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Effects of the global fund HIV/AIDS programmes in Ukraine

Global HIV/AIDS Initiatives Network
Royal College of Surgeons in Ireland

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POLICY BRIEF
JUNE 2009

GLOBAL HIV/AIDS
INITIATIVES NETWORK

EFFECTS OF THE GLOBAL FUND HIV/AIDS PROGRAMMES IN UKRAINE

Ukraine has one of the highest and most rapidly growing rates of HIV/AIDS in Europe with estimated numbers of people living with HIV/AIDS (PLWHA) reaching 400,000 in 2008. Since 2003 several Global Health Initiatives (GHIs) have committed to providing over US$ 300 million towards the control of HIV/AIDS in Ukraine. These funding mechanisms have had a significant impact on the availability of services for PLWHA and populations at risk of being infected. GHIs have also had an impact on the health system including on human resources, governance and management capacity, and on nongovernmental providers of HIV/AIDS services.

This policy brief highlights the effects of the largest external funder of HIV/AIDS programmes in Ukraine, the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) and provides recommendations to improve the effectiveness of future funding and increase accessibility of HIV/AIDS services. It is based on research conducted in 2006-2008 in three regions: Kyiv, Odessa and L'viv.

Key findings

- Global Fund grants in Ukraine have vastly expanded access to HIV/AIDS prevention, diagnostic, treatment and care services. Considerable attention has been paid towards treating pregnant women with HIV leading to considerable reductions in the levels of mother-to-child transmission.
- The number of staff providing HIV/AIDS services has also increased although shortages remain. Additional reporting requirements for the Global Fund have contributed to higher workloads for many staff.
- Stigma and discrimination towards PLWHA and at-risk groups remain major barriers to accessing government health services. More attention needs to focus on improving health workers' attitudes towards PLWHA, dispelling public misperceptions about HIV, and changing discriminatory laws which place criminal responsibility on people for transmitting HIV.
- The Global Fund has added significant impetus towards the creation of mechanisms to improve coordination between government and nongovernmental stakeholders. Whilst many of these have achieved little, especially at the sub-national level, some progress has been made towards coordinating HIV/AIDS service delivery.
- Global Fund financing has strengthened the health system in a number of different ways including: improved governance and management practices, strengthened systems for surveillance and monitoring and evaluation and new HIV/AIDS-related legislation.

HIV/AIDS Epidemic in Ukraine

In 2008 the number of registered PLWHA was 131,000 - a rise from approximately 46,000 in 2002. Many PLWHA are unaware of their status and current estimates suggest that there may be approximately 400,000 PLWHA in Ukraine – one of the highest figures in Europe.

Intravenous drug use is the most common means of HIV transmission in Ukraine constituting 40% of all cases. This is followed by sexual (mainly heterosexual) transmission (38%), and mother-to-child transmission (MTCT) of HIV (19%). The highest levels of HIV prevalence are in the Southern and Eastern regions of the country in particular in Odessa, Dnipropetrovsk and Donetsk.

Global Health Initiatives in Ukraine

Several GHIs provide funding for HIV/AIDS prevention, treatment and care programmes in Ukraine. The

considerable financing designated from these GHIs has in the past exceeded national spending on HIV/AIDS.

The largest GHI is the Global Fund, which is has committed to providing US $243 million between 2003 and 2011 for HIV/AIDS projects (Round One and Six grants). Other international programmes include: the World Bank's HIV/AIDS and TB loan, UN organizations with HIV/AIDS programmes (WHO, UNAIDS, UNICEF, UNDP, ILO) and a number of bilateral programmes (including USAID and SIDA).

Funding allocated to HIV/AIDS in Ukraine in 2006 (in millions of US$)	
Government spending (including World Bank Loan)	28.1
Global Fund	20.1
Bilateral organisations	4.5
UN organisations	1.7
Others	0.87

Between 2002 and 2004 Global Fund grants were administered by the Ministry of Health in Ukraine. In 2004 the International HIV/AIDS Alliance became the Principal Recipient of the Round One Global Fund grant and since 2007 (for the implementation of the Sixth Round grant) it has shared this role with the All-Ukrainian Network of People Living with HIV/AIDS.

Scale-up of HIV/AIDS services

Treatment: Funding has been used to dramatically scale up services for PLWHA and at-risk populations. The number of people receiving antiretroviral therapy (ART) increased from 53 (2003) to 5,684 (2008). The percentage of registered PLWHA receiving ART increased from 21% in 2005 to 35% in 2007. By 2007 75% of children and 93% of pregnant women with HIV were receiving treatment. These increases are largely financed by the Global Fund grants. Nevertheless, demand for ART still outweighs supply and increases in the number of people receiving treatment are less than the number of newly registered HIV cases.

Prevention: In Ukraine, almost 80% of the work aimed at preventing the spread of HIV/AIDS is financed by the Global Fund. Efforts focus on reaching at risk groups including drug users (needle/syringe exchange programmes, opiate substitution therapy), and young people. However, activities designed to reach young people, such as the distribution of information through lectures and brochures, have been ineffective in raising knowledge about HIV and reducing misperceptions.

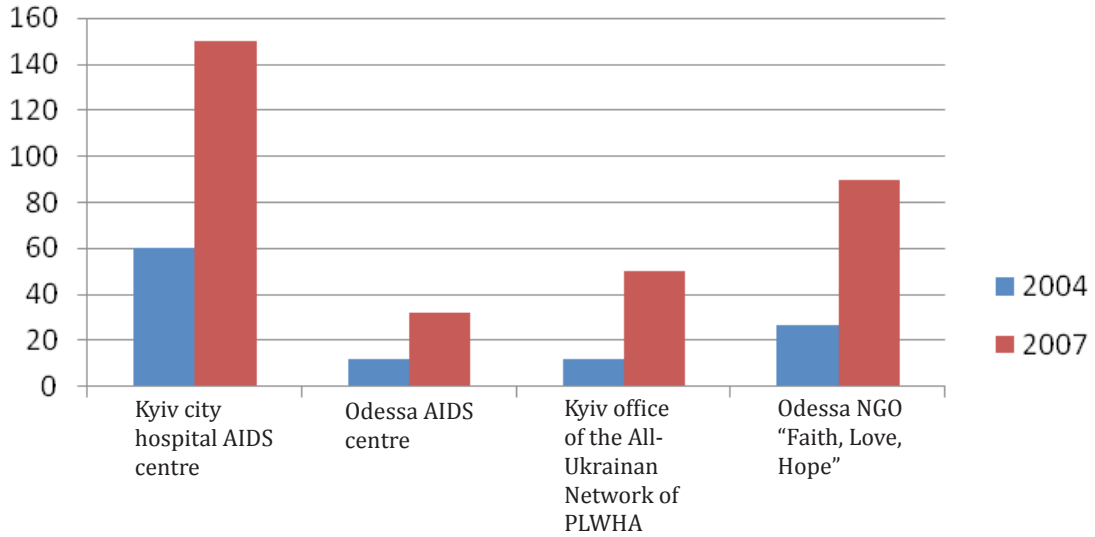
Testing: In 2003, 0.12% of the population had been tested for HIV. By 2007 this had risen to 15.5%. Despite improvements in figures, testing without consent (for instance at tuberculosis and drug clinics) is common and few people receive pre- and post-test counselling.

Care and support: Implementation of the Global Fund programme has prompted the development of social support and care services including new community services and palliative care programmes. Scale-up has, however, been limited by a lack of trained social workers and social institutions outside large cities.

Human resources for HIV/AIDS programs

Between 2004 and 2007, numbers of workers increased in most governmental and nongovernmental HIV-service organizations. Figure 1 illustrates the level of scale up of workers in a number of sampled service providers. Despite this scale up, interviews with service providers reveal that staff shortages remain and workloads have

Figure one: Changes in numbers of staff working for organisations providing HIV/AIDS services



increased. This is likely to be a consequence of more administrative responsibilities such as keeping records, updating databases and preparing reports.

Training: The implementation of Global Fund programmes in Ukraine has been accompanied by more attention on developing the skills of managers and workers that provide HIV/AIDS services and prevention programmes. Common training programmes include VCT, HIV prevention and social support, and most last approximately 1-3 days.

Motivation: Despite increases in workload, the motivation of health workers that provide HIV/AIDS services is relatively high. One of the most important factors contributing to these high levels is feelings of empathy towards clients. Financial rewards (for providing HIV/AIDS services) especially among NGO workers, and future opportunities for promotion were not considered to be important motivational factors for staff.

Access to HIV/AIDS services

Key barriers to access: Despite significant progress in terms of scale-up of services, barriers to access still exist. These include a lack of qualified staff, equipment, medication and information regarding available services and eligibility to use these services.

Stigma and discrimination: Discrimination from some staff working at medical institutions is a major barrier to PLWHA accessing health services. Examples of discrimination include: negative attitudes of staff, breaches in confidentiality and the refusal of some medical personnel to provide services. In addition, the requirement that HIV positive people admit criminal responsibility for transmitting HIV enhances stigma and discourages some people from being tested for HIV.

Coordination

Coordination mechanisms: Several formal and informal coordination structures have been set up to improve cooperation between government and nongovernmental stakeholders involved in HIV/AIDS programmes. The Global Fund programme has added significant impetus to this process. Nevertheless coordination structures at national and sub-national levels have made limited impact on improved coordination, especially at the sub-national level where decision-making authority is particularly limited. Key factors impeding the effective functioning of coordination structures include frequent changes in membership, limited effective communication between partners and a history of poor coordination between different government departments.

Coordination between services: In Ukraine there is no institutionalized referral system between healthcare providers. In the absence of integrated medical and social care, referrals are usually informal and information about HIV/AIDS services is often shared through clients' personal contacts. There has been a recent trend towards providing a number of services on one site and this has led to more coordination between services and hence better access for some clients, who no longer need to travel to multiple sites to access different services.

Health systems strengthening

Governance: The Global Fund grants have had a positive impact on governance of HIV/AIDS programmes, for instance by promoting transparency among government health service providers and improved management practices. It has also contributed to strengthened systems of epidemiological surveillance and country monitoring and evaluation systems.

Legislation: The introduction of the Global Fund grant has led to some changes in regulation and legislation such as the development and publication of national clinical protocols on ART, treatment of opportunistic infections in HIV/AIDS patients and methodological recommendations for laboratory monitoring of HIV infection and ART, and a number of standard legislative documents about the introduction of opiate substitution therapy, including methadone therapy.

Civil society: Many of the HIV/AIDS services funded by the Global Fund are provided by NGOs and community organisations. These are playing an increasingly important role in delivering HIV prevention, care and support services and reaching drug users and sex workers often using a peer-to-peer approach. However, the dependence of many NGOs on support and financing from the Global Fund and other GHIs raises issues of their sustainability in the long-term.

"Many different organizations, social services are now involved in solving problems of HIV-infected people, as well as the Ministry of Education, and the Ministry of Internal Affairs. It means that attitude to this problem has changed, and more and more participants are involved in solving this problem"

(Quote from an interviewee)

Recommendations

For HIV/AIDS service providers

- Provide more information to clients about the different HIV/AIDS services that are available and requirements for receiving these services. Also provide information about legal matters for PLWHA including their rights and ways of protecting these rights.
- Intensify training and supervision for health workers so as to improve their attitudes towards PLWHA, especially for those working in government medical institutions.

For government and governmental institutions of Ukraine

- Increase country ownership of GHI-funded HIV/AIDS programs by attempting to extend the decision-making power of coordination councils.
- Consider making the Committee for Combating HIV/AIDS and other Social Dangerous Diseases a cross-departmental structure (presently it falls within the Ministry of Health) so that it is not aligned to a specific government department in order to promote greater inter-sectoral collaboration across departments.
- Introduce specialized training courses for medical and social workers working in HIV-services and allocate state financing to improve the qualifications of HIV-service workers and promote standardization in the quality of training.
- Intensify work towards developing and implementing quality standards of social services for PLWHA and at-risk groups.
- Outline the norms for keeping information about HIV status confidential. This could be achieved through the development of a standard act to regulate the collection, storage and circulation of information.
- Review the practice of criminal liability for further spread of HIV by PLWHA.
- Introduce primary prevention activities at the national level through health promotion campaigns to increase access to information about the HIV and help overcome misperceptions of HIV.

For Global Fund Principal Recipients

- Review the system of distributing funds among sub-recipients of the Global Fund to promote increased transparency - for example by widely announcing bid competitions and clarifying their conditions and criteria for selection.
- Increase consultation within the regions of Ukraine about their priorities for HIV/AIDS programmes as the basis for future Global Fund proposals.
- Monitor and evaluate training programmes for personnel development among HIV/AIDS service organizations and pay more attention to long-term and systematic training of workers, in particular within social care services and organizations.
- More attention could be paid to the organization of effective preventative programs for sexually active youth and for those who never studied after high-school graduation.
- Review the different models of integrated provision of HIV/AIDS services that currently exist and promote the models that are found to be effective.
- Continue to provide information and education about HIV/AIDS in order to extend knowledge about the HIV, where to access services, and to form a more favourable public opinion and positive attitudes of staff providing HIV/AIDS services. Cooperation with mass media is one way to achieve this.

About the research

This policy brief is based on research conducted from 2006-2008 by the School of Public Health and the School of Social Work at the National University "Kyiv-Mohyla Academy" that was funded by the Open Society Institute. The study is part of the Global HIV/AIDS Initiatives Network (GHIN), a network of researchers in 22 countries that explores the effects of the three largest GHIs on health systems: the Global Fund, PEPFAR and the World Bank Global HIV/AIDS program.

Qualitative and quantitative research methods were used to collect the data including document review, facility surveys, semi-structured interviews with national and sub-national stakeholders and semi-structured and structured interviews with clients of HIV/AIDS services and providers of medical and social services. The research took place in three regions: Kyiv, Odessa and L'viv.

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