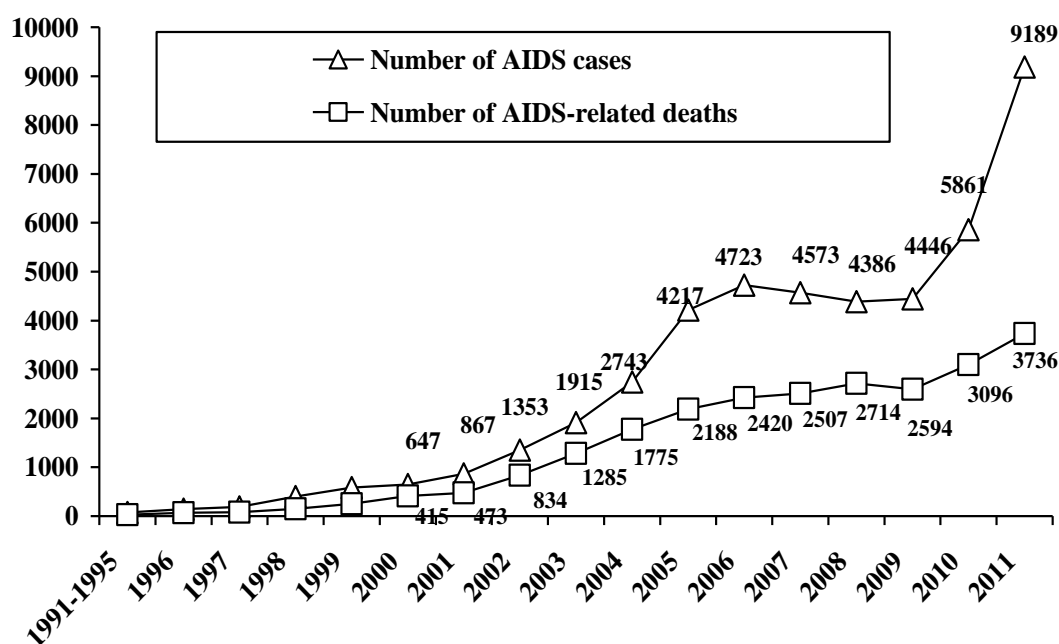
The number of reported deaths due to AIDS-related diseases remains high at 3,736 in 2011 (8.2 per 100,000 population) – a 17% increase from the 3,096 deaths (6.8 per 100,000 population) reported in 2010. Tuberculosis continues to be the major AIDS related disease and cause of AIDS associated death in Ukraine. In 2011, tuberculosis was diagnosed in 5,745 (62.5%) out of the total of 9,189 new AIDS cases. The low coverage of antiretroviral therapy (ART), late diagnosis and late reporting for treatment - all contribute to the increase of AIDS related deaths. It is estimated that only one half of the people living with HIV in Ukraine have been tested for HIV and are aware of their HIV-positive status, and as a result,

¹ Ministry of Health of Ukraine: “Ukraine Harmonized AIDS Response Progress Report”. Reporting period: January 2010 – December 2011. Kyiv – 2012.

² Ukrainian AIDS Centre of the Ministry of Health of Ukraine, World Health Organization (WHO), Joint United Nations Programme on HIV/AIDS (UNAIDS), International HIV/AIDS Alliance in Ukraine: National Estimates of HIV/AIDS in Ukraine 2012. Kyiv – 2012.

only 106,225 people have been diagnosed with HIV and are in HIV care in specialized health care facilities by the beginning of 2012.¹

Reported AIDS Cases and Related Mortality, 1991-2011¹



The prevention of mother-to-child transmission of HIV (PMTCT) has shown being most successful HIV programme in Ukraine with the highest impact thanks to the effective implementation of the National PMTCT Programme, contributing to the proportion of HIV-infected pregnant women receiving ART for the PMTCT expanding to 95.5% in 2011 and the rate of mother-to-child transmission reducing from 27.8% in 2001 to 4.7% in 2009 (calculated in 2011 for children born in 2009). However, the increasing number of HIV infected women in the child-bearing age has caused a gradual increase in the number of infants born to HIV infected mothers, and consequently, the overall number of children with confirmed HIV-positive status continues to increase.¹

The HIV epidemic in Ukraine remains concentrated among the key populations at higher risk of HIV such as people who inject drugs, sex workers, and men who have sex with men, with the HIV rates being high also among prisoners. The recent reports on the growth of the sexual transmission of HIV however raise considerable concern about the potential of the epidemic to “bridge” into the general population. In 2011, the proportion of HIV-positive people reporting being infected as a result of unprotected sexual encounters increased to 49% compared with the 31% reporting as being infected through the injection of drugs. Yet, the sexual mode of HIV transmission remains mainly related to the unsafe sexual behaviour of people who inject drugs and their sexual partners and thus, also contributing to the increased number of women that get infected by HIV as a result of unprotected sexual contact with HIV-infected men who inject drugs.¹

People who inject drugs: Around 332,500 [278,000 – 387,000] people are estimated to inject drugs in Ukraine.² The HIV prevalence in this group reaches 21.5%, with the highest rate of 43.8% in Mykolayiv region, 41.3% in Dnipropetrovsk region, and 37.5% in Chernigiv region. The HIV prevalence in women who inject drugs is 23.6% compared with

20.8% in men who inject drugs, reflecting upon the women's higher vulnerability to HIV infection through injecting drug use. After more than ten years of consistent growth in the number of reported new HIV cases in people who inject drugs, the 2011 data indicates the stabilization of the HIV epidemic in this group of population with the HIV prevalence among young people who inject drugs aged 25 and under decreasing to 7.1% in 2011 compared to 24.4% in people who use drugs aged 25 and over in the same year, and the absolute number of reported new HIV cases in people who inject drugs reducing from 7,084 in 2007 to 6,588 in 2011. However, the HIV rates among people who inject drugs still remain high and the group remains the most affected by the epidemic in the country.¹

Sex workers: Ukraine does not officially register the HIV infection cases among female sex workers, but the findings from the sentinel surveillance studies indicate wide spread of HIV infection in this group. The estimated number of female sex workers in Ukraine totals 67,500 [52,000 – 83,000]² and the overall HIV prevalence in this group amounts to 9.0%, reaching as high as 38.2% in Donetsk region, 23.7% in Kyiv region and 23.03% in Poltava region. The HIV prevalence among female sex workers who inject drugs is higher than those that do not use injecting drugs (40.5%, compared with 6.4%, respectively).¹

Men who have sex with men: Another group facing an increased risk of HIV is men who have sex with men who are estimated at 224,500 [200,000 – 249,000] in Ukraine.² The HIV prevalence in this group reaches 6.4%, which is an underestimate of the true magnitude of the HIV epidemic in this group of men whose access to HIV related services remains limited.¹

Prisoners: Ukraine has one of the highest incarceration rates in the world (323 per 100,000 population) with approximately 130,000–140,000 prisoners at one time. Yet only little over one third of these people have been tested for HIV. In 2011, through the sentinel surveillance study, the HIV prevalence among prisoners was found as high as 13.7% ranging between 0 and 52% across various settings. The HIV prevalence was the highest among the prisoners with experience of injecting drug use (22.9%) compared with 8.1% among those with no history of injecting drug use.¹

Adolescents and youth at higher risk of HIV exposure: Although there is a positive trend in reduction of officially registered new HIV cases in persons aged 15-24 from 2,775 in 2005 to 1,907 in 2011, the situation among adolescents and youth at higher risk of HIV is still of particular concern. Young people who inject drugs, adolescent girls who sell sex and young people living in the streets are at especially high risk of HIV infection due to their vulnerability and extremely limited access to HIV prevention, care and support services that currently are mostly targeting people over 25. Many of these young people do not seek care or support as they fear police harassment or being sent to state institutions. In 2011, the HIV prevalence in the age group under 25 was 7.1% in people who inject drugs, 7.1% in female sex workers, 7.8% in men who have sex with men, and 17.3% in prisoners.¹

Migrants: Over 160,000 migrants are permanent residents of Ukraine, while another large group comprises of undocumented migrants. There is no official data on the rates or risk of HIV in migrants residing in Ukraine. The only bio-behavioral survey conducted in 2010-2011 among the Ukrainian labour migrants with a record of employment abroad found the high HIV prevalence among them at 2.9% that is attributable to their high risk behaviours such as injecting drugs, sex trade, and imprisonment. More evidence is required to better understand the link between migration and HIV infection as well as the impact of Ukrainian labour migrants' sexual and other behaviours on HIV transmission, to further design and

implement relevant HIV prevention and care programmes for migrants both leaving from and coming to Ukraine.¹

The UN System and the UN Country Team in Ukraine

The United Nations System in Ukraine consists of 14 UN funds, programmes, specialized agencies and Bretton Woods institutions, which all work in different areas and in line with their own programmes and strategies, but are united by an overriding strategic goal to assist the people of Ukraine in their efforts to build a better future for the country.

The UN system in Ukraine is led and coordinated by the UN Resident Coordinator, who acts as a designated representative of the UN Secretary-General in Ukraine.

The UN Country Team in Ukraine is comprised by the following agencies: United Nations Development Programme (UNDP), United Nations Children's Fund (UNICEF), United Nations Population Fund (UNFPA), UN High Commissioner for Refugees (UNHCR), United Nations Office on Drugs and Crime (UNODC), World Health Organization (WHO), Joint UN Programme on HIV/AIDS (UNAIDS), International Labour Organization (ILO), International Organization for Migration (IOM), International Atomic Energy Agency (IAEA), and Bretton Woods institutions, including International Monetary Fund (IMF), World Bank (WB), International Finance Corporation (IFC), and UN Women.

To ensure interagency coordination, the UN Country Team (UNCT) is led by the UN Resident Coordinator and meets regularly to plan and take joint decisions on strategic and programmatic issues, as well as to coordinate the UN support for the development agenda of Ukraine.

The UNCT collaborates with the President, the Government of Ukraine, and the Parliament of Ukraine to promote the achievement of the Millennium Development Goals and other global commitments, including those related to AIDS.

UNAIDS Division of Labour for HIV and AIDS

The UN in Ukraine has prioritized the need to deliver greater coherence and synergy so that it can perform as one, and be more than the sum of its parts. The Division of Labour for HIV and AIDS is a framework developed to strengthen the overall work of the Joint UN Programme on HIV/AIDS (UNAIDS) and to improve the UN system's delivery of results through strengthening joint working and maximizing partnerships.

The Division of Labour for Ukraine provides definition of the roles and responsibilities of each UN organization working in the area of HIV and AIDS and contributes to the effectiveness and efficiency of the UN collective response as it based on the respective strengths and a rational sharing of tasks identifies the UNAIDS Cosponsor Agency responsible for the coordination of each Area of Division of Labour.

To avoid duplication, the UNAIDS Cosponsor Agencies have outlined their contribution to each area in which they are a convener or/and a partner. The UNAIDS Secretariat's role and responsibilities focus on the issues of leadership; overall coherence, cohesion and coordination across all the Areas of Division of Labour; and mutual accountability of the UNAIDS family for results.

In Ukraine, there are five identified Areas of Division of Labour through which the UNAIDS technical support will be provided. For each of these areas, the Division of Labour has named a Convener and Members of the Division of Labour Team, reflecting the mandates and comparative advantages of the respective UNAIDS Cosponsor Agencies. The additional, cross-cutting area is to focus on the support to strategic, prioritized, and costed multi-sectoral national AIDS plans and their operationalization.

The Convener UNAIDS Cosponsor Agency serves as an entry point for the Government of Ukraine and other country-level stakeholders to acquire support within the particular Area of Division of Labour. The Convener is primarily responsible for coordinating the provision and/or facilitation of the support in that area, but the Members of the Division of Labour Team also contribute to it by their mandates and specific expertise.

UNAIDS Division of Labour for HIV and AIDS in Ukraine

Area of Division of Labour	Convener	Agency partners / Members of the Division of Labour Team
1. Protect drugs users from becoming infected with HIV and ensure access to comprehensive HIV services for people in prisons and other closed settings	UNODC	UNDP, WHO, UNICEF, WB, UNFPA
2. Reduce sexual transmission among most-at-risk populations, their partners, and young people	UNFPA UNICEF (for MARA ¹) UNDP (for MSM ²)	UNDP, WHO, UNICEF, UNHCR, ILO, WB, UNODC, IOM
3. Prevent mothers from dying and babies from becoming infected with HIV	UNICEF	WHO, UNODC UNFPA, UNDP, UNHCR
4. Ensure that people living with HIV receive treatment and are prevented of dying from TB	WHO	UNDP, UNHCR, UNICEF, ILO, UNODC
5. Remove punitive laws, policies, practices, stigma and discrimination that block effective responses to AIDS	UNDP UNAIDS	UNFPA, UNODC, WHO, UNHCR, ILO, UNICEF, IOM

1 — Most-at-risk adolescents

2 — Men who have sex with men

The UNAIDS Secretariat has overall responsibility for ensuring functioning and accountability across all Areas of the Division of Labour on the following:

- Leadership and advocacy to influence the setting of a rights-based and gender-sensitive HIV political agenda at the country level for the three Strategic Directions outlined in the UNAIDS Strategy for 2011–2015, in order to reposition the Joint UN Programme of Support within a changing (aid and development) environment, based on the analysis of strategic information, including data on the current drivers of the HIV epidemic. The three Strategic Directions are:

- 1) Revolutionizing HIV prevention;

- 2) Catalysing the next phase of treatment, care and support; and
- 3) Advancing human rights and gender equality for the HIV response.
- Coordination, coherence and partnerships across all the areas outlined in the Division of Labour matrix, to ensure delivery on the three Strategic Directions.
- Mutual accountability of the UNAIDS Secretariat and UNAIDS Cosponsor Agencies to enhance programme efficiency and effectiveness and to optimally deliver on the shared Joint UN Programme of Support mission, vision and strategy, with measurable results.

The Joint UN Team on AIDS in Ukraine

The body primarily responsible for the management and implementation of the Joint UN Programme of Support (JPS) in Ukraine is the Joint UN Team on AIDS. The Joint Team is the UN System's permanent operational and technical body on AIDS in Ukraine, and consists of at least one UN staff working full - or part-time on AIDS at each UN Agency, and meets at least monthly. The aim of the Joint Team is to ensure the cohesion and effectiveness of the UN contribution to an expanded national response to HIV in Ukraine. The Joint Team is chaired by the UNAIDS Country Coordinator and facilitated by the UNAIDS Secretariat.

The Joint UN Programme of Support on AIDS for 2012-2016

Definition, Aims and Purpose of the Joint UN Programme of Support on AIDS

The Joint UN Programme of Support on AIDS for 2012-2016 (JPS) is a living document summarizing the coordinated efforts of the UN Agencies, the UNAIDS Secretariat, and IOM to support the Ukraine's national response to the HIV epidemic in one single five-year strategic framework. The purpose of the JPS is to articulate the joint approach which the UN Agencies are taking in strengthening cooperation with the Government and other partners in Ukraine in countering and accelerating efforts in response to HIV epidemic in 2012-2016, to define their roles and responsibilities, and to serve as a planning mechanism by which the Joint UN Team on AIDS can best technically support the implementation of the National AIDS Programme and reach Zero New HIV Infections, Zero AIDS-related Death, and Zero Discrimination in Ukraine.

The goal of the JPS is to achieve greater cohesion and effectiveness at the country-level to generate improved results for Ukraine's response over both short- and long-term periods. Using the JPS, the UN System aims to unify and integrate the UN support within the national planning frameworks, strategically fill existing gaps, and harmonize its efforts with other partners.

The JPS is a result of a consultative participatory process, which based on strategic discussions between the UN System, the Government of Ukraine, civil society and development partners, combines identification of gaps in the national response, and includes an analysis of strengths and comparative advantages of the UN System and individual UN Agencies and teams, to overcome these gaps.

The JPS presents the main priority areas for individual and collective work of the resident and non-resident UN organizations, identified in accordance with the joint strategic planning for 2012-2016 and work planning for 2012-2013. The JPS aligns with the Ukraine's



The Joint UN Programme of Support on AIDS for 2012-2016 presentation at the Stakeholders and Partners meeting on 7th December 2011. From left Dr. Anna Shakarishvili, UNAIDS Country Coordinator in Ukraine, Mr. Olivier Adam, UN Resident Coordinator in Ukraine, Dr. Jean-Elie Malkin, Director of UNAIDS Regional Office for Europe and Central Asia, Ms. Olena Eshchenko, Deputy Head of the State Service of Ukraine on HIV/AIDS and Other Socially Dangerous Diseases, Mr. Dmytro Sherembey, Deputy Head of the Coordination Council of the All-Ukrainian Network of PLWH.

Millennium Development Goals for 2015, the National AIDS Programme 2009-2013, the Global Fund grant-supported programmes on AIDS and TB, the National Targets for Universal Access, and articulates the UN System’s practical support in the national implementation of the Three Ones Principles. It is also in full alignment with the Political Declaration on HIV/AIDS adopted by the General Assembly in June 2011, and the new UNAIDS Strategy for 2011-2015 and its Unified Budget, Results and Accountability Framework for 2012-2015.

The JPS is well harmonized with the other development partners’ programmes focused on AIDS in Ukraine, including the Partnership Framework Between the Government of the United States of America and the Cabinet of Ministers of Ukraine on Cooperation in Countering HIV/AIDS 2011 – 2015.

The JPS aims to provide a detailed joint UN work plan to the key partners in Ukraine, and improve partners’ access to provision of technical support and resources through the UN System. Additionally, the JPS clearly defines the lines of mutual accountability and the mechanisms for enforcing them to foster greater overall commitment to the AIDS response, and monitors the progress and achievements made in the implementation of the JPS.

The UN Priority Areas of Support for 2012-2016

The JPS is an expression of strategic choices made by the UN Country Team and the Joint UN Team on AIDS on how to best support in 2012-2016 the effective implementation of the National AIDS Programme and reaching the National Targets for Universal Access and the Zero goals in Ukraine. The strategic areas of support and partnership identified and included

in the JPS reflect the goals of the Political Declaration for 2012-2015 and UNAIDS Strategy for 2011-2015, of which the five priority areas of support for the JPS have been selected in response to the identified gaps in and priorities of Ukraine's response to the HIV epidemic.

Priority Area 1: Universal Access for People Who Use Drugs and Prisoners

As the unsafe injection of drugs continues to be the leading mode of HIV transmission, people who use drugs by injection remain a priority for HIV programming in Ukraine, with harm reduction programmes now in place in all regions of the country. However, these programmes cover only one-third of the estimated 278,000 - 387,000 people who inject drugs in Ukraine and provide only a minimal package of prevention and care services.

While the National AIDS Programme's goal is to reach with substitution maintenance treatment (SMT) 20,000 opioid dependant injecting drug users by 2013, the current coverage is only little over 6,632 clients that correspond to only 2.7% of the number of opioid drug users in Ukraine. People who inject drugs comprise only over 8.3% of those that have access to anti-retroviral treatment (ART) while they represent the majority of the cumulative people living with HIV. Prisoners remain another highly vulnerable group as only small scale and narrow scope HIV prevention and care services are provided in correction facilities in Ukraine. Currently only 12% and 15% of prisoners have access to HIV testing and prevention services, respectively.

The JPS strategic Priority Area 1 and the corresponding Outcome is to ensure that **by 2016, the coverage of needle and syringe programmes, SMT, timely and uninterrupted ART, care and support for people who use drugs, prisoners and those living with HIV is increased, through strengthened leadership, capacities, policies and legislation that are evidence-informed and human rights focused.**

Within this specific outcome, UNODC will lead with the support of WHO and UNAIDS in the implementation.

The specific activities will be implemented under the following five Outputs:

- Policy and legal frameworks concerning narcotic drugs, criminal justice, prison management and those related to HIV reviewed, revised and harmonized to support evidence-informed and human-rights based comprehensive approaches in addressing HIV epidemic among people who use drugs and in prison settings
- Service protocols, guidelines and quality standards of HIV related services for people who use drugs and in prison settings are developed, regularly updated in line with international guidelines and standards, and used by service providers
- Capacities of government and civil society organizations are improved to deliver comprehensive, integrated, gender-sensitive and age-specific HIV prevention and care interventions for people who use drugs and in prison settings
- Model of integrated and easily accessible services system that would allow for the implementation of evidence-informed, large-scale and comprehensive interventions for people who inject drugs and in prison settings developed and disseminated
- Strategic information on people who use drugs and people in prison settings as well as on accessibility of comprehensive HIV prevention, treatment, care and support services for them available for policy and programme enhancement, and for resource mobilization.

Priority Area 2: Reducing Sexual Transmission

The sexual transmission of HIV is emerging as the increasing trend and is closely linked to risky sexual behaviour among and with people who inject drugs, sex workers (SW), men who have sex with men (MSM) and adolescents at higher risk of HIV exposure, and continues to be one of the most difficult modes of HIV transmission to address in Ukraine. Access to HIV prevention services is limited among SWs, MSM and transgender people, with only 61.2% of SWs and 53.1% of MSM being provided HIV prevention services in the last 12 months. Although the share of the burden of the HIV epidemic is prominent among these populations, the policy and legal barriers often stand in the way of adequate access of these groups to the HIV prevention services.

The UN System calls for promoting respective changes in policies and practices addressing the needs of key populations at higher risk of HIV and young people, individual and community level behavioural change that result in sexual health, scaling up access to prevention commodities and services – especially for people at higher risk and the youth, and supporting the leadership of people living with HIV for ‘positive health, dignity and prevention’. In the Ukrainian context, it strives for key populations at higher risk of HIV and their partners to have access to integrated services for HIV prevention, reproductive health and sexually transmitted infections (STIs) services, and mainstreaming HIV and AIDS into broader healthy lifestyle curriculum and extra curriculum activities for youth. The UN System supports empowerment of these populations to both demand and access comprehensive and acceptable packages of HIV prevention, treatment, care and support services, and that the law enforcement agencies, the judicial and other systems protect their rights.

The JPS strategic Priority Area 2 and the corresponding Outcome is to ensure that **by 2016, integrated and combination HIV prevention of sexual transmission of HIV among MARPs and their partners, and young people are scaled up through enhanced policies, capacities and systems strengthening.**

Within this specific outcome, UNFPA will lead with the co-convening support of UNICEF and UNDP, and the support of WHO, UNAIDS, UNESCO, ILO and IOM in the implementation.

The specific activities will be implemented under the following three Outputs:

- National policies, programmes and tools are developed / revised, enhanced based on the evidence and effectively implemented to better address HIV prevention among most-at-risk populations key populations at higher risk of HIV exposure (SWs, MSM), most-at-risk adolescents and youth.
- HIV mainstreamed into broader healthy lifestyle curriculum and extra curriculum educational activities aimed at HIV prevention among children and youth and reduction of stigma and discrimination towards people living with HIV.
- MARPs and their partners have access to integrated HIV, STI and reproductive health services of high quality.

Priority Area 3: Elimination of Mother-to-child Transmission of HIV

As the High Level Meeting on AIDS and the Political Declaration called in June 2011, the virtual elimination of mother-to-child transmission (MTCT) is a high global priority.

Ukraine is one of those countries that may reach that goal by 2015. The country made a significant progress since early 2000s with the MTCT rate being reduced from 27.8% in 2001 to 4.7% in 2009, but much more needs to be done to prevent mothers from dying and babies from becoming infected with HIV.

For Ukraine to eliminate vertical transmission of HIV and reduce AIDS-related maternal mortality, the JPS strategic Priority Area 3 and the corresponding Outcome is to support Ukraine in that **by 2016, access to HIV testing and ARVs, prevention of unwanted pregnancies and HIV prevention increased, especially for the vulnerable and at risk women.**

Within this specific outcome, UNICEF will lead with the support of WHO, UNFPA, UNAIDS and UNODC.

The specific activities will be implemented under the following two Outputs:

- The National Strategy for elimination of the new HIV infections among children and keeping their mothers alive supported by comprehensive, costed and adequately budgeted strategic plan that is integrated into the new National AIDS Programme 2014-2018.
- All women, including those excluded, vulnerable and at risk, have access to quality PMTCT, HIV and reproductive health services provided in accordance with equity principles and international standards.

Priority Area 4: Universal Access to Treatment

Increased access to treatment makes an impact on significantly reducing HIV-related mortality, enabling people to lead healthy lives. Ukraine has made a remarkable progress in scaling up ART programme in the recent years. However, it is estimated that only one half of the estimated 230,000 people currently living with HIV in Ukraine is aware of their HIV positive status and, as a result, only 106,225 people have been diagnosed with HIV and are in HIV care in specialized health care facilities by the beginning of 2012.

According to the official statistics, only 26,720 people living with HIV currently receive treatment in the country that corresponds to only 22% of the coverage of the estimated need in ART based on the 2010 WHO guidelines, which is one of the lowest in the world. Only small proportions (8.3%) of those who are currently receiving ART in Ukraine are people who inject drugs. Another serious challenge for Ukraine is to tackle the high rate of TB co-infection among people living with HIV that reaches over 60% in some regions of the country, and the continuous growth of the TB/HIV mortality (0.1 in 1999 compared with 3.9 in 2007 and 5.5 in 2009 per 100,000 of population).

One of the core challenges for Ukraine to ensure universal access to HIV treatment, prevention and care through health care is the ineffective protection of the population from the risk of high health care costs and the inefficiencies of the health systems. It is therefore of utmost importance that HIV is included in the ongoing health sector reform and respective policy decisions, is financed through new financial arrangements and mechanisms, and is well integrated with other specialized services and decentralized for ensuring better access.

To support Ukraine in filling these gaps, the JPS strategic Priority Area 4 and the corresponding Outcome is to ensure that **by 2016, universal access to timely, integrated, uninterrupted and high quality HIV and TB treatment for people living with HIV is achieved with enhanced policies, stronger evidence and strengthened health systems.**

Within this specific outcome, WHO will lead with the support of UNICEF, UNDP, UNAIDS, and the World Bank in the implementation.

The specific activities will be implemented under the following three Outputs:

- Evidence-based policies and tools for scaled up and quality treatment, care and support for adults and children living with HIV are developed, regularly updated and implemented in line with international standards.
- Integrated care models for patients with HIV, TB and drug dependence are developed, implemented, evaluated and expanded.
- National capacities for generation and use of the strategic information are strengthened to enable effective planning and implementation of the national and regional programmes.

Priority Area 5: Enabling Laws, Policies, Practices and Systems, Reduction of Stigma and Discrimination, Gender Equality and Protection of Human Rights

Punitive laws, policies, practices, stigma and discrimination can block effective responses to HIV by driving people away from HIV services and reducing an individual's ability to avoid HIV as well as impact people living with HIV. The enforcement of these problematic laws and policies, and on the other hand, punitive practices still exist even with the enabling legal and policy frameworks that are in place.

Over 50% of people living with HIV in Ukraine report being stigmatized and discriminated against. In Ukraine, all of these factors restrict many people's equal access to health, social, education and other services, employment, property and other rights. Law enforcement often drive people who use drugs, SWs and MSM underground and away from HIV services, which also is the case when laws criminalize HIV transmission.

The JPS strategic Priority Area 5 and the corresponding Outcome is to ensure that **by 2016, Ukraine has the laws, policies, practices and systems in place that ensure effective HIV response, gender equality, and reduction of stigma and discrimination.**

Within this specific outcome, UNDP will lead with the co-convening role of UNAIDS and the support of ILO, WHO, UNODC, UNFPA, the World Bank, UNHCR, UNESCO and IOM in the implementation.

The specific activities will be implemented under the following seven Outputs:

- The State AIDS Law is operationalised and effectively implemented.
- The National AIDS Strategic Framework and Programme on AIDS for 2014-2018 are developed to incorporate comprehensive, evidence-informed, prioritized, efficient and costed prevention, treatment, care and support programmes addressing most-at-risk and vulnerable populations key populations at higher risk of HIV exposure, human rights and gender, and are effectively implemented and show impact.



The Joint UN Team on AIDS and national partners with Dr. Anna Shakarishvili, UNAIDS Country Coordinator in Ukraine and Dr. Jean-Elie Malkin, UNAIDS Regional Director for Europe and Central Asia in the middle.

- The national coordination structures and systems for AIDS are effective in multi-sectoral coordination and overseeing the implementation of the National AIDS Strategy and Programme and the Global Fund supported programmes, addressing punitive laws, policies and practices, efficiency gains, and showing the impact on the HIV epidemic.
- Health, law enforcement, judicial, education and other sector workers are empowered to reduce discrimination towards people living with HIV and other vulnerable populations in respective areas.
- The National Tripartite Cooperation Strategy on HIV and AIDS in the World of Work is adopted and implemented based on provisions of the global ILO Recommendation 200 to address HIV in the world of work with a focus on non-discrimination.
- Support in development and implementation of multi-sectoral gender strategy in HIV response and its integration in the national gender policies is provided.
- Appropriate mechanisms are in place to monitor and respond to violation of human rights, stigma and discrimination to inform the practices, policies and HIV and other programmes on the ground.

JPS Work Plan for 2012-2013

JPS Outcome 1: By 2016, increased coverage of needle and syringe programmes, substitution maintenance therapy, timely and uninterrupted ART, care and support for people who use drugs, prisoners and those living with HIV, through strengthened policies and legislation that are evidence-based and human rights focused, leadership and capacities

Output	Activity with main UN implementers	Expected results
1.1. Policy and legal frameworks concerning narcotic drugs, criminal justice, prison management and those related to HIV reviewed, revised and harmonized to support evidence-informed and human-rights based comprehensive approaches in addressing HIV epidemic among people who use drugs and in prison settings	<u>Activity 1.1.1. UNODC.</u> Guide and support HIV-related policy and legal framework review in police, prison and narcology sectors to enforce development of new policies for enhancing enabling environment for HIV programmes for people who use drugs and in prisons; support development of sectoral HIV policy frameworks, strategic and operational plans for law enforcement and prison sectors in line with the international guidelines and best practices.	Sectoral HIV prevention policy frameworks for narcology, penitentiary and law enforcement are developed and endorsed; relevant sectoral strategic action planes are elaborated as a basis for development of National AIDS Programme for 2014-2018.
	<u>Activity 1.1.2. UNODC.</u> Support advocacy and awareness raising among senior government, policy making and other officials from judicial, prison, law enforcement and drug control sectors at national and oblast levels.	National and sectoral HIV policy and action plans are developed in compliance with international standards and best practices of HIV prevention among injecting drug users and inmates.
1.2. Service protocols, guidelines and quality standards of HIV related services for people who use drugs and in prison settings are developed, regularly updated in line with international guidelines and standards, and used by service providers	<u>Activity 1.2.1. UNODC, WHO.</u> Support review of existing national service provision and quality standards, and further revision/development of those based on the collected in Ukraine and globally available evidence and international standards.	Recommendations on further standard improvement and usage are provided to relevant national stakeholders.
1.3. Capacities of government and civil society organizations are improved to deliver comprehensive, integrated, gender-sensitive and age-specific HIV prevention and care interventions for people who use drugs and in prison settings	<u>Activity 1.3.1. UNODC, WHO.</u> Support assessment of the currently implemented education and training modules and curricula used by the narcology, police, prison and harm reduction training institutions; provide those with technical, organizational and financial support to update the education and training tools, their institutionalization and capacity enhancement.	Reports on the assessment of training modules and curricula for professional training used by the narcology, police, prison and harm reduction training institutions available for relevant sectors and stakeholders; lecturers and trainers trained to pilot updated/developed modules and curricula.

1.4. Model of integrated and easily accessible services system that would allow for the implementation of evidence-informed, large-scale and comprehensive interventions for people who inject drugs and in prison settings developed and disseminated	<u>Activity 1.4.1. UNODC.</u> Guide and support sub-national / regional level inter-sectoral collaboration between law enforcement, drug control, prison, public health, and civil society partners to scale up access to integrated services for HIV and other services for people who use drugs and in prisons.	Comprehensive model of HIV services which involves narcology facilities, civil society organizations, law enforcement , prisons and detention settings is developed to promote continuum of care for injecting drug users and inmates at local (sub-national level)
	<u>Activity 1.4.2. UNODC.</u> Conduct assessment of the needs and capacity of the selected service providers in the community and prisons settings; support development and implementation of comprehensive and integrated service provision models, their evaluation, and further replication and scaling up of effective ones.	The needs assessment in 2 selected facilities to implementation of comprehensive model of HIV services for injection drug users and inmates is made and strategy for the model implementation is developed, including requested financial support.
1.5. Strategic information on people who use drugs and people in prison settings as well as on accessibility of comprehensive HIV prevention, treatment, care and support services for them available for policy and programme enhancement, and for resource mobilization	<u>Activity 1.5.1. UNODC.</u> Conduct mapping and assessment of the availability, coverage and quality of HIV services provided for people who use drugs and in prison settings to inform further programme implementation, monitoring and evaluation, and policy development.	Mapping protocol and instruments piloted and presented to stakeholders and potential further usage by M&E teams at national or local level.
	<u>Activity 1.5.2. UNODC, WHO, UNAIDS.</u> Guide and support development of the sectoral monitoring and evaluation tools on HIV prevention among people who use drugs and prisoners.	Presentations, discussion of the target setting guide and feasibility recommendations.
	<u>Activity 1.5.3. UNAIDS.</u> Complete the cost-effectiveness evaluation of the needle-syringe exchange programmes in Ukraine, and support implementation of its recommendations to inform the revisions to the ongoing HIV programmes for people who use drugs, policies and development of the new National AIDS Programme 2014-2018.	The final report of the cost-effectiveness evaluation of the needle-syringe exchange programmes published and presented to all stakeholders.

JPS Outcome 2: By 2016, integrated and combination HIV prevention of sexual transmission of HIV among most at risk populations and their partners, and young people are scaled up through enhanced policies, capacities and systems strengthening in Ukraine.

Output	Activity with main UN implementers	Results
2.1 National policies, programmes and tools are developed / revised, enhanced based on the evidence and effectively implemented to better address HIV prevention among most-at-risk populations (SWs, MSM), most-at-risk adolescents and youth	<u>Activity 2.1.1. UNAIDS, UNFPA, UNICEF.</u> Technical support and resource mobilization for the external assessments of social organization of sex work and HIV/STI interventions for female SWs in selected regions of Ukraine, and based on their recommendations, support modification of the ongoing programmes and development of new ones within the Global Fund funded programmes	<p>Study of social organization of sex work carried out in selected oblasts/cities; recommendations for the revision of the ongoing and development of new interventions for sex workers and their partners developed based on the study findings in connection with various types and groups of SWs, their partners and gatekeepers; report on the findings and recommendations produced</p> <p>HIV services and interventions assessed in selected regions, following the SW social organization study; recommendations for the revision/implementation of HIV and other interventions for sex workers and their partners developed based on the study findings; report on the findings and recommendations produced</p> <p>Interpretation services provided at meetings, during site visits, etc to international consultants; report translated</p> <p>Two reports printed - each from the study and the assessment</p> <p>Findings/recommendations presented; reports launched</p>
	<u>Activity 2.1.2. UNICEF.</u> Guidance and technical support to review legislation and policies to identify age-related barriers to access health services, including HIV counselling and testing, by most-at-risk adolescents and to develop recommendations for policy change, including adaptation of existing protocols, standards, training and other tools on HIV counselling and testing to inform the implementation of the NAP, including Global Fund supported programmes	<p>Protocols and other tools on HIV VCT for most-at-risk adolescents and young people are revised</p> <p>Guidance note to the stakeholders and service providers are developed, pre-tested and published</p> <p>Legislation and regulations are revised and respective recommendations developed</p> <p>Report translated, produced and launched</p>
	<u>Activity 2.1.3. UNDP.</u> Provide technical support to the partners implementing MSM and transgender focused HIV programmes and actual health and other service providers with the implementation of the needs- and other evidence-based operational guides, monitoring and evaluation and other tools, and respective advocacy work at the national and subnational	

	levels.	
	<u>Activity 2.1.4. WHO, UNICEF, UNAIDS.</u> Generate new strategic information and develop analytical work on risks, vulnerability and factors contributing to changes in HIV transmission, prevalence and behaviours in key populations (SWs, IDUs, MSM) their partners and young people, and response to HIV, and also provide projections to inform policies, on-going state, Global Fund supported and other targeted programmes, planning and funding frameworks for the new National AIDS Strategy and Programme for 2014-2018.	Recommendations developed for inclusion into the new National AIDS Program for 2014-2018;
2.2 HIV mainstreamed into broader healthy lifestyle curriculum and extra curriculum educational activities aimed at HIV prevention among children and youth and reduction of stigma and discrimination towards people living with HIV	<u>Activity 2.2.1. UNFPA, UNESCO.</u> Support of the review of HIV prevention in education sector, development of a strategic plan for mainstreaming HIV prevention and stigma and discrimination reduction.	Review is conducted, review findings and recommendations presented to the government
	<u>Activity 2.2.2. UNFPA, UNDP.</u> In Odessa and Mykolaev oblasts, train technical vocational school students to increase their HIV/STI awareness, safe and health service seeking behaviours, build capacity of school staff and HIV, STI, reproductive health and youth health service providers in providing respective services and education to those young people, including in reducing stigma and discrimination towards people living with HIV; guide the national and local partners in further scale up of best practices from the project, and policy and tools development and their implementation nationally.	Health services strengthened to provide youth-friendly HIV/STI-related services for students of technical vocational schools. Demand strengthened among students of technical vocational schools for good quality and accessible HIV/STI information and prevention services. UNESCO will provide CD-based training module on HIV prevention education for teachers
	<u>Activity 2.2.3. UNFPA.</u> Implement internet TV based HIV/STI/reproductive health dedicated thematic programmes for increasing HIV knowledge and awareness, and promoting condom use, other safe behaviours and tolerance towards people living with HIV among general youth aged 14 – 21 years; guide potential partners in further scaling up the internet TV based HIV prevention and stigma and discrimination reduction programmes for youth.	48 thematic programmes are developed and broadcasted during 12 months through Web.TV with a total audience of at least 100,000 young people
	<u>Activity 2.2.4. UNFPA, UNESCO</u> Roll out comprehensive SRH education curriculum “Grow Healthy” in selected regions	Finalized curriculum Comprehensive SRH education course is operational in all high schools of the selected regions

	<p><u>Activity 2.2.5 UNESCO, ILO.</u> Support development, endorsement and dissemination of a national HIV-related policy for education sector and its implementation through the work with educational authorities and institutions aimed at HIV prevention and protection of the HIV-affected and infected learners from discrimination.</p>	<p>Education sector institutions of all types and levels have a framework for protecting HIV-positive and affected learners and workers from discrimination, raise students and educators awareness of HIV and deliver rights based comprehensive HIV and sexuality education.</p>
<p>MARPs and their partners have access to integrated HIV, STI and reproductive health services of high quality</p>	<p><u>Activity 2.3.1. WHO, UNAIDS.</u> Provide guidance and technical support in implementation of the recommendations from the 2011 external assessment of the STI interventions for IDUs, SWs and MSM, and development of the tools and relevant policies and capacity building for enhancing those within the Global Fund R6 and R10 grant supported programmes</p>	
	<p><u>Activity 2.3.2. UNICEF.</u> Support enhancement of local capacity of state supported institutions and service providers in cooperation with local NGOs in selected regions in managing and providing essential HIV services to most-at-risk adolescents; based on those models; provide guidance in the implementation of the Global Fund and state supported programmes for MARA.</p>	<p>Revised training tools and guidance how to work with MARA for service providers</p> <p>Capacity of the GFATM sub-grantees (R10) working with MARA built</p>
	<p><u>Activity 2.3.3. UNFPA, UNAIDS.</u> Prevention of HIV among female sex workers and their clients. Enhanced awareness of safe behaviour and condom promotion among truck drivers, as clients of sex workers.</p>	<p>Raised awareness on safe sex behaviour among truck drivers;</p> <p>Increased use of condoms among truck drivers, as clients of SWs;</p> <p>Increased capacity of Health and Social Services and NGOs to provide services to SWs.</p>
	<p><u>Activity 2.3.4. UNFPA</u> Increase affordability of condoms (particularly for youth) through initiation of a dialogue with pharmaceutical companies</p>	<p>Pharmaceutical companies are sensitized on increasing condom affordability.</p>
	<p><u>Activity 2.3.5. UNFPA.</u> Conduct a feasibility study for establishing a contraceptive and condom social marketing programme in Ukraine.</p>	<p>Recommendations on feasibility of introducing condom social marketing are available</p>
	<p><u>Activity 2.3.6. UNFPA.</u> Carry out an assessment on the extent to which HIV and SRH services have been integrated; identify gaps and develop recommendations for improved integration of HIV and SRH services FP, STI, HIV, RH services for most at risk populations and youth.</p>	<p>Recommendations for further integration of HIV and SRH services developed and presented to the government and partners 30,000 from UBRAF should be better justified.</p>

<u>Activity 2.3.7 IOM.</u> Guidance and technical support in implementation of the research into vulnerabilities, risks, behaviours and access to HIV/STI services of migrant populations planned within the Global Fund R10 grant supported programme, and development and implementation of relevant models of HIV prevention and treatment services to migrants.	Research on vulnerabilities, risks, behaviours and access to HIV/STI services of migrant populations conducted, recommendations developed and presented to the government to inform NAP and sectoral HIV prevention policies
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JPS Outcome 3: By 2016, access to HIV testing and ARVs, prevention of unwanted pregnancies and HIV prevention increased especially for the vulnerable and at risk women, for the elimination of vertical transmission of HIV and AIDS-related maternal mortality reduction in Ukraine

Output	Activity with main UN implementers	Results
3.1 The National Strategy for elimination of the new HIV infections among children and keeping their mothers alive supported by comprehensive, costed and adequately budgeted strategic plan that is integrated into the new National AIDS Programme 2014-2018.	<u>Activity 3.1.1. UNICEF, UNAIDS, WHO, UNFPA.</u> Advocacy for, brokering and provision of technical support of planning, methodology development, governmental endorsement and conduct of a gap analysis review of the PMTCT programme, including the level and efficiency of integration of HIV and reproductive health/family planning services; development of recommendations to inform the strategic planning for the elimination of vertical transmission of HIV and AIDS-related maternal mortality reduction in Ukraine.	Existing PMTCT programme analysed, programme's gaps identified and recommendations to inform the strategic planning for the elimination of vertical transmission of HIV and AIDS-related maternal mortality reduction in Ukraine developed. The National Operational Strategic Plan of actions (NOSP) of elimination of vertical transmission of HIV and AIDS-related maternal mortality reduction in Ukraine developed.
	<u>Activity 3.1.2. UNICEF, UNAIDS, WHO, UNFPA.</u> Guide and provide technical support in development, costing, budgeting and governmental endorsement of a national strategic plan for elimination of the new HIV infections among children and keeping their mothers alive.	National Operational Strategic Plan of actions (NOSP) to eliminate vertical transmission of HIV and reduce AIDS-related maternal mortality supported by costing and estimated budget for filling the gaps in PMTCT programme
	<u>Activity 3.1.3. UNICEF, UNAIDS, WHO, UNFPA.</u> Advocacy, guidance and technical support of the inclusion of the national strategic plan for the elimination of vertical transmission of HIV and AIDS-related maternal mortality reduction into the new National AIDS Programme 2014-2018.	National Operational Strategic Plan of actions (NOSP) endorsed by the Government NOSP included into the new National AIDS Programme

<p>3.2. All women, including those excluded, vulnerable and at risk, have access to quality PMTCT, HIV and reproductive health services provided in accordance with equity principles and international standards.</p>	<p><u>Activity 3.2.1. UNFPA.</u> Training of PMTCT service providers in reproductive health/family planning in selected regions for enhancing the quality and level of integration of PMTCT, reproductive health/family planning and HIV services for women.</p>	<p>Increased knowledge of PMTCT service providers on RH/FP counseling Enhanced quality and level of integration of PMTCT, RH/FP and HIV services for women.</p>
	<p><u>Activity 3.2.2. UNICEF.</u> Support pilot implementation and evaluation of a model of integrated PMTCT, HIV treatment and prevention services for pregnant women who inject drugs, and based on the results, guide in replication and scale up of the integrated service provision model for pregnant women that inject drugs in Ukraine.</p>	<p>The model of integrated PMTCT, HIV treatment and prevention services for vulnerable to HIV drug addicted pregnant women piloted in three selected cities</p> <p>The pilot sites provided integrated services for pregnant women who inject drugs</p> <p>The pilot project evaluated, experience gained within the project implementation in 2012 - 2013 documented, effectiveness and recommendations to scale up the model to national level developed</p>
	<p><u>Activity 3.2.3. UNICEF, WHO, UNODC.</u> Support development of policy framework and regulations for establishment of integrated PMTCT, HIV and reproductive health services for vulnerable and at risk women, with special focus on women who inject drugs.</p>	<p>National protocol on management of drug addicted pregnant women and their newborns developed</p> <p>National protocol on management of drug addicted pregnant women and their newborns approved by the Ministry of Health</p> <p>Finding of research focused on the groups of IDU pregnant women contributed to knowledge of HIV epidemic in the country and identified needs in improvement of service for vulnerable groups of women</p> <p>Advocacy plan, being approved by the government, prioritised the issue of the vulnerable to HIV women, applying to them an equity principles</p> <p>Awareness of the situation of HIV infection and substance use in pregnancy increased among national and international health authorities and specialists</p>

JPS Outcome 4: By 2016, universal access to timely, integrated, uninterrupted and high quality HIV and TB treatment for people living with HIV achieved with enhanced policies, stronger evidence and strengthened health systems

Output	Activity	Results
<p>4.1 Evidence-based policies and tools for scaled up and quality treatment, care and support for adults and children living with HIV are developed, regularly updated and implemented in line with international standards.</p>	<p><u>Activity 4.1.1.</u> WHO. Guide and support adaptation and approval by the Ministry of Health of the Provider Initiated HIV Testing and Counseling (PITC) tool, its piloting in Odessa oblast with the purpose of improving HTC coverage and its quality in health care setting, and based on the results of the pilot, scaling up of the tool implementation through the state and Global Fund supported programmes.</p>	<p>1. PITC Guideline developed; 2. HTC Protocol updated;</p>
	<p><u>Activity 4.1.2.</u> WHO, UNICEF. Introduce and support implementation of the new advanced technology for Early Infant Diagnosis of HIV contributing to the timely diagnosis and treatment of HIV-positive children.</p>	<p>Evaluation of the test-systems for DBS made by CDC, Atlanta</p> <p>DBS method piloted in six oblast of Ukraine</p> <p>Curricula on DBS method introduced into postgraduate medical education academies, thereby resulting in institutionalization and sustainability of national medical education in a new DBS technology.</p> <p>Methodological recommendations on DBS method developed and approved by the Ministry of Health</p> <p>The Ministry of Health approved DBS method inclusion into routine laboratory practice</p> <p>Medical personnel, parents and guardians and social workers improved their knowledge and skills.</p> <p>The best practices in introduction of DBS method for EID of HIV shared within the Region.</p>

	<p><u>Activity 4.1.3. WHO, UNDP.</u> Provide advice and guidance on use of TRIPS flexibilities and other mechanisms to reduce cost of medicines and commodities, to respectively revise existing legal framework, and for the Government to develop, endorse and actual utilize .</p>	<p>1. ARV prices data collected, report prepared and disseminated among interested parties; 2. Ongoing support to the WG provided;</p>
	<p><u>Activity 4.1.4. WHO, UNAIDS.</u> Identify evidence gaps, advocate for generating additional evidence across the five pillars of Treatment 2.0 initiative, and support their costing and implementation through the development of policies and the new National AIDS Strategy and Programme for 2014-2018</p>	<p>Technical assistance to the governmental institutions provided in policy development and preparation of the new National AIDS Program for 2014-2018</p>
<p>4.2 Integrated care models for patients with HIV, TB and drug dependence are developed, implemented, evaluated and expanded</p>	<p><u>Activity 4.2.1. WHO.</u> Provide technical assistance to the MoH, Global Fund Principal Recipients, and subrecipients in development of the integrated care models for patients with HIV, TB and drug dependence with a special focus on monitoring and quality assurance issues; develop training curricula and build capacities of the senior infectious diseases, TB and STI doctors in providing treatment for co-infections; support integration of the respective training curricula into health care workers post graduate education.</p>	<p>Health care providers and managers from selected regions of Ukraine are trained and committed to implement integrated care approach. IC issues are included into the training curricula for HCP post graduate education.</p>
	<p><u>Activity 4.2.2. WHO.</u> Support development and evaluation of new models of AIDS Centres' management as not-for-profit communal enterprises in Zakarpatya oblast and its replication in other regions within the framework of the Health System Reform</p>	
<p>4.3 National capacities for generation and use of the strategic information, are strengthened to enable effective planning and implementation of the national and regional programmes</p>	<p><u>Activity 4.3.1. UNAIDS, WB.</u> Conduct Programme Efficiency Review of ART, SMT and needle-syringe exchange interventions; support programme design and operational implementation adjustments, further cost reductions and other improvements for further scaling up of those interventions, health system and community-based service strengthening to increase quality and efficient provision at the national and sub-national levels, thus contributing to the health system reform in Ukraine; support development of a new National AIDS Strategic Plan for 2014-2018 and the strategy for its financing based on the recommendations from the study.</p>	<p>Programme Efficiency Review of ART, SMT and needle-syringe exchange conducted, reports produced and recommendatiuons are used to evaluate current NAP and to develop new NAP Concept</p>
	<p><u>Activity 4.3.2. UNAIDS.</u> Support adaptation and conducting the National AIDS Spending Assessment for 2009-2010, and based on the results, advocate and support institutionalization of the NASA as a part of the national M&E system and utilization of the findings for relevant policy and programme revisions</p>	<p>Monitong of national AIDS expenditures is institutionalized and being undertaken on a regular basis without external support.</p>
	<p><u>Activity 4.3.3. WHO.</u> Provide support to the Government in development of the more efficient procurement and supply system of antiretroviral medicines and diagnostics (including competitative prices).</p>	<p>Recommendations to specific direct and indirect laws and regulations on procurement of medicinal products, including ARVs and anti-TB;</p>

<p><u>Activity 4.3.4. WHO, UNAIDS.</u> Support to the Government in reforming public health system through wide policy dialogue and with special focus on strengthening HIV/AIDS prevention and treatment services, its linkages and integration with other specialized services (TB, drug treatment and STI), gradual decentralization at the level of the primary health care facilities, and implementation of the new health financing arrangements and mechanisms.</p>	<p>1. HIV and TB reforming and integration strategy is developed2. A set of recommendations for the regional HIV and TB services is developed3. Four regions prepared a set of documents for HIV and TB services management change</p>
<p><u>Activity 4.3.5. WHO, UNAIDS.</u> Training of the staff of the Ukrainian and Regional AIDS Centres in developing national/regional HIV estimates and projections, including for ART needs; advocacy and technical support in institutionalization of the process and utilization of those estimates for monitoring of access of key populations to HIV and other services, revision of ongoing programmes, and development of the new National AIDS Strategy and Programme, budgets and policies.</p>	<p>Development of HIV estimates and projections was lead by the Government and results endorsed by the NAC. Capacity of the AIDS centers staff to develop national/regional HIV/AIDS estimates and projections built</p>

JPS Outcome 5: By 2016, Ukraine has the laws, policies, practices and systems in place that ensure effective HIV response, gender equality, and reduction of stigma and discrimination

Output	Activity with main UN implementers	Results
<p>5.1. The State AIDS Law is operationalised and effectively implemented</p>	<p><u>Activity 5.1.1. UNDP, UNAIDS.</u> Provide advocacy and technical support of the harmonization of the State AIDS Law with other legislative and policy frameworks and the amendment/revision and development of respective by-laws and policies for the timely and effective implementation of the Law in support of achieving universal access at the national and subnational levels.</p>	<p>Advocacy for adoption of the amendments of the respective legislation. Further elaboration of the amendments into regulatory acts of Ukraine (Cabinet's enactments; internal Ministries regulations) and getting consensus on the process of implementation of the necessary changes</p>
	<p><u>Activity 5.1.2. UNDP.</u> Advocacy for linking HIV and other MDG goals, and guidance and technical support to the Government in mainstreaming HIV into national development frameworks/programmes, national MDGs and sectoral strategies; capacity building and guidance to national level non-health institutions in contributing to achieving MDG on HIV.</p>	<p>Review of linkages between HIV and other MDGs with consultative process completed; At least 3 sectoral strategies for ministries and guidance for non-health institutions on MDGs and HIV developed; capacity of national stakeholders (non-health) on HIV/AIDS development issues developed;</p>
	<p><u>Activity 5.1.3. UNHCR, IOM.</u> Advocacy and guidance for removing legal barriers obstructing adequate access of migrants and refugees to HIV and other related services, and development of respective policies</p>	<p>HIV Law is properly implemented in relation to migrants, refugees and asylum seekers.</p>

<p>5.2 The National AIDS Strategic Framework and Programme on AIDS for 2014-2018 are developed to incorporate comprehensive, evidence-informed, prioritized, efficient and costed prevention, treatment, care and support programmes addressing most-at-risk and vulnerable populations, human rights and gender, and are effectively implemented and show impact</p>	<p><u>Activity 5.2.1. UNAIDS, WB.</u> Advocacy and technical support for planning and implementation of a study of the socio-economic impact of the HIV epidemic in Ukraine, and dissemination of the study findings and recommendations to inform national strategic and programme development</p>	<p>Socio-economic study conducted, and its findings are used by the Government for strategic planning.</p>
	<p><u>Activity 5.2.2. UNAIDS, all agencies.</u> Provide technical and funding support to the National AIDS Forum to organize the second National AIDS Conference 2012 to develop strategic directions, mutually agreed vision and objectives for the new National AIDS Strategic Framework and Programme for 2014-2018.</p>	
	<p><u>Activity 5.2.3. UNAIDS, all agencies.</u> Advocacy for, funding and technical support for the comprehensive review of the current National AIDS Programme 2009-2013 with ensuring involvement of all stakeholders, including regions; based on the collected and available evidence, advocacy, guidance and technical support for the development of the new National Strategic Framework and Programme for 2014-2018 that are costed and adequately budgeted, prioritized around effective interventions, most-at-risk and vulnerable populations and sustainability, based on gender equality and human rights principles.</p>	<p>UNDP: National response and local responses are evaluated in terms of proper inclusion of human rights and gender dimensions; financial sustainability and other aspects; new NAP contains essential interventions in this areas</p>
	<p><u>Activity 5.2.4. UNAIDS, WB.</u> Advocacy for, funding and technical support of the development of a national strategic plan for financing and sustainability of the HIV response in Ukraine, to be further incorporated into the new national AIDS strategic and overall socio-economic development frameworks/programmes.</p>	
	<p><u>Activity 5.2.5. UNAIDS, WHO, UNDP.</u> Strengthen capacity of the national governmental and non-governmental partners for generation and use of the strategic information, to enable effective planning, monitoring, evaluation and implementation of the national and regional AIDS programmes.</p>	<p>Recommendations and evidence-based justifications developed to feed development of national and regional programmes, including the HIV testing strategy.</p>

<p>5.3. The national coordination structures and systems for AIDS are effective in multi-sectoral coordination and overseeing the implementation of the National AIDS Strategy and Programme and the Global Fund supported programmes, addressing punitive laws, policies and practices, efficiency gains, and showing the impact on the HIV epidemic.</p>	<p><u>Activity 5.3.1. UNAIDS, WHO, UNDP.</u> Advocacy and technical support for one strong National Coordinating Authority (National TB/AIDS Council) and its structures with the broad-based multisectoral mandate and oversight functions, including as the CCM for the oversight of the GF supported programmes</p>	<p>UNDP: Regional Committee is supported; the Committee meeting is held in the regional with the follow up actions. UNAIDS: NC is operational, guided by strategic information, and performing GF CCM oversight function, including removing bootlicks in programme implementation and prevention ARV stock outs</p>
<p>5.4. Health, law enforcement, judicial, education and other sector workers are empowered to reduce discrimination towards people living with HIV and other vulnerable populations in respective areas</p>	<p><u>Activity 5.3.2. UNDP.</u> Provide technical support and enhance capacity for decentralized strategic and operational planning, programme management and implementation, multisectoral coordination, gender and human rights in selected regions of Ukraine.</p>	<p>Technical support provided to 2 regions; 100 stakeholders trained; 2 local strategies developed</p>
<p>5.4. Health, law enforcement, judicial, education and other sector workers are empowered to reduce discrimination towards people living with HIV and other vulnerable populations in respective areas</p>	<p><u>Activity 5.4.1. ILO, UNAIDS, WHO, UNDP.</u> Guide and provide technical support in implementation of a study of stigma and discrimination towards PLH in health care providers and managers in selected regions; review of the existing policies/legislation to inform the enhancement of HIV prevention and reduction of stigma and discrimination programmes for health care providers; develop and evaluate tools and build capacity of health care workers aimed at mitigating occupational risks, reduction of stigma and discrimination and HIV prevention efforts in health sector, and recommend their wide scale implementation to the Government and non-governmental partners.</p>	<p>Study on stigma and discrimination in health system of Ukraine is conducted in five selected regions of Ukraine, recommendations developed, report produced, launched, and distributed.</p> <p>Representatives of trade unions, employers organizations, health care providers and managers from selected regions of Ukraine are trained on HIV prevention and reduction of stigma and discrimination at workplace</p>
<p>5.4. Health, law enforcement, judicial, education and other sector workers are empowered to reduce discrimination towards people living with HIV and other vulnerable populations in respective areas</p>	<p><u>Activity 5.4.2. UNODC, UNDP.</u> Capacity building of law enforcement officers, prosecutors, judges and journalists in reduction stigma and discrimination towards people living with HIV, people who use drugs, MSM and other vulnerable groups, and advocacy for mainstreaming of HIV into human rights and access to justice programmes at the national level and in selected oblasts.</p>	<p>UNDP results: HIV and human rights competence of the law-enforcement officers, prosecutors, judges and journalists increased. Replication of results through institutionalization of the modules achieved</p>
	<p><u>Activity 5.4.3. UNAIDS, ILO, WHO.</u> Co-facilitation together with the government partners, guidance and technical support of the design and implementation of the National Campaign against Stigma at Workplace, including within health and other sector, based on the UN initiative Stigma fuels HIV.</p>	

	<p><u>Activity 5.4.4. UNAIDS, ILO, UNESCO.</u> Support development and implementation of a national HIV related policy document and implementation guide for education sector based on Recommendations on HIV Policy in Education Sector for Eastern Europe and Central Asia: Education, Protection, and Support of Learners and Educators Affected by and Living with HIV with the aim to protect HIV-affected and infected learners and educators from discrimination.</p>	
<p>5.5. The National Tripartite Cooperation Strategy on HIV and AIDS in the World of Work is adopted and implemented based on provisions of the global ILO Recommendation 200 to address HIV in the world of work with a focus on non-discrimination</p>	<p><u>Activity 5.5.1 ILO.</u> Strengthening the capacity of the ILO tripartite constituents (Government, employers and trade unions) to implement National Tripartite Cooperation Strategy on HIV and AIDS in the World of Work in Ukraine through policy advice and capacity building for the development of workplace policies and programmes at the national, sectoral and enterprise levels, and based on the global <i>ILO</i> Recommendation concerning HIV and AIDS and the World of Work № 200.</p>	<p>Workplan on strategy implementation</p> <p>Built capacity of the tripartite constituents (governmental structures, employers, trade unions) as well as trained representatives of selected enterprises</p> <p>Workplace programmes to address HIV related stigma and discrimination developed</p>
<p>5.6. Support in development and implementation of multi-sectoral gender strategy in HIV response and its integration in the national gender policies is provided</p>	<p><u>Activity 5.6.1. UNAIDS, UNDP, UNODC, ILO.</u> Advocacy and technical support of the development of a National HIV and Gender strategy; its integration into the existing National AIDS Programme and advocacy for the state and other funding; its alignment and harmonization with the national gender policies (Gender Equality Law and Gender State Programme), including incorporating gender in HIV workplace prevention at National and subnational levels</p>	<p>UNDP: The evaluation of the current programme and preparation of the new one that is gender sensitive is completed; review of the gender legislation is ensured. A tool developed and gender audit of the programmes and documents on HIV/AIDS performed; a scheme of migrants for women organizations aimed at boosting gender and HIV linkages in their activities set up; sub-national stakeholders developed are able to responsible for planning and implementation of the HIV response are able to integrate issues into sub-national HIV strategies; HIV issues into services for victims of violence and other providers of services for women are integrated</p>
	<p><u>Activity 5.6.2. UNODC.</u> Support CBOs and NGOs to develop models for gender specific services and support for women who inject drugs in selected regions, and to inform further scaling up of the best practices across Ukraine.</p>	<p>best practice models or gender specific services and support for women who inject drugs are piloted, presented for dissemination</p>

	<p><u>Activity 5.6.3. UNAIDS, UNDP.</u> Strengthening capacity and support of community-based women's groups and networks of women living with HIV for their participation in decision making, strategic planning, and M&E of the national and subnational AIDS responses</p>	<p>UNDP:A number of female NGOs developed their organizational and advocacy skills in HIV area, and participated in the development of the new national AIDS programme</p>
<p>5.7. Appropriate mechanisms are in place to monitor and respond to violation of human rights, stigma and discrimination to inform the practices, policies and HIV and other programmes on the ground.</p>	<p><u>Activity 5.7.1. UNDP.</u> Support revision and adaptation of the PLHV Stigma Index to be used in Ukraine for data collection, policies development, reporting and advocacy.</p>	<p>PLWH Stigma Index methodology is reviewed, data collection tools developed and presented to the government</p>
	<p><u>Activity 5.7.2. UNDP.</u> Develop capacity of the civil society organizations in strengthening their advocacy work , monitoring of and responding to cases of discrimination and human rights violations against people with HIV and their families at the sub-national level; support the assessment of the on-going legal services provided to victims of human rights violations (people living and affected by HIV) and the needs of the affected population, as well as the assessment of the capacity of legal service providers/organizations; develop and implement capacity building for both the communities and legal service providers to expand access to legal services and legal literacy for PLH and other affected.</p>	<p>UNDP:Needs assessment of non-state actors involved in rights advocacy and in the delivery of legal services to people living with and affected by HIV conducted and endorsed by stakeholders; national partners involved in the provision of legal services to people affected by HIV are trained on HIV law and policy; people living with or affected by HIV are legally literate and have access legal services; national HIV legal network established; monitoring of human rights violation is supported in additional 2 regions</p>

**ZERO NEW HIV INFECTIONS
ZERO DISCRIMINATION
ZERO AIDS RELATED DEATHS**