

ICF "ALLIANCE  
OF PUBLIC  
HEALTH"



**Alliance**  
for Public Health

# ANNUAL REPORT

IMPACTING THE EPIDEMICS – SUPPORTING COMMUNITIES



# 2016



# DEAR READERS,

I have the honor to present annual report of the Alliance for Public Health. In 2016, Alliance – one of the biggest non-governmental organizations in Ukraine – implemented a number of national and international programs to fight HIV/AIDS, tuberculosis and hepatitis.

We continued aiming our activities at the key populations vulnerable to HIV – in 2016, in cooperation with our implementing partners we covered about 300 thousand clients, distributed almost 13 million condoms and 25 million syringes and needles. Thanks to the innovative approaches used, we scaled up our testing programs, which already allowed detecting over 3.7 thousand clients with positive results and refer them to healthcare institutions. Besides, Alliance was the first in Ukraine to launch self-testing. The programs implemented by Alliance make a major contribution to performance of the National HIV/AIDS Program, in particular in the area of prevention among key populations and opioid substitution treatment, and to achievement of the global 90-90-90 targets, inter alia through expanding the access to HIV testing.

As of 1 January 2017, 12,551 patients were covered with multidrug-resistant tuberculosis (MDR-TB) within the program implemented by Alliance with support of the Global Fund, with 5,535 of them continuing getting medications and social support from Alliance. Pilot projects implemented by our organization demonstrated that combining medical, social and psychological support allows increasing the MDR-TB treatment success rates twofold. 80% of patients with MDR-TB have been cured. This is a truly impressive result, considering that the average treatment success rate for such patients in Ukraine is less than 40%. Alliance also focused its efforts on early detection of tuberculosis: in 2016, over 160 thousand members of the key populations were screened for TB.

In 2016, Alliance continued providing access to modern hepatitis C treatment: as of 1 January 2016, over 1,200 members of key populations in 17 regions of Ukraine got access to hepatitis C treatment, with the average treatment success rate of 94%. These inspiring results led to accelerating efforts of the key Alliance partners and the Ministry of Health of Ukraine. Using Alliance procurement prices as a benchmark, the Ministry for the first time started procurement of direct-acting antivirals with budget funds. Alliance also made an appeal to the Ukrainian President, Petro Poroshenko, calling to initiate development of the Hepatitis C Elimination Plan.

We also expanded our international activities, sharing the experience of Ukraine in the countries of our region – Eastern Europe and Central Asia – as well as African and Asian countries. Our organization is part of the global Alliance partnership uniting over 30 countries. Besides, Alliance is acting as one of three secretariats for the TB Europe Coalition.

We would like to thank all our partners with whom we went through this year and achieved convincing results. Together, we make things change.

*Best regards,*  
**Andriy Klepikov,**  
*Executive Director*



# ABOUT THE ALLIANCE FOR PUBLIC HEALTH

The International Charitable Foundation “Alliance for Public Health” (hereinafter – the ‘Alliance’) is a leading non-governmental professional organization which makes a significant impact on the epidemics of HIV/AIDS, tuberculosis, viral hepatitis, and other dangerous diseases in Ukraine in collaboration with key state partners and civil society organizations through providing financial and technical support to relevant programs covering over 300,000 members of the most vulnerable populations in Ukraine, which is the highest coverage in Europe.

In 2003, Alliance was registered as an independent legal entity in Ukraine. It shares the core values of the global partnership of the International HIV/AIDS Alliance – an international charitable foundation, which unites 40 organizations from different countries. Through its dedicated day-to-day efforts to combat the epidemic, Alliance has become a leader in supporting the government in response to HIV/AIDS. The program implemented by Alliance and its partners has been described by WHO as one of the best practices in HIV prevention in Europe.

Alliance is the official co-implementer of the National Targeted Social Program to Fight HIV/AIDS in 2014-2018. Alliance has an experience of working in 40 countries of the world, providing technical support, managing programs, implementing new technologies and advocating for harm reduction.

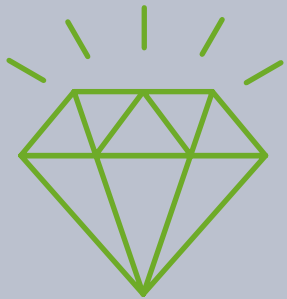
Before November 2015, Alliance was called the International HIV/AIDS Alliance in Ukraine.



**OUR MISSION** is to support community action against HIV/AIDS, to reduce the spread of HIV and related epidemics through disseminating effective services and approaches, strengthening health care systems and social services, and building the capacity of vulnerable communities.

**OUR VISION** is of a world in which people do not die of AIDS, and where communities have brought the epidemic under control.





# STRATEGIC PRIORITIES FOR 2013-2020

## 1 INNOVATIONS.

To develop and roll out effective models of responding to the epidemic of HIV and associated diseases in Ukraine and worldwide.

## 2 SERVICE ACCESSIBILITY.

To ensure universal access to comprehensive evidence-based services in response to the epidemic of HIV and co-epidemics for vulnerable populations in Ukraine.

## 3 POLICIES.

To make an impact on healthcare policies in order to ensure sustainable access to the services, reduce stigma and protect the rights of people who are vulnerable to HIV.

## 4 COMMUNITIES.

To build capacity and mobilize communities to ensure their active engagement and meaningful involvement in the response to the epidemic.

## 5 TECHNICAL ASSISTANCE.

To introduce an effective system of technical support delivery for the development of effective technical approaches in responding to the epidemic of HIV and related epidemics all over the world.



# KEY RESULTS OF ALLIANCE ACTIVITIES IN 2016

## NEW APPROACH TO **HIV** TESTING:

- **The approach of assisted self-testing for HIV** allowed increasing the number of identified cases of HIV.
- **The percentage of HIV detection** in new clients who had not received prevention services before was **16 times higher** than that in regular clients of prevention programs – an evidence of effectiveness of many years of implementation of Alliance projects.

## THE FIRST UKRAINIAN PROGRAM OF **HEPATITIS C** TREATMENT WITH A DIRECT-ACTING ANTIVIRAL DRUG:

- Over **1,200 patients** from vulnerable populations got the access to treatment of hepatitis C.
- **94% of program participants had undetectable viral load** – this is the best result in all history of viral hepatitis treatment in Ukraine!

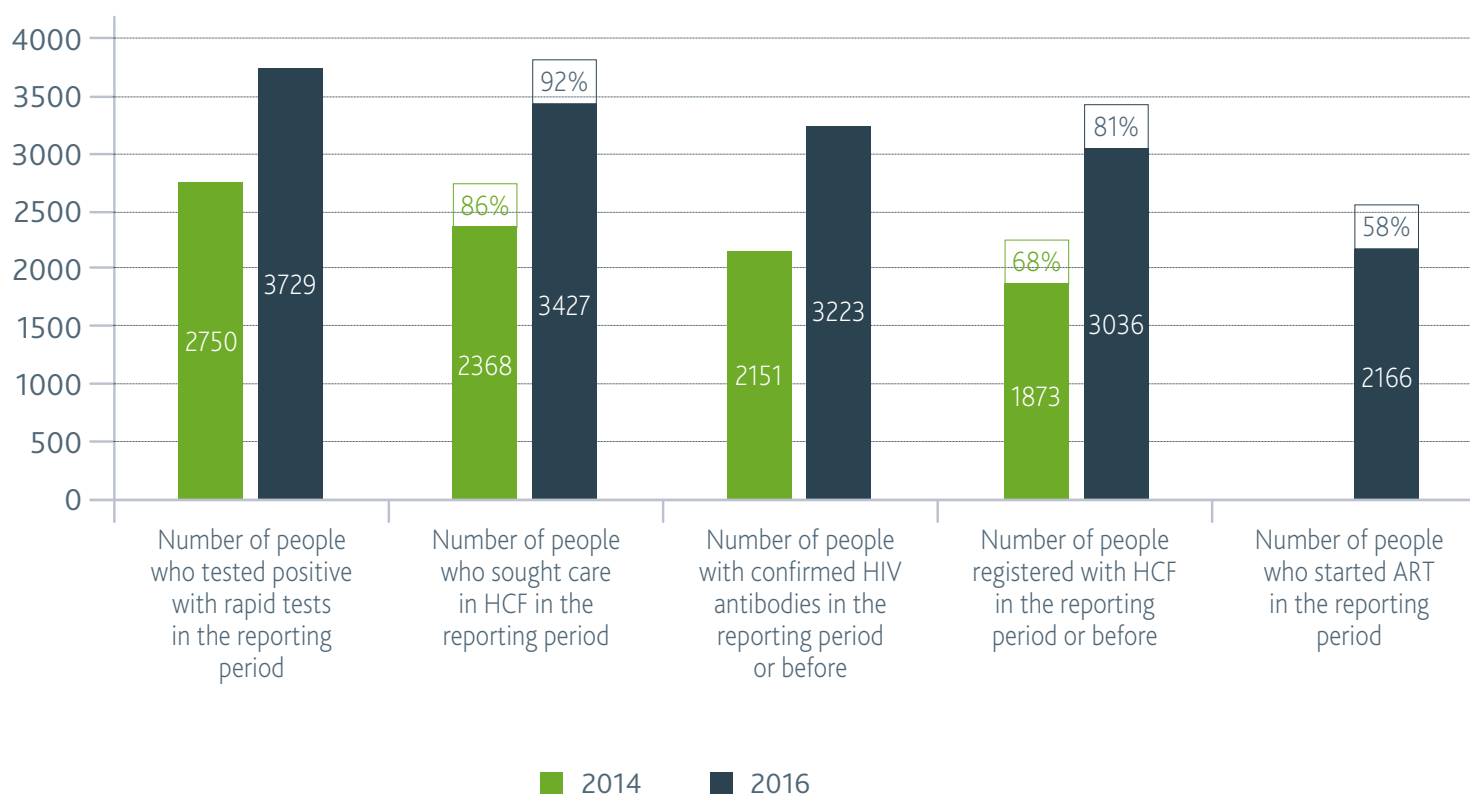
## INTENSIFIED EFFORTS TO DETECT AND TREAT **TUBERCULOSIS**:

- More than **160 thousand** members of vulnerable populations underwent initial examination for tuberculosis; about **14 thousand** of them were referred to clinical laboratory diagnostics.
- TB was diagnosed in **529 people**, **92%** started treatment.

## ALTERNATIVE FORMS OF RECEIVING OPIOID SUBSTITUTION TREATMENT (OST):

- This is the largest OST program in Eastern Europe and Central Asia: the OST is provided to **9,214 persons with drug dependence**.
- One in five patients receives the drug using an **alternative model** – takeaway doses for several days (by prescriptions, directly from healthcare facilities, for home-based care).
- Through cooperation with the Public Health Center of the Ministry of Health of Ukraine, effective models of OST were developed that will be continued for most patients in 2017 at the cost of the state budget

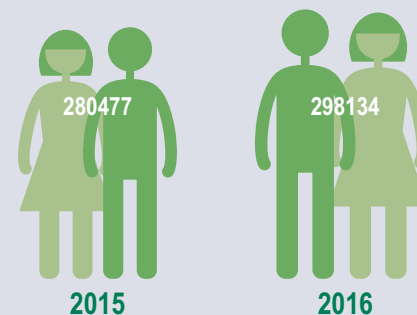
## TREATMENT CASCADE: CLIENTS OF PREVENTION PROJECTS (SYREX, 2016)





# PREVENTION AND TREATMENT PROGRAMS AMONG KEY POPULATIONS IN 2016

## Coverage with prevention services (people)

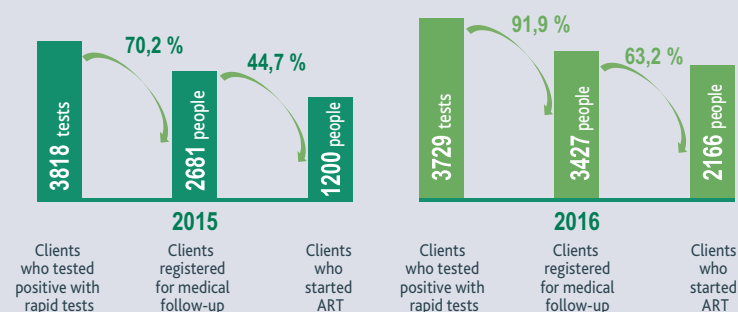


## Testing for HIV and other socially dangerous diseases

Number of KP members who received assisted  
testing for HIV with rapid tests

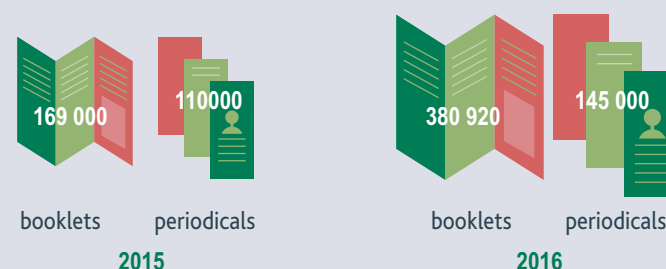


In 2016, Alliance was the first in Ukraine to launch HIV self-testing campaign in the general population. In total, 11.6 thousand rapid tests were distributed.



80,957 tests for sexually transmitted diseases and hepatitis C.  
48,178 tests for hepatitis B and C, positive results:  
18.8% (hepatitis C) and 1.75% (hepatitis B).

## Awareness-raising materials





## Prevention means distributed

13,73 mln

2015

13,13 mln

2016

In 2016, 132 thousand condoms were provided to the Ministry of Defense of Ukraine to prevent HIV/STIs among the military servants

### syringes and needles

19,4 mln

2015

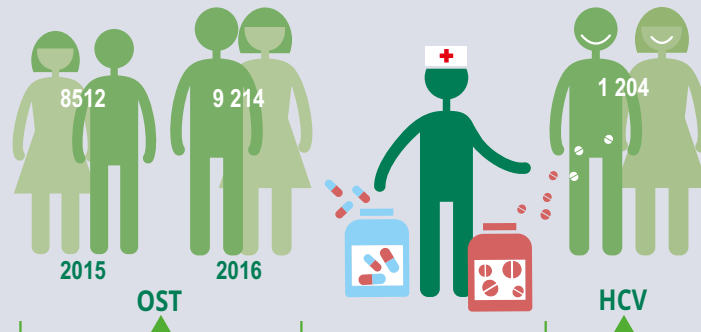
24,7 mln

2016

In 2016, Alliance for the first time procured and supplied over 8 million low dead space needles.

## Opioid Substitution Treatment

## Hepatitis C Treatment



## Training

Total ~ 3,000 people

including:



## Global Fund grants

UAH 212.6 million

2015

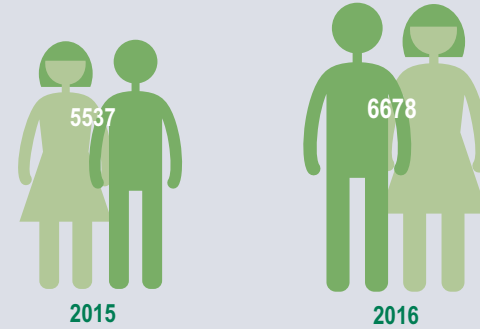
UAH 242.6 million

2016

## Inspectorate for Criminal Offenses and Penalties



Prevention services delivered in institutions subordinated to the Inspectorate for Criminal Offenses and Penalties

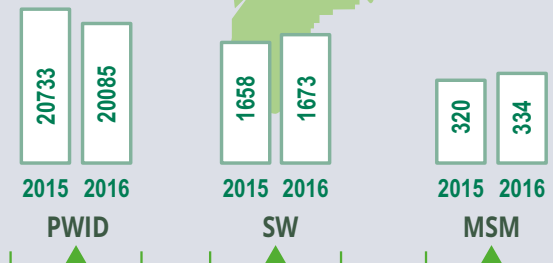


## Prevention in armed conflict areas and Crimea

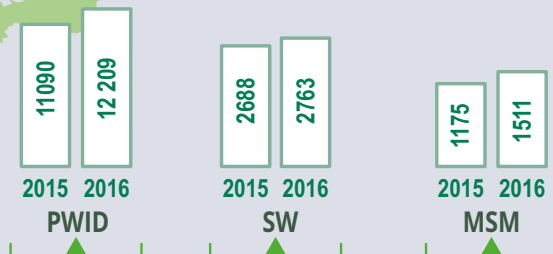
In 2016, Alliance delivered a stock of supplies for HIV and STI prevention and diagnostics to implement harm reduction programs in non-government controlled areas of Donetsk and Luhansk regions:



### Covered with prevention services (people)



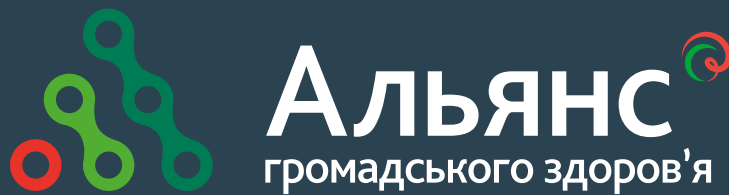
### Prevention services provided in temporarily occupied territory of the Crimea



PWID – people who inject drugs

SW – sex workers

MSM – men who have sex with men



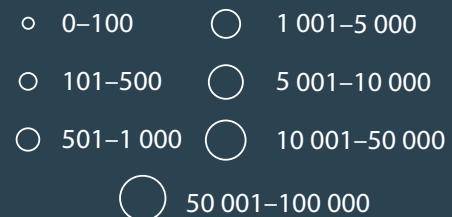
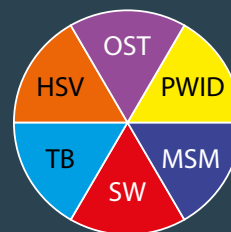
## IMPACTING THE EPIDEMICS, SUPPORTING COMMUNITIES



Coverage of key populations  
from Jan. 1, 2016 to Dec. 31, 2016

## MAP OF PREVENTION SERVICES FOR KEY POPULATIONS, 2016

Alliance for Public Health is a leading nongovernmental professional organization which, in collaboration with its key partners, makes a significant impact on the epidemics of HIV/AIDS, tuberculosis, viral hepatitis and other socially dangerous diseases in Ukraine through implementing programs covering over 300,000 members of the most vulnerable populations.



PWID – People Who Inject Drugs  
MSM – Men Having Sex with Men  
SW – Sex Workers  
HCV – HCV Treatment Program  
OST – Opioid Substitution Therapy  
TB – Early TB Detection Program



Mobile Clinics

# HIV incidence per 100,000 people in Ukraine (2016)

&lt;20

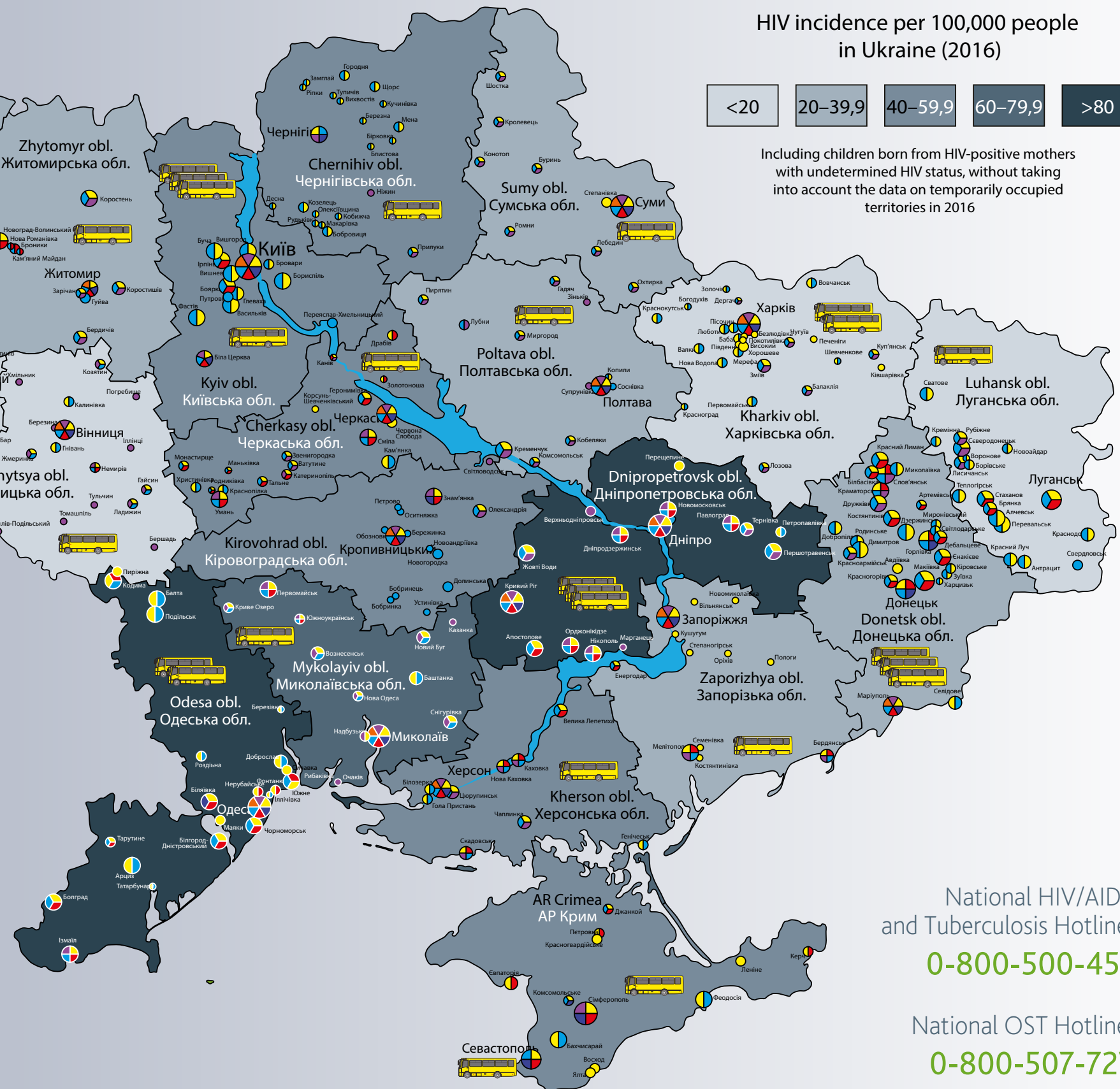
20–39,9

40–59,9

60–79,9

&gt;80

Including children born from HIV-positive mothers  
with undetermined HIV status, without taking  
into account the data on temporarily occupied  
territories in 2016



National HIV/AIDS  
and Tuberculosis Hotline:  
**0-800-500-451**

National OST Hotline:  
**0-800-507-727**



# KEY PROGRAMS

IMPLEMENTED BY THE ALLIANCE IN 2016





# PROGRAM

## INVESTING FOR IMPACT AGAINST TUBERCULOSIS AND HIV



### FINANCIAL SUPPORT:

The Global Fund to Fight AIDS,  
Tuberculosis and Malaria..



### IMPLEMENTATION PERIOD:

2015–2017



### ALLIANCE SHARE:

\$ 68,799,281

### PRINCIPAL RECIPIENTS:

Public Health Center  
of the Ministry of Health of Ukraine,  
Alliance for Public Health,  
All-Ukrainian Network of People  
Living with HIV.

### OBJECTIVES OF THE PROGRAM:

- 1** To scale up and ensure equitable access to high quality TB and HIV prevention, treatment, care and support with a focus on key populations most affected by the HIV and TB epidemics.
- 2** To strengthen the health systems towards sustainable and integrated solutions for key populations most affected by the HIV and TB epidemics.
- 3** To strengthen community systems that enable needs-based, cost-effective and integrated interventions for key populations most affected by the HIV and TB epidemics.

## HIV PREVENTION IN VULNERABLE POPULATIONS

### Typical list of services for all target groups:

- Peer counseling.
- Distribution of awareness-raising materials.
- Distribution of male condoms and lubricants.
- Assisted testing for HIV.
- TB screening surveys.
- Referral to OST.
- Referral and support in seeking care from service providers to receive diagnostic testing and treatment for HIV, TB, and STIs.

### Approaches using the principle “at the time and location convenient for patients”:

- Street outreach.
- Street-based and stationary sites.
- Mobile clinics.
- Inspectorate for criminal offenses and penalties.
- Pharmacies.
- Secondary exchange.

## PREVENTION AMONG PEOPLE WHO INJECT DRUGS (PWID)

### Standard package of services for PWID:

- Distribution and exchange of syringes.
- Distribution of alcohol wipes.
- Distribution of antiseptics.
- Assisted testing for HCV.
- Counseling on overdose prevention and response, safer injecting behavior, etc.



### KEY ACHIEVEMENTS IN 2016:

- Alliance delivered technical and financial support to 63 community-based organizations which provided PWID with access to prevention services.
- **224,872 PWID** reached with a minimum package of services, which accounts for **64.8% of the estimated population of PWID**. The coverage of service provision was up by 5.36% as compared to 2015.
- **46,923 new PWID** clients were reached.
- Programming activities extended all over Ukraine, including the Crimea and non-government controlled areas of the Donetsk and Luhansk regions.
- 24,739,468 syringes and needles distributed.
- 164,419 PWID screened for HIV using rapid tests, with 3,283 people testing positive.
- 39,138 tests for STIs and HCV conducted among PWID, with 7,356 people testing positive.
- 19,921 PWID reached with the minimum package of prevention services (8.9% of the entire population reached) through 105 pharmacies.
- 107,730 TB screening sessions were conducted among PWID to ensure early case finding, with 9,390 patients receiving positive results based on the survey questions; 6,378 people sought testing, 255 had their TB diagnoses confirmed, 228 started treatment (89.4% of those with a confirmed diagnosis of TB).
- 1,376,641 counseling sessions conducted by social and medical workers.



## CASE MANAGEMENT: INCREASED ACCESS TO HIV TREATMENT FOR PWID

CITI (Community Initiated Treatment Intervention) is a short-term intervention that incorporates case management practices designed to ensure that active PWID get started on treatment as early as possible. This intervention provides support to HIV-positive PWID through case managers to ensure that patients are registered for medical monitoring and follow-up, examination and testing (timely visits to the doctor's office, scheduled medical tests, and check-ups) and, if needed, timely start on ART.

### KEY ACHIEVEMENTS IN 2016:

- Services provided for 5 projects.
- Individual case management provided to 5,680 HIV-positive PWID.
- 2,591 drug users registered with AIDS centers, 2,670 started ART.
- The total number of HIV-positive PWID registered through NGOs' assistance for medical monitoring and follow-up increased by 23% as compared to 2015.



## PREVENTION AMONG SEX WORKERS (SW)

### Standard package of services for SW:

- Assisted testing for HBV.
- Assisted testing for syphilis.
- Testing for chlamydia.
- Testing for gonorrhea.
- Counseling with a focus on evaluation of health condition and needs associated with sex work, provision of information on safe sexual behaviors, effective ways to prevent the transmission of HIV and STIs, etc.

### KEY ACHIEVEMENTS IN 2016:

- 35,953 SW** reached with the minimum package of prevention services, which accounts for 45% of the estimated population of SW. Target achievement level – 109.3%.
- 13 million condoms** (including female condoms) distributed.
- 29,483 SW** screened for HIV using rapid tests, with 180 clients receiving positive results.
- Access to STI diagnostic testing provided, and **31,329 combined tests** (for syphilis, gonorrhea, chlamydia, HBV) conducted with 655 positive results.
- 17,124 TB screening** sessions were conducted among SW to ensure early case finding, with 733 patients receiving positive results based on the survey questions; 462 persons sought testing, 16 had their TB diagnoses confirmed, 15 started treatment (94% of those with a confirmed diagnosis of TB).
- 165,039 counseling** sessions conducted by social and medical workers.



## PREVENTION AMONG MEN HAVING SEX WITH MEN (MSM)

### Standard package of services for MSM:

- Assisted testing for HBV.
- Assisted testing for syphilis.
- Testing for chlamydia.
- Testing for gonorrhea.
- Counseling with a focus on safe sexual behaviors, effective ways to prevent the transmission of HIV and STIs, etc.

### KEY ACHIEVEMENTS IN 2016:

- **38,181 MSM** reached with the minimum package of prevention services, which accounts for 21% of the estimated population of MSM. Target achievement level – 106%.
- **31,592 MSM** screened for HIV using rapid tests, with 255 positive results, 161 MSM registered for medical monitoring and follow-up, and 161 started on ART.
- Access to STI diagnostic testing provided, and **10,484 combined tests** (for syphilis, gonorrhea, chlamydia, HBV) conducted with 107 positive results.
- **20,562 TB screening** sessions were conducted among MSM to ensure early case finding, with 90 patients receiving positive results based on the survey questions; 52 persons sought testing, 7 had their TB diagnoses confirmed, 7 started treatment (100% of those with a confirmed diagnosis of TB).
- **101,251 counseling** sessions conducted by social and medical workers.



## MOBILE CLINICS

Mobile clinics allowed expanding prevention programs and reaching project clients living in rural areas, as well as delivering counseling and assisted testing for HIV and STIs at night and in bad weather.

*“After we got the mobile clinic, we can work in such places where people had never heard of harm reduction before. In Lyman district, for instance, we reach almost all the settlements, as we have discovered that our clients live everywhere. Now I have a set schedule, and the clients know this schedule, so they come out at a specific time. Thus, the work is fast and effective. We have even been able to establish cooperation with local paramedic stations where we bring handouts, informational materials – medical workers are interested in our work, they help us, and this is very useful for our cooperation.”*

(Ihor, social worker of the Our Help Charitable Foundation, Donetsk oblast).



### KEY ACHIEVEMENTS IN 2016:

- 29 mobile clinics operating on an ongoing basis in 21 regions of Ukraine.
- New clients reached with the minimum package of prevention services:
  - **6,902 PWID** (14.7% of total new PWID reached);
  - **1,436 SW** (26.7% of total new SW reached);
  - **297 MSM** (3.6% of total new MSM reached).
- Tests conducted for the diseases below:







## KEY ACHIEVEMENTS IN 2016:

## TESTING ON THE BASIS OF MOBILE CLINICS:

## HIV

- **33,874 PWID** (20.6% of total PWID tested), 512 positive results;
- **12,035 SW** (40.8% of total SW tested), 77 positive results;
- **1,892 MSM** (6% of total MSM tested), 14 positive results.

## Hepatitis B

- **3,667 SW** (46.6% of total SW tested), 84 positive results.

## Hepatitis C

- **8,595 PWID** (23.7% of total PWID tested), 1,532 positive results.

## Gonorrhea

- **2,495 SW** (52.2% of total SW tested), 37 positive results;
- **119 MSM** (11.1% of total MSM tested), no positive results.

## Chlamydia

- **2,526 SW** (51.9% of total SW tested), 112 positive results;
- **116 MSM** (10.9% of total MSM tested), 3 positive results.

## Syphilis

- **5,639 SW** (49.5% of total SW tested), 127 positive results;
- **720 MSM** (9.9% of total MSM tested), 10 positive results.

## WORK WITH THE PROBATION SERVICE

### KEY ACHIEVEMENTS IN 2016:

- Activities performed in the format of stationary sites to provide services to PWID.
- The services were offered in 12 regions of Ukraine (the city of Kyiv, Kyiv, Kirovohrad, Zhytomyr, Donetsk, Dnipropetrovsk, Mykolaiv, Odesa, Poltava, Sumy, Kharkiv, and Cherkasy oblasts) by 86 district divisions of the Inspectorate for Criminal Offenses and Penalties (ICOP), including work carried out by the divisions located in the non-controlled areas of the Donetsk region (Donetsk, Horlivka, and Makiivka).
- 6,630 PWID were reached.
- Two day-probation centers continue to operate in Poltava (Poltava Interdistrict Unit of the ICOP) and Dnipro (Zhovtnevyi District Unit of the ICOP).
- In order to meet the annual needs related to prevention activities among prisoners who have a record with any of 589 regional divisions of the ICOP in Ukraine, a new batch of 1,608,000 condoms were provided.

### ADVOCACY ACTIVITIES

As a part of reform of the penitentiary system of Ukraine and its harmonization with the European standards, the State Penitentiary Service of Ukraine was liquidated, and its structural units were transferred to the Ministry of Justice of Ukraine. Thus, according to the Law of Ukraine "On Probation" adopted back in 2015, ICOP became the Department of Probation of the Ministry of Justice. The ICOP is now being reorganized into the Probation Service on the oblast and local levels, but HIV prevention projects for PWID continue. Alliance is preparing a Memorandum of Cooperation with the Ministry of Justice in the context of further prevention activities. The advocacy activities of the Alliance to ensure access to OST in penitentiary facilities also continue through stakeholders meetings on OST, OST Working Group at the Ministry of Health, and other advocacy efforts.



## OPIOID SUBSTITUTION TREATMENT



### PROVISION OF OPIOID SUBSTITUTION TREATMENT

#### Goal:

Providing PWID with better access to OST and organizing medical, psychological and social support (MPSS) for OST patients through case management and integrated services (diagnostics and treatment of HIV, TB, viral hepatitis, etc.), retention on OST and facilitation of re-socialization of OST patients.

#### Partner:

State Institution "Public Health Center of the Ministry of Health of Ukraine".

#### KEY ACHIEVEMENTS IN 2016:

- 9,214 patients received OST (967 – buprenorphine, 260 – liquid methadone, 7,987 – methadone tablets).
- Among those mentioned above: infected with HIV – 3,856 (41.58%), HCV – 5,283 (57.34%), HBV – 1,529 (16.59%), TB – 1,455 (15.79%).
- The OST program was implemented at 174 healthcare facilities. OST sites operate at the premises of mental health and drug treatment facilities, AIDS centers, TB treatment centers, infectious disease hospitals, city or district hospitals, and primary healthcare centers. Medical and psychosocial support of OST clients was provided by 27 NGOs.
- Case management-based provision of MPSS services to patients continued. This allowed increasing the percentage of HIV-positive OST patients on ART from 60.5% (as of 1 January 2016) to 70.4% (as of 1 January 2017).
- Patients from 18 regions now can receive take-away OST drugs. The percentage of such patients increased from 6% to 23.3%.
- Local budgets funded procurement of OST drugs for 106 patients (98 patients from Kyiv, 6 from Poltava, 1 from Zhytomyr, and 1 from Vinnytsia). The number of patients paying for their medications at their own expense increased almost fourfold.
- Six events were conducted, where Alliance organized regular meetings of national and international partners working in the field of OST in order to develop a common strategy and consolidation of efforts around development and ensuring sustainability of the OST program in the context of healthcare reforms and reduction of donor support provided to Ukraine.

*The OST program in Ukraine is the biggest one in Eastern Europe.*



# RESULTS-BASED FINANCING (RBF) OF OPIOID SUBSTITUTION THERAPY IN UKRAINE

## Goal:

to implement a new model of results-based financing in healthcare facilities (hereafter – HCF) providing OST services in order to ensure sustainability of OST delivery in the context of transition to other (exclusive of the grants of the Global Fund to Fight AIDS, TB and Malaria) sources of funding after 2017, and to create conditions promoting OST expansion as well as to provide quality-assured OST services.

## Implementation period:

1 April 2016 - 31 December 2017

*Piloting of this approach is unique for OST not just in Ukraine, but in the global context as well.*

## KEY ACHIEVEMENTS IN 2016:

- 1,124 patients from 5 regions of Ukraine received treatment at HCFs (including one private clinic) using the new funding model.
- The following benefits of this funding model were demonstrated:
  - it serves as an incentive to increase the number of OST clients;
  - the number of patients grew by 38.7%;
  - access to quality-assured integrated services;
  - introducing a social worker's position into the HCF payroll;
  - organizing and providing OST in the pay-your-way format;
  - implementation of OST co-financing at the private clinic.
- Project implementation principles based on OST program sustainability and development in the context of limited resources and healthcare system reform were established. In the course of project implementation, rates for OST services (dispensing drugs and counseling in the process of treatment) were adopted at pilot sites to ensure further sustainable operation of the program.



Within program activities, a leading international expert in HIV/AIDS response, Dave Burrows, visited Ukraine. In his opinion, the outcomes fully meet the goals set:

*"It is likely that the objective to establish a system that can be sustainable in the long term has been partially achieved and that it will be fully achieved by the end of the project".*

## SUPPORT OF INTERNALLY DISPLACED OST PATIENTS FROM THE ARMED CONFLICT ZONE

**Goal:**

Ensuring a continuum of OST, ART and TB treatment services for OST patients coming to Ukraine-controlled territories, providing conditions and helping the patients to adapt and re-socialize at the new place.

**Implementation period:**

1 June 2015 – 30 June 2016.

**Total grant amount:**

USD 356,747, incl. USD 140,794 in 2016.

**KEY ACHIEVEMENTS IN 2016:**

- More than 390 OST patients who moved from the Crimea or armed conflict zone reached with project efforts.
- All project clients had their housing costs paid; they were provided with food and hygienic packages as well as 24h individual case management.
- After the end of the project, 95% of the clients stayed at their new places of residence and received OST services on the standard terms.
- In line with the project objectives, relocated patients were integrated into the local communities. 99% of the clients were registered as forced migrants and received state support, 19% applied for and received disability pensions, 5% – child benefits. At the time of project completion, 41% of the patients had permanent or temporary jobs, which allowed them to cover their housing costs after the end of the project.

*Providing OST in the areas of Donetsk and Luhansk oblasts temporary not controlled by the government of Ukraine came to a full stop on 23 June 2016, when operation of the last OST site in the city of Donetsk was terminated.*



*"The support program organized by Alliance allowed the displaced OST clients to survive and adapt in this new and totally unknown city. We were not left alone at this stage of our lives. People from the Alliance became our true supporters, helping us not to give up and start the challenging process of adaptation to living in the new city".*

From the letter of a project participant now living in Dnipro



## NATIONAL OST AND SUBSTANCE ABUSE HOTLINE



Opioid substitution therapy hotline

*Substitution therapy... Any questions?*

**Call**  
**0-800-507-727**

**FREE OF CHARGE**  
from landline and  
mobile phones

Alliance  
for Public Health

Throughout the reporting year, the Hotline remained partner of the Office of the Inspector General of the Global Fund within the I Speak Out Now! campaign to overcome corruption in implementation of the OST program.

## KEY ACHIEVEMENTS IN 2016:

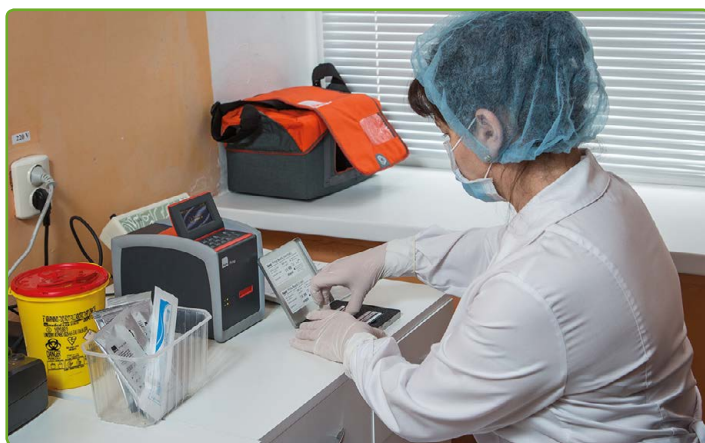
- 2564 calls received. The most common topics:
  - contacts of OST sites, receipt of drugs by prescriptions or directly from healthcare facilities;
  - organization of home-based care;
  - administrative release of patients;
  - receiving OST drugs in pre-trial/temporary detention centers;
  - prevention of substance abuse and information about the existing rehabilitation centers;
  - hepatitis C prevention and treatment.
- Most calls came from: Kyiv – 529, Dnipropetrovsk oblast – 274, Kharkiv oblast – 173, Donetsk oblast – 165, Odesa oblast – 163, Luhansk oblast – 157, and Zaporizhzhia oblast – 109.
- 148 new strategic OST cases were opened upon request with positive resolution of 116 cases (78%). Key problems:
  - provision with OST drugs in pre-trial detention centers;
  - preventing police from intervening in the activities of OST sites and medical personnel;
  - reentry into the program;
  - assistance in receiving OST drugs in hospitals.

# PIMA PROGRAM

## USING ALERE PIMA PORTABLE ANALYZERS FOR MEASURING CD4 LYMPHOCYTE COUNTS IN MOST-AT-RISK POPULATIONS

### Partners:

Public Health Center of the Ministry of Health of Ukraine, American Society for Microbiology, and US Centers for Disease Control and Prevention (CDC).



In 2016, the PIMA program covered 18 regions of Ukraine. 30 portable Alere Pima analyzers were used by:

- 15 regional and municipal AIDS centers;
- 9 general hospitals;
- 1 mental health center;
- 1 TB treatment facility;
- 4 medical units of the Penitentiary Service of Ukraine;
- mobile clinics.

### KEY ACHIEVEMENTS IN 2016:

- 18,937 CD4 tests conducted in 2016.
- Test results obtained using Alere PIMA portable analyzers were used to determine medical monitoring and ART needs, when no confirmation through flow cytometry testing was required.
- Based on the test results obtained using Alere PIMA portable analyzers, 54% of all clients tested were placed under medical supervision, and 46% of them started receiving ART.
- Early placement of the members of vulnerable populations under medical supervision was ensured, and the access to ART was improved through CD4 testing.
- SOP "Determining the absolute quantity of CD4 lymphocytes in blood samples using PIMA devices" was developed and became effective on 1 June 2016.
- Motivation of the members of key populations to start ART early was greatly improved due to the PIMA program.
- The experience of using portable technologies to diagnose HIV in Ukraine has been gained through implementation of the PIMA program.

*"We have got the opportunity to use a portable analyzer enabling CD4 diagnostics for those clients of the project who do not know their health status. For example, it made one of the clients register for further medical follow-up. The man did not believe that HIV infection led to any deterioration of his health, but having received the result under 300 cells he registered with a private counseling room."*

From the feedback from a staff member of All-Ukrainian Charitable Organization "CONVICTUS UKRAINE"

# CHALLENGE AND SUCCESS STORY:

## ALLIANCE ACTIVITIES IN THE AREAS OF MILITARY OPERATIONS



*From the very first days of the Crimea annexation and the launch of anti-terrorist operation in the east of Ukraine, Alliance decided that one of its priorities was supporting HIV, TB, viral hepatitis prevention and treatment programs, as well as case management for OST patients.*

*Despite the political context, Alliance set purely humanitarian goals: providing maximum support to those who had already been receiving treatment or prevention services and ensuring the continuity of such services wherever possible, as well as providing case management to clients that particularly needed it. Situation with the implementation of comprehensive measures to prevent and treat HIV, TB, and hepatitis in the east of Ukraine somewhat stabilized in 2016, but still remains difficult.*

### HIV PREVENTION IN KEY POPULATIONS

**Coverage of key populations with prevention projects from 1 January to 31 December 2016 (preliminary data)**

Oblast	PWID			SW			MSM		
	Plan	Actual	%	Plan	Actual	%	Plan	Actual	%
Donetsk oblast	27,891	30,027	108%	1,533	1,851	121%	1,134	1,178	104%
Areas not controlled by Ukraine		13,382			847			334	
Luhansk oblast	8,477	9,096	107%	722	826	114%	-	-	-
Areas not controlled by Ukraine		6,747			826				
Total*	36,368	39,009	107%	2,255	2,677	119%	1,134	1,178	104%
Areas not controlled by Ukraine*		20,085			1,673			334	

*\* Totals indicate the number of people (not visits) receiving prevention services in different organizations/regions.*



## DONETSK AND LUHANSK OBLASTS:

- 11 local partner NGOs;
- 18 settlements in temporarily uncontrolled areas;
- 32 settlements in the controlled territory.

Besides, a project to **implement an extended minimum package of services** was initiated in 7 organizations. Within the project, they provided:

- 4,129 psychologist counselling sessions;
- 1,132 medical counselling sessions, incl. dispensing medications;
- 2,419 food and hygienic packages distributed among clients.

In order to improve the quality of services and expand the coverage of clients in the military conflict areas, a mobile clinic was given to Obriy NGO (in Severodonetsk).



## TESTING FOR HIV AND STIS

Rapid testing for HIV reached:

- in Donetsk oblast: 27,725 persons – 385 (1.4%) tested positive;
- in Luhansk oblast: 8,136 persons – 97 (1.2%) tested positive.

EARLY TB DETECTION  
IN KEY POPULATIONS

- 17,278 clients in Donetsk oblast were screened for TB:
  - 2,064 received positive results;
  - 1,133 (55%) of clients received TB diagnostics services at HCFs, 40 of them were diagnosed with TB.
- 5,958 clients in Luhansk oblast were screened for TB:
  - 925 received positive results;
  - 902 (97.5%) of clients received TB diagnostics services at HCFs, 5 of them were diagnosed with TB.
- 38 patients with confirmed TB diagnosis started treatment (85%).



## PROCUREMENT AND SUPPLY OF MEDICINES AND HEALTHCARE PRODUCTS

Effective cooperation between the Alliance and its partners allowed conducting another delivery of TB medicines and preventive materials: five-truck load of the goods was delivered to Donetsk on 27 December 2016. The cargo contained **34,440 packs** of medicines for MDR-TB treatment. It is expected that the goods will be used to ensure treatment of **500 patients** in the occupied areas of Donetsk oblast.

We also delivered:

- **20,362 rapid tests** for HIV, hepatitis, and STIs;
- **1,240,000 condoms** and lubricants;
- **5,300,240 sterile syringes and wipes.**

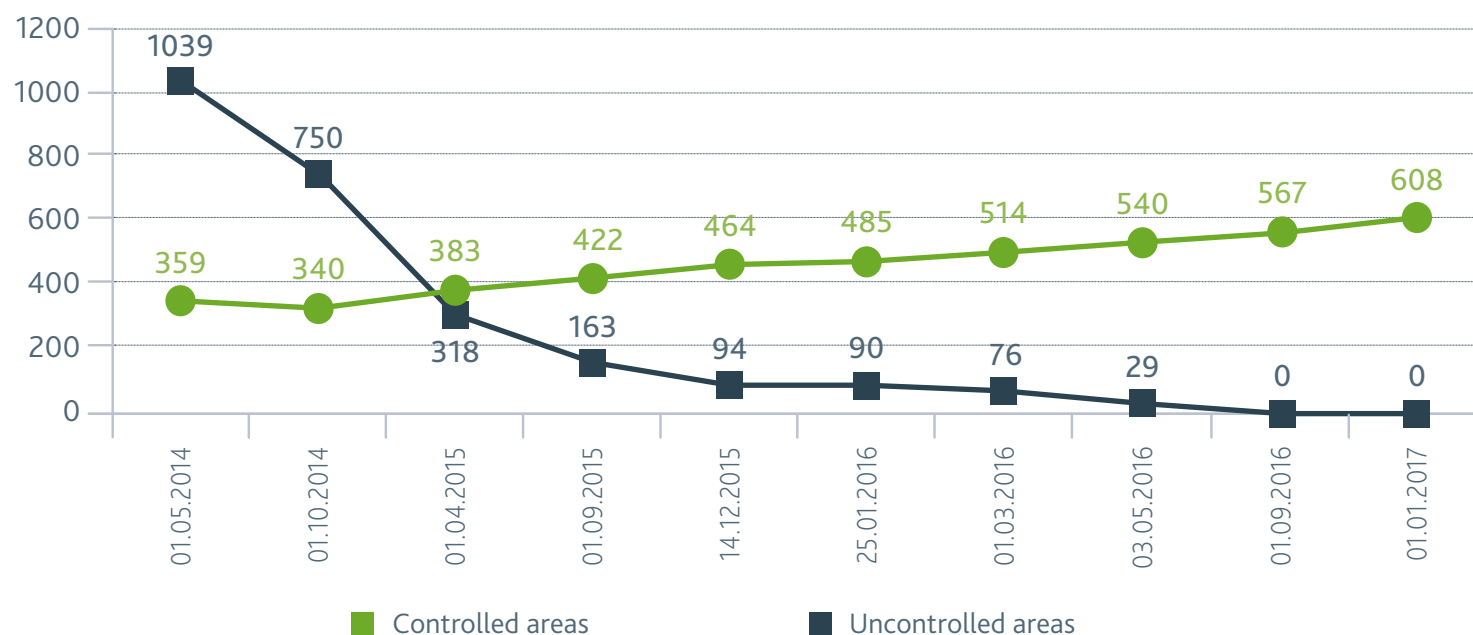
## OPIOID SUBSTITUTION THERAPY (OST)

*As of 1 January 2017, there were 7 OST sites operating in the government-controlled areas of Donetsk and Luhansk oblasts – 4 in Donetsk oblast (Mariupol, Sloviansk, Kramatorsk, Pokrovsk) and 3 in Luhansk oblasts (Lysychansk, Severodonetsk, Rubizhne).*

*In 2016, Alliance paid significant attention to technical assistance for repair and equipment of the OST sites operating in the government-controlled areas. The OST sites' premises were repaired, furniture and equipment were purchased. It improved the operating conditions and allowed to significantly increase the number of OST patients reached. In particular, Alliance's support enabled opening a site in Rubizhne, now providing therapy to 71 patients.*

*Now most of the sites in these regions dispense take-home OST drugs for 7-10 days by prescriptions or directly from healthcare facilities.*

## Dynamics in the number of OST patients in government-controlled and uncontrolled areas of Donetsk and Luhansk oblasts



## ALLIANCE ACTIVITIES FOR MILITARY PERSONNEL IN THE ARMED CONFLICT AREAS

- Cooperation with the Central Sanitary Epidemiological Administration of the Ministry of Defense of Ukraine to ensure regular provision of awareness-raising materials and condoms to military personnel was broadened.
- Together with the International HIV/AIDS and TB Institute, **132 thousand condoms and 22,200 pieces of specialized awareness-raising materials** were delivered to the military servicemen.
- Eleos Ukraine NGO was provided with **3,000 rapid tests to conduct HIV testing** in the government-controlled areas near the conflict line.
- 3,000 HBV tests** delivered to the Ministry of Defense of Ukraine.
- Cooperation in terms of prevention activities for the military personnel was established with NGOs and government authorities in the military conflict zone. Thus, for the second time with support from the Alliance healthcare unit of the frontline Yasynuvata district conducted a series of trainings on the occasion of the World AIDS Day on HIV prevention for Ukrainian military personnel and public servants working in the areas controlled by the Ukrainian government.
- Information brochure "Come Back Healthy" for military personnel containing information on prevention of HIV and other STIs was prepared and disseminated.



## ALLIANCE ACTIVITIES IN THE ANNEXED CRIMEA

*There are three partner organizations in Crimea that continue delivering services aimed at HIV and STI prevention as well as early TB detection in key populations: Hope and Salvation NGO, Youth Center for Women's Initiatives NGO, and Your Victory NGO.*

*In 2016, 12,209 PWID, 2,763 SW, and 1,511 MSM were provided with the minimum package of services within prevention projects implemented in the Crimea. 7,187 clients accessed services for early TB detection. 257 persons received positive screening results and were referred to local health care providers; 19 of them were diagnosed with TB. 12,081 clients were tested for HIV using rapid diagnostic tests: 129 PWID, 6 SW, and 4 MSM got positive test results. The percentage of clients who registered with AIDS centers and had their HIV status confirmed was: among PWID – 96.1% (124 clients), SW – 83.3% (5 clients), MSM – 50% (2 clients).*

*Given the situation in the Crimea, consumable materials (syringes, condoms, lubricants, rapid tests, etc.) for prevention activities are purchased by the Crimean partner organizations. Alliance provided the required technical support and advice to build their capacity in the field of procurement through competitive bidding.*

*In the course of 2016, Alliance representatives (programmatic and financial specialists) made two monitoring visits to the Crimean NGOs. Technical support and expert assistance were provided during the visits. In addition, service quality assessment was performed, and prevention project data reported by the NGOs were verified.*

# PROJECT

## M&E-RELATED TECHNICAL ASSISTANCE AND IMPROVED DATA APPLICATION IN HIV (METIDA PROJECT)



### FINANCIAL SUPPORT:

U.S. Centers for Disease Control and Prevention, pursuant to the U.S. President's Emergency Plan for AIDS Relief (PEPFAR).



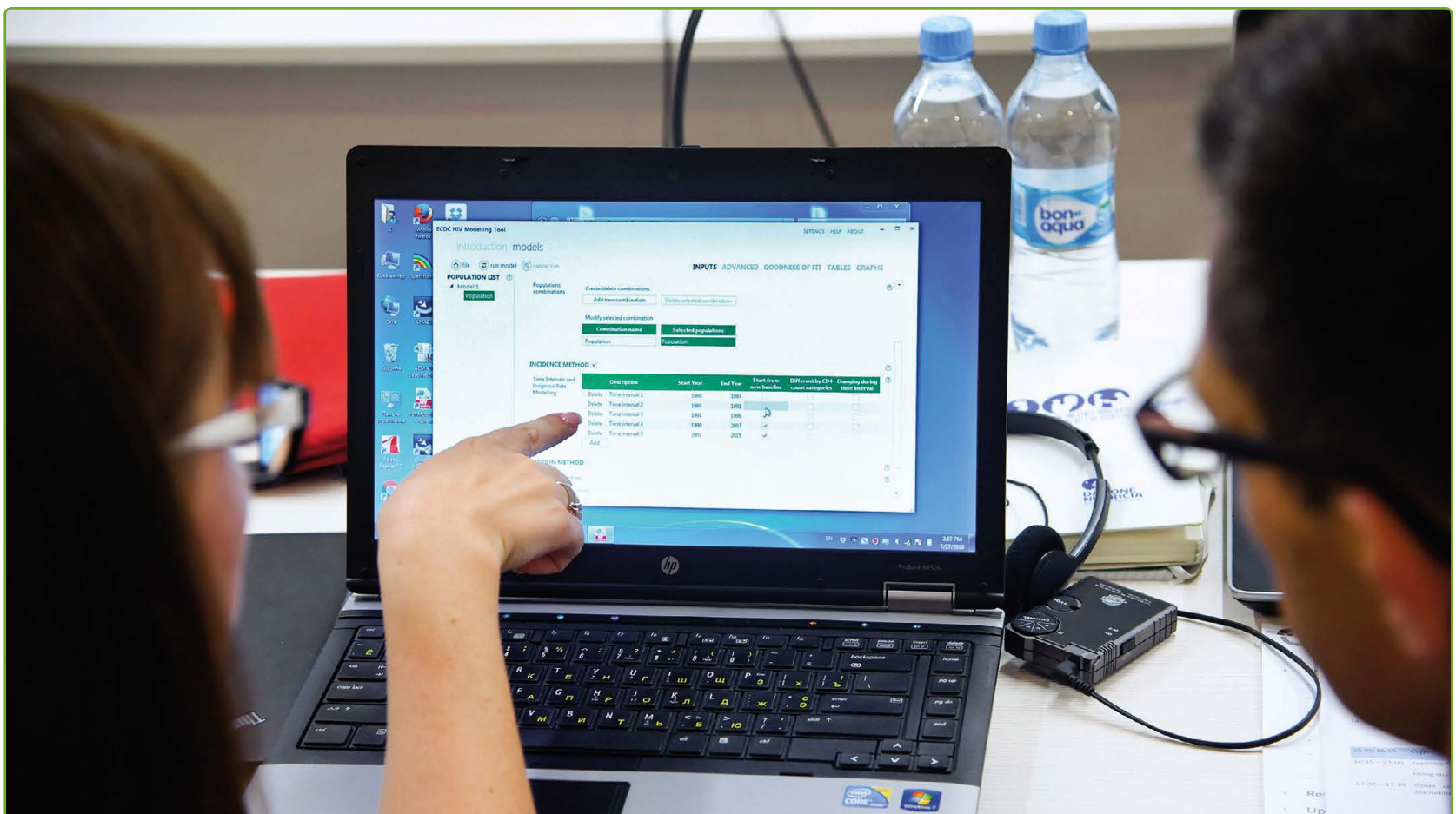
### IMPLEMENTATION PERIOD:

30 September 2012 –  
31 March 2018.



### BUDGET:

\$ 7,499,769





## Project goal:

Improving HIV-related evidence-based decision-making in Ukraine by means of strengthening collaboration among key partners, building M&E capacity of professional staff and decision makers, as well as identifying data collection, project resource management, key partnership and strategic information gaps with a view to filling key national and regional needs.

## KEY ACHIEVEMENTS IN 2016:

- Trainings conducted to improve and build up capacity in monitoring and research: "Research methods", "Writing research applications" together with professors of leading international academic institutions (Institute for Global Health, University of San Francisco, Zagreb School of Public Health), "Main principles of health research" in cooperation with the World Bank, and "Statistical analysis methods in public health".
- Summer school in monitoring and evaluation for university professors was organized, enabling development of a training project for further integration of courses and individual modules on monitoring and evaluation of social programs and projects in curricula of 13 higher educational institutions of Ukraine.
- International Summer School on modeling HIV epidemics was conducted, where algorithms for prediction of the HIV/AIDS epidemics in four modeling tools widely used in the world were discussed: SPECTRUM, AEM (AIDS Epidemic Model), Optima and ECDC HIV modeling tool.
- Detailed reports were prepared on the findings of unique biobehavioral studies in key populations (PWID, SW, and MSM) and cohort study in PWID clients of harm reduction programs.
- Field stage of the unique study "Assessment of Officially Registered Routes of HIV Transmission in Ukraine" was completed. For the first time, a project aimed at evaluation of the scale and reasons of incorrect classification of the HIV transmission routes and studying dynamic trends in different routes (2013 to 2015) was developed and implemented in Ukraine.
- The approach to evaluation of the data quality with a focus on indicators of treatment cascade (including viral load) and TB/HIV co-infection was improved, which, to some extent, helped to improve cooperation between the two services (HIV and TB) with regional M&E specialists of AIDS centers accessing eTB manager system for the purpose of data verification.







# PROJECT

## CAPACITY DEVELOPMENT FOR QUALITY ASSURED GENDER SENSITIVE HARM REDUCTION INTERVENTIONS IN UKRAINE



### FINANCIAL SUPPORT:

Expertise France  
5% Initiative



### IMPLEMENTATION PERIOD:

15 March 2015 –  
14 March 2018



### BUDGET:

€ 997,548

### PROJECT GOAL:

to ensure that women who inject drugs and their sexual partners have equal access to gender sensitive and quality assured HIV/STI prevention and care in Ukraine.

### Objectives:

- Design and deliver gender sensitive prevention service models.
- Design and deliver further professional training programs for employees of HIV-service NGOs and government agencies in order to mainstream gender-sensitive approaches into harm reduction programs and social and medical services for women who inject drugs and their sexual partners.

### KEY ACHIEVEMENTS IN 2016:

- **2,750 male and female PWID** reached with five ProfiGender pilot projects (Convictus (Kyiv); The Way Home (Odesa); Victoria (Khmelnyskyi); Return to Life (Kropyvnytskyi); Public Health (Kryvyi Rih)):
  - counseling and individual training on sexual and reproductive health, viral hepatitis, STIs;

- practicing the skills of correct condom use, safe drug use, medical aid in case of overdoses;
- practicing the skills of realization and articulation of problems, finding the ways to solve them, building up of personal capacity;
- group interactive sessions for women: Raising Children, Computer Literacy, Cooking, Healthy Diet, Employment: Writing a CV, Household Budget, etc.

- Each new client was referred to the HR program by social workers.
- In each project region, "Partnership for Equality" round tables were conducted, where the best practices of implementing gender sensitive services in the work of different organizations were presented. Following each of the round tables, a Memorandum of Cooperation to implement gender sensitive approach in operations of all the partners was signed.

## KEY ACHIEVEMENTS IN 2016:

- At the three pilot OST sites (Kyiv City Narcologic Clinical Hospital “Sociotherapy”, Kyiv; Odesa City TB Treatment Center, Odesa; Communal Institution “Kirovohrad Oblast Narcologic Dispensary”, Kropyvnytskyi), clients received gender sensitive services:
  - informing partner clients about the OST program;
  - individual counseling on topical issues;
  - individual training and counseling of female clients provided by mentors;
  - self-help groups.
- Advanced training course for multidisciplinary teams introduced with 72-hour curriculum “Specifics of Provision of Medical and Social Services for Vulnerable Populations Based on Gender Sensitive Approach”. Partners in implementing the advance training course are the Ministry of Social Policy of Ukraine, Dragomanov National Pedagogic University, Ukrainian Center for Social Disease Control of the MoH of Ukraine. 14 advanced training courses were conducted in five cities of Ukraine for people working in organizations providing HIV services, centers of social services for family, children and youth, healthcare workers (doctors, nurses), faculty members of higher educational institutions, ICOP officers, etc. The advanced training courses were attended by 184 people.
- Trained project supervisors delivered 18 group and 5 individual supervisions for 80 members of the teams working in HR projects.
- Under each of the five pilot ProfiGender projects, two study tours were conducted attended by 115 representatives of NGOs implementing the program.
- Four three-day trainings for multidisciplinary teams of OST sites were conducted. They were attended by 98 staff members of the OST sites from all over Ukraine.

### Success story of a ProfiGender participant from Kryvyi Rih

*“My name is Natalia. I am sixty. I have made a lot of mistakes in my life, and I am very ashamed of it. I do not want to recall it, much less so speak of it. I want to say that today I am happy – trust me – very happy that after my bitter mistakes I was lucky to come to this organization. When they invited me to ProfiGender, I was very afraid, I did not even tell them my real name, I used a fake one. I was so tired of being afraid of everything, but here they treated me well, we drank tea together and started talking like normal people, talking about life, about children, different situations, about money. It was a long talk. I confessed a lot of things because I had not always done the right things. But then I felt so relieved because they listened to me and did not condemn me, they helped me; it was like a weight fell off my shoulders. I was laughing, I was crying. It was sincere. This organization gave me a huge support and returned me to the reality; and I would like to thank everyone who worked with me. I want to make less mistakes, I want to learn to value the life and the people who help such people as me”.*

### Success story of mentors and clients at the pilot OST site in Kropyvnytskyi told by a project staff member

*“The life of participants – both mentors and mentees – has changed. For example, we were able to make one of the mentors overcome her fear of ART – she started the treatment and began talking to her partner about using condoms. Another mentor, despite the fact that her husband was unwilling to participate in the project and the fact that she had a small child, still takes part in it, and she even went to present the OST program to clients of the Return to Life NGO. One of the mentees was negative about the OST program itself, but now she is even willing to pay some money to get the therapy”.*

# PROJECT

## HARM REDUCTION FOR CHILDREN AND YOUNG PEOPLE WHO USE DRUGS IN UKRAINE: REACHING THE UNDERSERVED



### FINANCIAL SUPPORT:

Elton John AIDS Foundation



### IMPLEMENTATION PERIOD:

1 January 2015 - 31 December 2017



### BUDGET:

£ 787,776

### PROJECT TARGET GROUP:

Children and young people aged 10 to 18 years who use psychoactive substances (PAS) and injecting drugs as well as their sexual partners.

### Project goal:

To promote health and wellbeing of young drug users in Ukraine through the delivery of quality-assured harm reduction services, prevention of HIV or other socially dangerous diseases. The goal is to be achieved by providing access to:

- accurate up-to-date information on the issues related to drug use;
- HIV counselling and testing and assistance in receiving timely and effective treatment;
- prevention materials (sterile injection equipment, disinfectants, hygienic products, and condoms);
- wide range of services that can be provided to adolescents by partner organizations and healthcare facilities;
- organized leisure activities with a prevention component.

### KEY ACHIEVEMENTS IN 2016:

- 3,043 adolescents using PAS or injecting drugs reached by harm reduction services in five cities of Ukraine: Kyiv, Kharkiv, Odesa, Poltava, and Sloviansk:
  - HIV/AIDS prevention services provided to more than 5,000 clients;
  - condoms provided to more than 3,200 clients;
  - VCT services provided to more than 3,600 clients.
- 30 employees of NGOs and departments for the rights of the child received knowledge and practical skills related to methods and organization of provision of quality-assured harm reduction services adapted for children using PAS or injecting drugs.
- Since November 2016, implementing NGOs enrolled clients in the project as assistant social workers.
- Implementing partners of the project conducted mass awareness-raising campaigns providing HIV testing to adolescents and youth on the occasion of the World AIDS Day (1 December 2016). The events were attended by more than 1,300 adolescents and young people, 353 of them were tested for HIV.





## PERSONAL STORY

*"I learned about the project accidentally. I was smoking all sorts of drugs since about 12 years old, and once a friend of mine told me that people like me could go to a teenager center. I did not even believe it was possible, I thought they would start lecturing, reforming me here. But it was quite different. It seems like the people working with us do not try to instruct us, but I understand that I have changed in this year. I virtually stopped smoking weed. I hope that I will stop smoking altogether, but I do not have the will power for that yet. I clearly see that I will never use injecting drugs – they told us a lot about how harmful they are, and I have seen the clients who come here to the adult project. And that me who came here first is very different from the present me. I am changing, and I appreciate that we have this center where people understand and support us."*

Katia, Sloviansk, 15 y.o.





# PROJECTS

## ADVOCACY PROJECTS TO EXPAND ACCESS TO HCV TREATMENT FOR KEY POPULATIONS IN UKRAINE



### FINANCIAL SUPPORT:

International Renaissance Foundation, Open Society Foundations, Levi Strauss Foundation.



### IMPLEMENTATION PERIOD:

International Renaissance Foundation:  
1 October 2014 – 12 April 2016. Open Society Foundations: 1 October 2014 – 30 September 2017.  
Levi Strauss Foundation: 1 September 2014 – 1 September 2016 (extended to 31 March 2017).



### BUDGET:

International Renaissance Foundation – UAH 674,484;  
The Open Society Foundation – \$ 50,000; Levi Strauss Foundation – \$ 100,000.



The project is based on the all-Ukrainian “Demand Treatment!” advocacy campaign and integration of the HCV component into the existing prevention programs implemented by Alliance and supported by the Global Fund.

### Project goal:

To increase access to HCV diagnostics and treatment in Ukraine.

### KEY ACHIEVEMENTS IN 2016:

- The price of a treatment course with direct acting antivirals (DAAs) (\$ 900/course) became the reference price for the state procurement of drugs.
- Thanks to the Alliance advocacy efforts, DAAs were procured for the first time through government funding for the purpose of implementation of the National Program to Fight Viral Hepatitis. Some of the regions also procured effective treatment courses following persistent joint efforts of the Alliance and regional coordinators of the advocacy campaign.
- Continued cooperation with the Ministry of Defense of Ukraine on raising the awareness of viral hepatitis among the military personnel and the risks of infection for combatants. The activities included provision of rapid tests for HBV and development of awareness-raising materials.
- In April 2016, new WHO guidelines on HCV treatment were published, incorporating recommendations and experience of the Alliance in treatment and forming adherence to the therapy in vulnerable populations.

## KEY ACHIEVEMENTS IN 2016:

- Alliance's experience in implementing treatment program for key populations was used to develop the Global Strategy "Towards the Elimination of Hepatitis B and C by 2030".
- The annual advocacy campaign on occasion of the World Hepatitis Day was conducted in all regions of Ukraine. During the event, over 3,800 people were tested for HCV, with 8.5% receiving positive results.
- An open letter was sent to the President and the Prime Minister of Ukraine urging them to initiate implementation of the National Plan to Eradicate HCV in Ukraine given the menacing epidemic situation.
- An Alliance representative provided expert recommendations based on organization's experience in implementing treatment programs for key populations. The recommendations were taken into account when drafting the Action plan for the health sector response to viral hepatitis in the WHO European Region.
- Together with ITPCru, Alliance updated the report "Hepatitis C in Eastern Europe and Central Asia. Response to the Epidemic", including data on the access to new direct acting antiviral medications in 11 countries of the region.
- A video blog on HCV treatment based on the experience of one of the patients was developed and promoted.
- Alliance's experience in supporting key populations in HCV treatment was presented at the advocacy meeting dedicated to broadening the access to treatment in Eastern Europe and Central Asia, where participants shared their best practices in response to HCV epidemic and developed a joint action plan for NGOs and other stakeholders.



In 2016 the global campaign **"Unite to Eliminate HepC: Know It, Test It, Treat It"** was continued. It is addressed to non-governmental and patient organizations, governments, pharmaceutical companies, international donors to work together to increase global access to HCV. The main messages of the campaign **#EliminateHepC** were aimed at attracting attention Facebook users to **page @unite2eliminate**. The campaign was joined by partner organizations from Vietnam, Indonesia, Cambodia, Kenya, Malaysia, Myanmar and Ukraine by conferences, interviews with patients, meetings, round tables with the Ministry of Health, street actions, educational programs for representatives of the penitentiary service, police, doctors, distribution of information materials and testing.



# PROJECT

## SCALING UP ACCESSIBLE AND EFFECTIVE HCV TREATMENT THROUGH A COMMUNITY-BASED TREATMENT MODEL FOR MOST VULNERABLE POPULATIONS IN RESOURCES-CONSTRAINED UKRAINE



### FINANCIAL SUPPORT:

different donors



### IMPLEMENTATION PERIOD:

1 April 2015 – 31 December 2017



### BUDGET:

\$ 860,428.78



### Project goal:

To ensure access to effective HCV treatment for the most vulnerable populations and design innovative community-based service delivery models, including medical and social support, with treatment regimens based on direct-acting antivirals.

### KEY ACHIEVEMENTS IN 2016:

- As part of the project, 1,204 patients accessed treatment, including 78% HIV-positive people, 96.6% received ART, 62% – PWID, 8% – OST patients.
- The treatment proved to be effective (cure rate was 94%) for patients who completed it and were tested for viral load 12 weeks after the end of the treatment.
- A model of multidisciplinary HCV case management for vulnerable populations was developed, involving social support on the community level. Under this model, an intervention to prevent re-infection with HCV was implemented.
- To reduce patient costs related to laboratory diagnostics, pre-treatment diagnostics (50%) and hepatitis C RNA quantitative testing services (100%) were covered by the project.



## KEY ACHIEVEMENTS IN 2016:

- An operational study (an integral and mandatory component of the Project) was conducted in order to analyze the efficiency and performance of the HCV treatment model in 2016.
- Changes in the state policy were achieved as a result of project activities, namely:
  - HCV treatment regimens with direct-acting antivirals, such as Sofosbuvir and Sofosbuvir/Ledipasvir, were integrated into the National Clinical Protocol for the Treatment of HCV;
  - direct-acting antivirals were included into the Public Procurement Plan;
  - Sofosbuvir and Sofosbuvir/Ledipasvir were purchased with government funding in 2016;
  - the price of Sofosbuvir within public procurement was brought down to \$250, the price of Sofosbuvir/Ledipasvir – to \$300.
- Preparations started to implement the third and final stage of the Project envisaging providing treatment to 750 more members of key populations and to veterans of the military conflict in the east of Ukraine at the premises of the Main Military Hospital.



At a press briefing in the Ukrainian Crisis Media Center held on 10 August 2016, Alliance presented results of the nationwide HCV testing conducted jointly with partner NGOs in all regions of Ukraine on the occasion of the World Hepatitis Day as a part of the traditional all-Ukrainian **"Demand Treatment!"** advocacy campaign.

In total, **3,844 people** were tested, with **324 (8.5%) positive rapid test results indicating the presence of HCV antibodies.**

The testing reached random people in the streets, because the activity was conducted in the central streets and parks. For many, this result became a complete surprise, as the deceptive feature of HCV is that it does not have clinical manifestations for a long time.

There were both young and elderly people among those who tested positive. *"There was a man of about thirty, who decided to get tested only because it was free of charge, together with his friend. He was sure he was healthy, but the result came back positive", – says Mykhailo Karelin, event coordinator from Sloviansk. "An older woman was simply walking with a suitcase, she was going to the railway station, and she had 10 minutes, so she decided to get tested. The result was positive, she was shocked, and her response was unexpected: "Why on earth did I run into you? I have no idea how that could happen! What should I do now?" "Our infection disease doctor counselled her and we referred her for further diagnostics", – tells Kristina Kryzhenko, event coordinator from Poltava.*

A cause of concern is the fact that most of people who were tested **had never before got tested for HCV (85% to 98%** depending on the location); for example, only one of 160 tested in Severodonetsk had been tested before, while in Sloviansk none of 150 participants had ever been tested before (there were 14 positive results there).

All the previous and present year nationwide testing campaigns confirm once again that the **situation with HCV is becoming increasingly more threatening!**



# PROJECT

## OPTIMIZED CASE FINDING FOR HIV (OCF) AND COMMUNITY-INITIATED TREATMENT INTERVENTION (CITI)



### FINANCIAL SUPPORT:

U.S. Centers for Disease Control and Prevention, pursuant to the U.S. President's Emergency Plan for AIDS Relief (PEPFAR)



### IMPLEMENTATION PERIOD:

1 December 2015 – 31 March 2017



### BUDGET:

\$ 1.8 mln

### Project goal:

to make HIV testing strategy more effective by focusing on risk networks of HIV-positive PWIDs and improving ART access for HIV-positive people by actively linking them to medical care as well as meeting the needs of PWID and their sexual partners by providing them with the following services:

- HIV assisted testing with the use of rapid/simple tests to detect HIV antibodies;
- consultation on HIV risk reduction;
- linkage to HIV care and treatment through immediate CITI follow up and social support project component.

21 partner NGOs were involved in implementation of the program.

### Project geography:

10 oblasts/regions of Ukraine – Dnipropetrovsk, Kyiv, Odesa, Poltava, Mykolaiv, Cherkasy, Zaporizhzhia, Chernihiv, and Kirovohrad oblasts, and the city of Kyiv.

### KEY ACHIEVEMENTS IN 2016:

- Two trainings conducted to train NGO staff in innovative intervention implemented: for case finders to assist clients during rapid testing for HIV, viral hepatitis, and STIs (OCF component); for case managers to scale up access to HIV treatment for key populations (CITI component).
- Four strategic working meetings organized in order to improve project performance in regions.
- Supervision on-site support technology for the project staff was designed.
- An online project tool for data tracking and monitoring application – OCFA – was developed. OCFA provides real time data collection entered directly to the app that is installed on mobile devices.

## KEY ACHIEVEMENTS IN 2016:

Based on the program results during the period:

- The project covered 15,726 unique clients (12,539 PWID, 1,807 PWID sexual partners and 1,380 persons from social networks of PWID) with the OCF services.
- The new strategy for HIV screening called “assisted HIV testing” initiated within the OCF/CITI model allowed identifying 3,030 HIV cases (20% yield from the total number of clients tested for HIV). According to self-reported information from clients from among social networks of PWID who got positive result 1,529 had never been tested before their involvement in the OCF project, 385 had been tested before and said that previous result was negative, and 10 had tested before but didn't know their previous results.
- To achieve better treatment uptake and outcomes for HIV-positive PWID and their partners, 2,199 cases were registered within CITI component in 2016, including 968 clients who belonged to the “lost to follow up” category and who were motivated to recommence care (PWID who had been registered in AIDS clinics but were not receiving HIV treatment services and did not visit clinic due to various reasons for more than 6 months).
- As part of the core activities, 494 clients used project services that helped them to confirm diagnosis and get registration in AIDS centers;
- 765 members of key populations started receiving ART through the support of case managers.







# PROJECT

## IMPROVED QUALITY AND SUSTAINABILITY OF MEDICATION ASSISTED TREATMENT IN UKRAINE



### FINANCIAL SUPPORT:

U.S. Centers for Disease Control and Prevention,  
pursuant to the U.S. President's Emergency Plan  
for AIDS Relief (PEPFAR)



### IMPLEMENTATION PERIOD:

1 February 2016 –  
31 January 2021



### BUDGET:

\$ 500,000  
(2016)

### Project goal:

To provide targeted technical assistance to medication assisted therapy (MAT) program in Ukraine and stimulate its development in order to improve sustainability and quality of programs and long-term health and social outcomes for MAT clients.

### Geographical coverage:

City of Kyiv; Dnipropetrovsk, Odesa, Mykolaiv, and Kherson oblasts.

### Objectives:

1. Development, testing, piloting and evaluation of financially sustainable MAT models.
2. Improvement of the quality of care and MAT effectiveness.
3. Implementation of integrated care models.
4. Development and implementation of post-MAT service models.
5. Development of MAT in the city of Kyiv (Fast Track Cities Initiative).

### KEY ACHIEVEMENTS IN 2016:

- MAT models/approaches described for further piloting: dispensing take-home medications, pay-your-way MAT format, MAT delivery within the primary care system, funding MAT through local budgets, social procurement of psychosocial services in MAT, and MAT in private clinics.
- It is planned, after piloting and evaluating the models/approaches, to develop recommendations on their further dissemination and implementation in all the regions of Ukraine.
- The main ways to improve the MAT program and the advocacy changes to be made to legislation were determined, particularly concerning development of MAT in primary care; implementation of alternative ways of dispensing the medications (dispensing liquid methadone using manual dispensers); regulation and stabilization of prices for medications and medical devices.

## KEY ACHIEVEMENTS IN 2016:

- Continued development and drafting the Adapted Clinical Guidelines “Mental and Behavioural Disorders Due to the Use of Opioids (Dependence Syndrome)” and the Unified Clinical Protocol of Primary, Secondary (Specialized) and Tertiary (Highly Specialized) Care for Patients with Opioid-Induced Mental and Behavioural Disorders (Addiction Syndrome).
- Guidelines on provision of integrated services to MAT patients and provision of medical and psychosocial services to patients completing MAT were developed.
- Support provided to the activities of the Interagency Working Group on OST at the MoH of Ukraine (established by the Order of the MoH no. 582 dd. 15 June 2016). The main objectives of the Group are coordination of the work of partners, advocacy to ensure sustainability of MAT, and improvement of the program quality.
- Procurement of 500 yearly courses of methadone to be done under FTCL was included in the “City Targeted Program of Response to HIV in 2017-2021” in order to expand MAT in Kyiv.







# PROJECT

## EXPANDING MEDICATION ASSISTED THERAPY (MAT) IN UKRAINE



### FINANCIAL SUPPORT:

National Institute of Drug Abuse (NIDA), USA



### IMPLEMENTATION PERIOD:

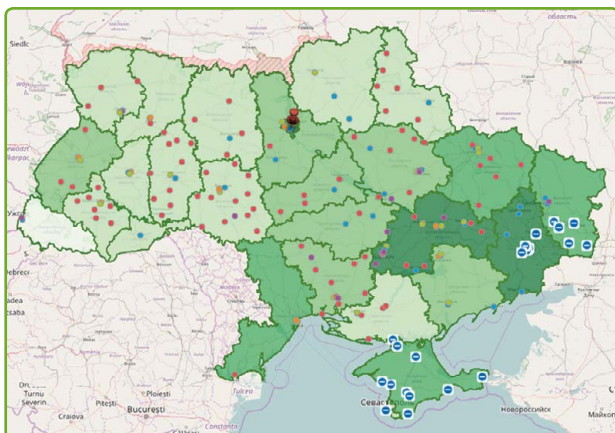
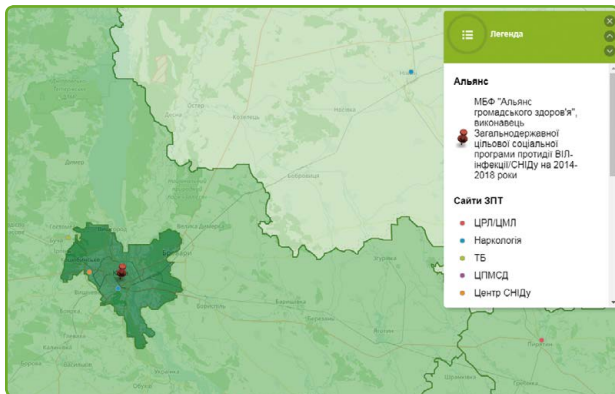
October 2012 – March 2017



### BUDGET:

\$1,125,000

The interactive map can be accessed via the hyperlink: <http://arcg.is/1CqOcgE>



### KEY ACHIEVEMENTS IN 2016:

- Barriers and facilitators to entry to and retention in MAT programs were assessed.
- Based on the results, NIATx-RCM rapid change teams were formed and regular meetings of their leaders organized for development, discussion, and implementation of interventions required to overcome the barriers to start of and retaining in MAT programs at every site.
- Three national meetings of team leaders were conducted to discuss and implement the ways of achieving positive changes in improvement of the quality of MAT services.
- The following interventions were tested at the MAT sites: prescription-based and direct dispensing of MAT doses, adequate dosage, enrolling new patients, standard refill time protocol, and providing standardized information before the start of treatment.
- The pilot trial of extended-release naltrexone (Vivitrol®) in order to expand the access of MAT with this medication in Ukrainian health care facilities was continued:
  - 44 patients completed their treatment courses successfully (they received 12 injections, passed the final survey and all the necessary laboratory tests);
  - 18 patients are on treatment (they have received at least one injection of Vivitrol).



## Study results:

**Barriers to the start of MAT on the program level:** entering the MAT program takes a lot of time (45.6%); the structure of the MAT program is very strict (42.6%); MAT site is far away/it takes long time to get there (32.8%); the MAT program is costly (30.3%); site personnel demonstrate negative attitude to clients (26.9%); I do not want to register with a drug treatment center as a drug dependent person (57.9%); I will not be able to take detox after MAT (56.0%); I do not want to visit the MAT site every day (54.1%); I will not be able to leave certain area for several days (49.2%); I cannot combine taking MAT with my work (working hours) (46.0%); I will not be able to combine MAT with other types of treatment (35.6%).

**Barriers to the start of MAT on the individual level:** MAT is replacing one addiction with another (74.6%); MAT is harmful to my health (74.1%); MAT has strong side effects (70.3%); I do not believe that MAT will cure my addiction (68.3%); I have heard some bad things about MAT (63.1%); I am afraid to start MAT (56.0%); I am not ready to start MAT (65.4%); I can stop taking drugs myself (52.1%); I am too young to start MAT (37.0%); I have not injected drugs for a long time already (29.8%).

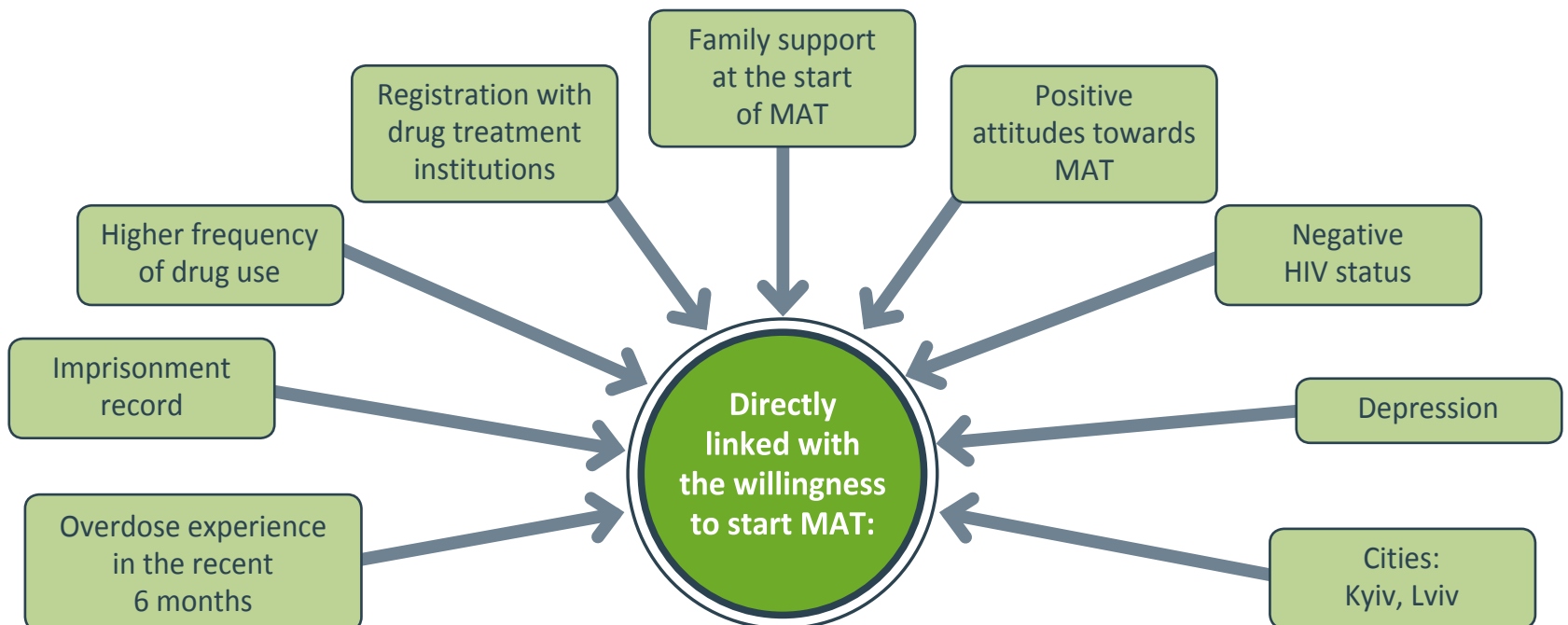
**Stigma-related barriers to the start of MAT:** my family does not support my starting MAT (54.3%); my neighbors (or friends) would avoid me (31.4%); the police harass MAT clients (29.5%).



## Total:

- 65% of PWID informed that they did not want to start MAT;
- 36% of MAT clients informed they were ready to pay for MAT.

## FACILITATORS TO ENROLLING ON MAT PROGRAMS





# PROJECT

## REGIONAL PROJECT: STRENGTHENING HEALTH SYSTEMS FOR EFFECTIVE TB AND DR-TB IN EASTERN EUROPE AND CENTRAL ASIA (TB-REP PROJECT)



### FINANCIAL SUPPORT:

The Global Fund to Fight AIDS, Tuberculosis and Malaria



### PRINCIPAL RECIPIENT:

Center for Health Policies and Studies (PAS Center)



### IMPLEMENTATION PERIOD:

1 January 2016 – 31 December 2018



### BUDGET:

\$ 375,000  
(three-year budget)

### Partners:

11 countries of Eastern Europe and Central Asia – Armenia, Azerbaijan, Belarus, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Tajikistan, Turkmenistan, Ukraine, and Uzbekistan.

### Project goal:

To decrease the burden of tuberculosis and halt the spread of drug resistance in target EECA countries through increasing political commitment and translating evidence into implementation of patient-centered models of TB prevention, treatment and care.

### Objectives:

- To increase political commitment to end TB and MDR/XDR-TB through regional cooperation and evidence sharing for better governance of the National TB Control Programs.
- To develop and disseminate evidence on effective TB services delivery systems for implementation of the patient-centered approaches and innovative models of care.
- To ensure sustainable financing in TB Control and efficient funds allocation mechanisms.

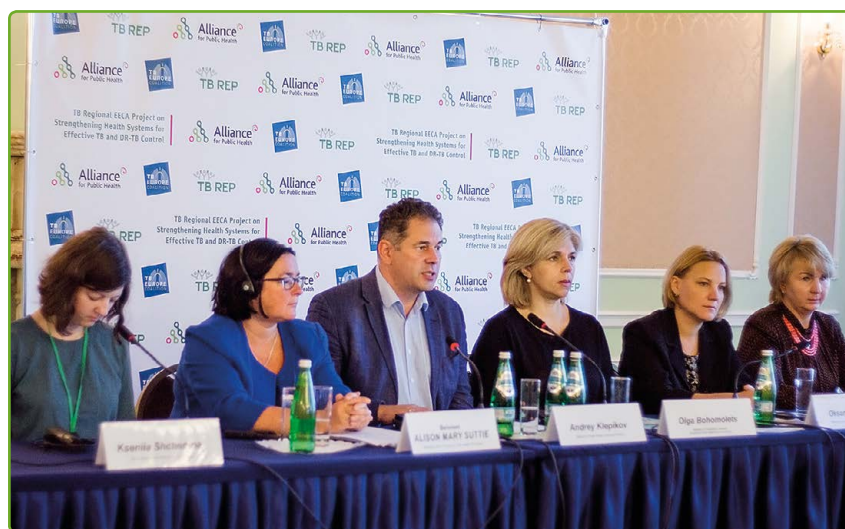
TB Europe Coalition together with the Alliance support activities of civil society organizations under TB-REP project to make public opinion and, in particular, experience of TB patients or former TB patients, have the key importance in decision making concerning TB care, and to make such decisions patient-oriented in the countries of the project.

## KEY ACHIEVEMENTS IN 2016:

- Regular coverage of the partners' experience through webinars and publications.
- In September 2016, the first Regional Meeting of project advocacy partners was held in Kyiv. It resulted in coordination between the key actors, including the WHO Regional Office for Europe, PAS Center, TB Europe Coalition, other regional partners, the Alliance, civil society organizations and patient communities. The event outlined prospects and opportunities for cooperation on advocacy of support of patient-centered TB care models at different levels.
- Partners received support in development of advocacy strategies for implementation of patient-centered approaches.
- Coordination with the WHO Regional Office for Europe allowed paying closer attention to practices of CSOs in order to take their experience into account while developing recommendations on reforming TB care in the countries. This information was also submitted to the National TB-REP coordinators at the level of national governments.
- TBEC, in partnership with the Alliance and other partners, developed an informational brochure on advocacy directions to provide quality-assured TB care and patient-centered model to outline the areas for advocacy efforts of the CSOs.
- Links and cooperation were established with the first network of TB survivors in EECA region – TB People.
- Four monitoring visits of the TBEC and Alliance team to Armenia, Kazakhstan, Kyrgyzstan, and Ukraine.



- In 2016, participation in the TB-REP project brought the following results:
- Alliance became a coordination center for CSOs in Ukraine in cooperation with the Global TB Caucus – a global network uniting over 1,500 parliamentarians from 130 countries in their fight against TB.
- Representatives of the Alliance joined the high-level coordination working group for implementation of health reforms in the field of response to TB.





# PROJECT

## EASTERN EUROPEAN REGIONAL PLATFORM FOR ACCELERATED ACTION FOR WOMEN, GIRLS AND TRANSGENDER IN HIV/AIDS CONTEXT



### FINANCIAL SUPPORT:

Robert Carr Fund



### IMPLEMENTATION PERIOD:

1 January 2016 – 31 December 2018



### BUDGET:

\$ 525,000

### Project goal:

Response to the pressing need to address the persistent gender inequalities and human rights violations that put Women, Girls and Transgender (WG/TG) at a greater risk of, and make them more vulnerable to HIV. The leading project organization – Alliance for Public Health – and partner organizations/networks/coalitions from Armenia, Azerbaijan, Belarus, Georgia, Moldova, Ukraine and Russia (together acting as EKHN – Eurasian Key Population Health Network) focuses on actions in three areas outlined below:

- Strengthening strategic guidance and support to national partners to 'know their epidemic and response' in order to effectively meet the needs of WG/TG.
- Assisting countries to ensure that national HIV and development strategies, operational plans, monitoring and evaluation frameworks and associated budgets address the needs and rights of WG/TG in the context of HIV.
- Advocacy, capacity strengthening and mobilization of resources to deliver a comprehensive set of measures to address the needs and rights of WG/TG in the context of HIV.

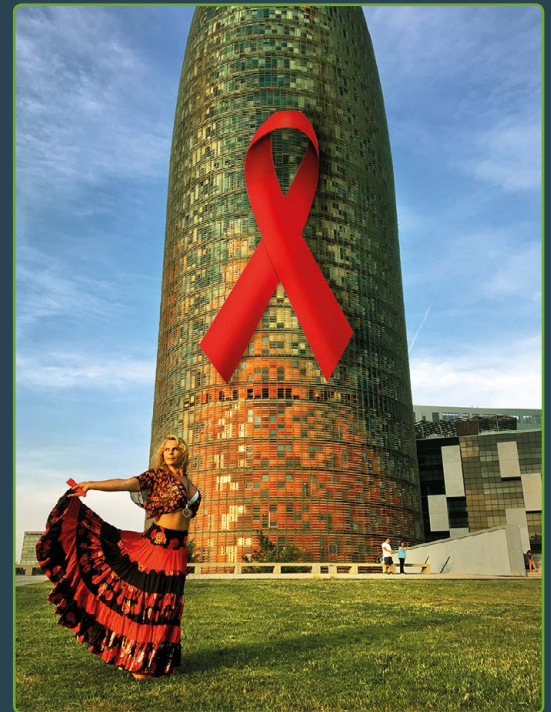
### KEY ACHIEVEMENTS IN 2016:

- A report prepared on the findings of the gender analysis study to strengthen the national HIV response programs in Armenia, Azerbaijan, Belarus, Georgia, Moldova, Russia, and Ukraine.
- Project Task Force and EKHN Provisory Board Meeting in Tbilisi, 13-14 November 2016 (18 attendees).
- Training on gender and HIV/AIDS, TB for PNCs and partner organizations board members, 15-16 November 2016 (27 attendees).
- Regional Winter School "Gender Equality and Women, Girls and Transgender Empowerment in HIV/AIDS and TB context", 17-19 November 2016.
- Events on the occasion of the Transgender Day of Remembrance and the World AIDS Day.

## SUCCESS STORY

Our implementing partner in Belarus, Association **"BelNetwork antiAIDS"** was actively involved into the development of the national action plan for communities to ensure sustainable access to quality and uninterrupted HIV care for all people who need it in Belarus in 2017-2020. Association "BelNetwork antiAIDS" mobilized the communities of women, girls and TG to ensure participation of civil society organizations in discussions and submission of proposals to this action plan. This action plan, which initially did not contain any gender-related provisions, currently allows for gender mainstreaming. Besides, on behalf of the Country Coordinating Mechanism (CCM), Association "BelNetwork antiAIDS" became the organization responsible for conducting elections of the CCM members representing civil society. For this purpose, the organization used gender policies and approaches to invite voters to the national coordinating meetings with involvement of communities, non-governmental, commercial and faith-based organizations to elect CCM members and their alternates.

As a result, CCM members and their alternates representing civil society now include 10 women, 15 men and 1 transgender person. It was the first precedent in Belarus and in the EECA region in general, when the Association "BelNetwork antiAIDS" initiated inclusion of transgender people as a sub-group from the "communities" sector to Specifications of the requirements to civil society representatives in the CCM. The Organizing Committee introduced an amendment at the CCM elections, according to which transgender people who are vulnerable to HIV from the demographic point of view and are entitled to be elected as CCM members, were included into the description of the "individuals" sub-sector. An important result of this campaign was election of Angelika Volkonskaya, a transgender person, as an alternate CCM member. Ms Volkonskaya is also a member of the EKHN Board.



## HARM REDUCTION ACADEMY



Harm Reduction Academy is a global learning, dialogue and skills building course established with the vision to end AIDS and Hepatitis C among people who use drugs. The course consists of three modules (5 days each) conducted in Ukraine, India, and Kenya. The Alliance Centre on HIV, Hepatitis C and Drug Use received 400 applications out of which 30 participants were selected who received training in 2016. The course has become truly international by hosting 12 persons from the countries of Africa, 3 – from Asia, and 15 – from Europe. The skills provided by the course allowed a participant from the Kyiv AIDS Center to take part in development of fast-track action for Kyiv to reach 90-90-90 targets. Another participant from Lviv developed a research project and received a scholarship for a research in Dublin to study the factors related to the retention of HIV-positive people who take drugs while receiving treatment. An employee of Odesa City Council responsible for social contract after completion of the course became a supporter of harm reduction programs, which opens new opportunities for Odesa organizations working in this field. A participant from Kyiv representing the community of drug users having completed the training found a new job and now works on a research studying the practice of secondary syringe exchange in Kyiv.

# PROJECT

## COMMUNITY ACTION ON HARM REDUCTION (CAHR)



### FINANCIAL SUPPORT:

Dutch Government through the  
International HIV/AIDS Alliance (UK)



### IMPLEMENTATION PERIOD:

1 January 2011 – 31 December 2016



### BUDGET:

\$ 215,000 (2016)

### Project goal:

- Access to HIV prevention, treatment and care, SRHR and other services for PWID, their partners and children is improved.
- The capacity of civil society and government stakeholders to deliver harm reduction and health services to PWID, their partners and children is increased.
- The human rights of PWUD, their partners and children are protected.
- The knowledge about the role of civil society in harm reduction programs is increased and shared.

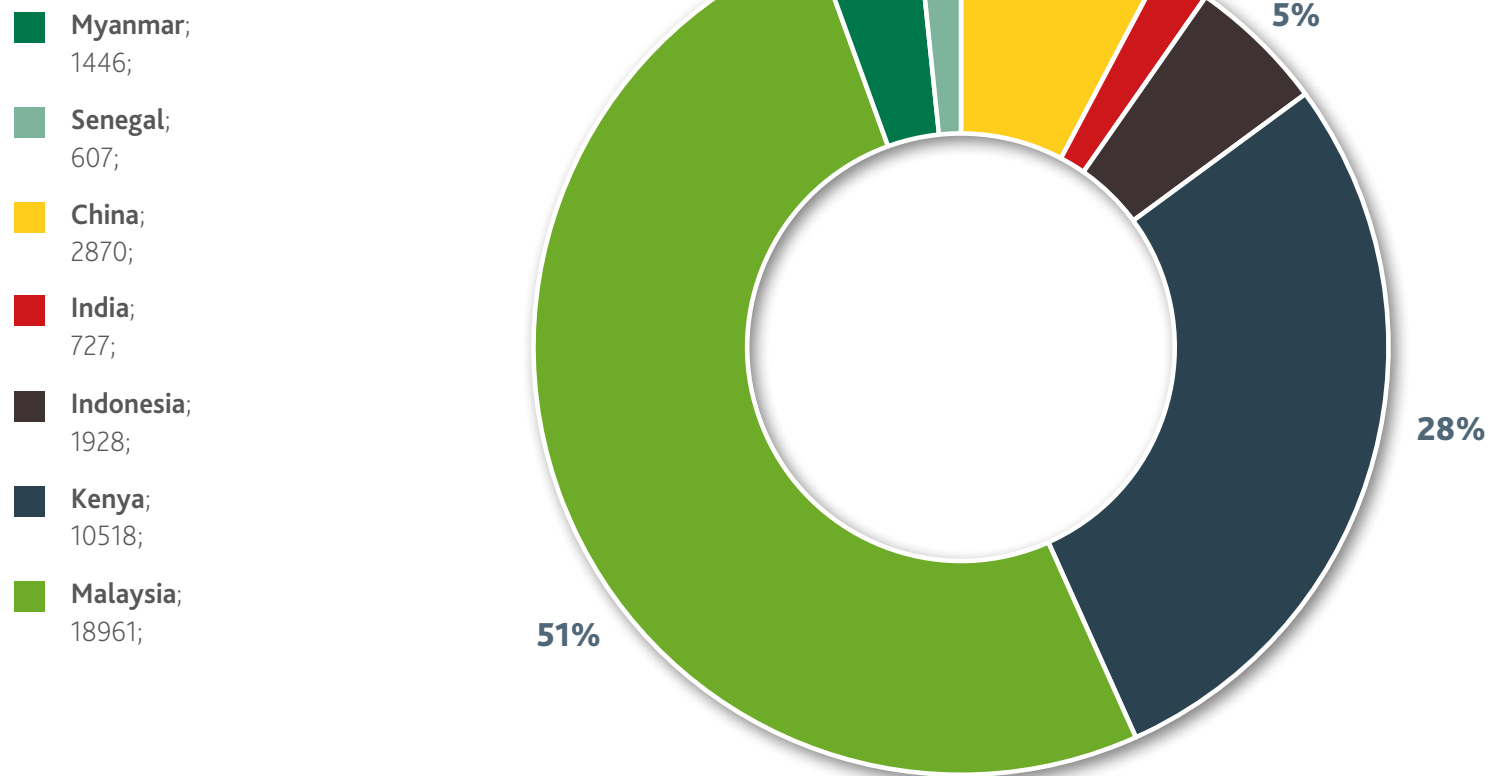


### KEY ACHIEVEMENTS IN 2016:

- The project reached to 37,057 of PWUD and their sexual partners providing to them tailored (based on specific segments of drug users), varied (syringe exchange, rapid testing for HIV, support to substitution therapy, hepatitis C counselling) services.



**Diagram:** PWUD and their sexual partners reached in the project countries in 2016



## KEY PROJECT HIGHLIGHTS:

### IN CHINA:

- Yunnan Institute of Drug Abuse (YIDA) took the ownership of peer-driven intervention (PDI) model and supported the model in 44 MMT clinics in Yunnan province.
- Two new community based drug treatment centres were opened in 2016.
- YIDA has taken the leadership of methadone take-away project.
- Naloxone injections have been constantly distributed among the PWUD communities.

### IN INDIA:

- Technical support was provided in order to increase the uptake of ART and scale up OST uptake and adherence in Haryana, Bihar and Uttarakhand.
- CAHR project expanded to the new state – Uttar Pradesh.
- Alliance Regional Technical Support Hub South Asia started Women Initiating New Goals of Safety (WINGS) programme.

## IN INDONESIA:

- AFEW International supported the development of city focused harm reduction approaches with twinning support from Amsterdam for the cities of Bandung and Surabaya.
- Rumah Cemara initiated to run a mobile clinic for HIV and STI testing to PWUD community in Surabaya.

## IN KENYA:

- KANCO has been supporting NSP and case management with 8 implementing partners
- 90% of the drug users who were tested and turned out to be HIV positive were enrolled to CCC and Post Test Club by CAHR outreach workers.
- There was an increased access to ante and postnatal care services for female injecting drug users.
- The antidote for managing heroin overdose was distributed to all eight implementing partners' sites.

## IN MALAYSIA:

- The Malaysian AIDS Council (MAC) and its Partner Organisations continue to carry out the NSEP project in 42 sites, and NSEP has served 9,483 clients.
- Pilot project in one of the women prisons in Malaysia located in Kajang in the State of Selangor. 91 clients were reached in prison projects in 2016.
- Malaysian AIDS Council has formed its own TB working group committee made of staff from the Global Fund Programme, Alliance project and Ministry of Health programme.

## IN MYANMAR:

- Expansion of work in three new sites after situation assessment in 2016 – Yangon region, Sagaing region and Moe Kaung.
- Procurement and dissemination of low dead space syringes started. 150,000 low dead space syringes were used in all sites in Myanmar in 2016.

## IN SENEGAL:

- Community mobilization visits were organized in the regions of Kaolack, Diourbel, Ziguinchor, and Thiès for PWID. The situation of drug use in the regions and the need to engage in the response to drugs were discussed during the visits.
- The second phase of site assessment took place in the region of Ziguinchor sites of Cafontaine and Cape Skirring.
- 62 educational lectures were conducted in Q4 2016 for PWID in Ziguinchor, Cap Skirring, Cafontaine, Mbour, Saly, Diourbel, Kaolack and Dakar. The aim of these lectures was to increase the awareness and essential knowledge, to know the commodities of harm reduction programs, to prevent the transition to injection, to prevent sexual transmission and issues of care and treatment.

# APPENDICES





# APPENDIX 1.

## FINANCIAL PERFORMANCE OF ALLIANCE FOR PUBLIC HEALTH IN 2016

**Table 1.** Funding Contributions in 2016

Donor (Project)	Funding contributions	
	thousand UAH*	Share (%)
The Global Fund to Fight AIDS, Tuberculosis and Malaria (Investing for Impact against Tuberculosis and HIV)	673 488	83%
United States Centers for Disease Prevention and Control (Engaging local organizations to the development of monitoring and evaluation of the response to HIV/AIDS epidemic, Improved quality and sustainability of medication assisted treatment in Ukraine)	62 731	8%
Expertise France (Strengthening the national strategy to work with key affected populations and vulnerable groups. Considering gender aspects when implementing, monitoring and managing Global Fund grants)	21 035	3%
Elton John AIDS Foundation (Harm Reduction for Children and Young People Who Use Drugs in Ukraine)	10 220	1,3%
Yale University (Expanding Medication Assisted Therapy (MAT) in Ukraine)	9 460	1,2%
International HIV/AIDS Alliance (Technical Support Hub in Ukraine; CAHR; Alliance Centre)	9 118	1,1%
Gilead Sciences, Inc. (Scaling up accessible and effective HCV treatment through community-based treatment model for most vulnerable populations in Ukraine)	7 247	0,9%
Robert Carr Civil Society Networks Fund (Eastern European Regional Platform for Accelerated Action for Women, Girls and Transgender in HIV/AIDS Context)	5 472	0,7%
National Development and Research Institutes, Inc. (Preventing HIV transmission from recently infected PWID)	3 935	0,5%
Center for Health Policies and Studies (TB in Eastern Europe and Central Asia Project on Strengthening Health Systems for Effective TB and DR-TB Control)	3 865	0,5%
Management Sciences for Health (Improving technical and organizational capacities for providing HIV/AIDS services in Ukraine)	3 219	0,4%
Other donors**	4 752	0,6%
<b>Total</b>	<b>814 542</b>	<b>100%</b>

\* Converted at the official rate of the US Dollar to Ukrainian Hryvnia established by the National Bank of Ukraine as of the date of contribution receipt.

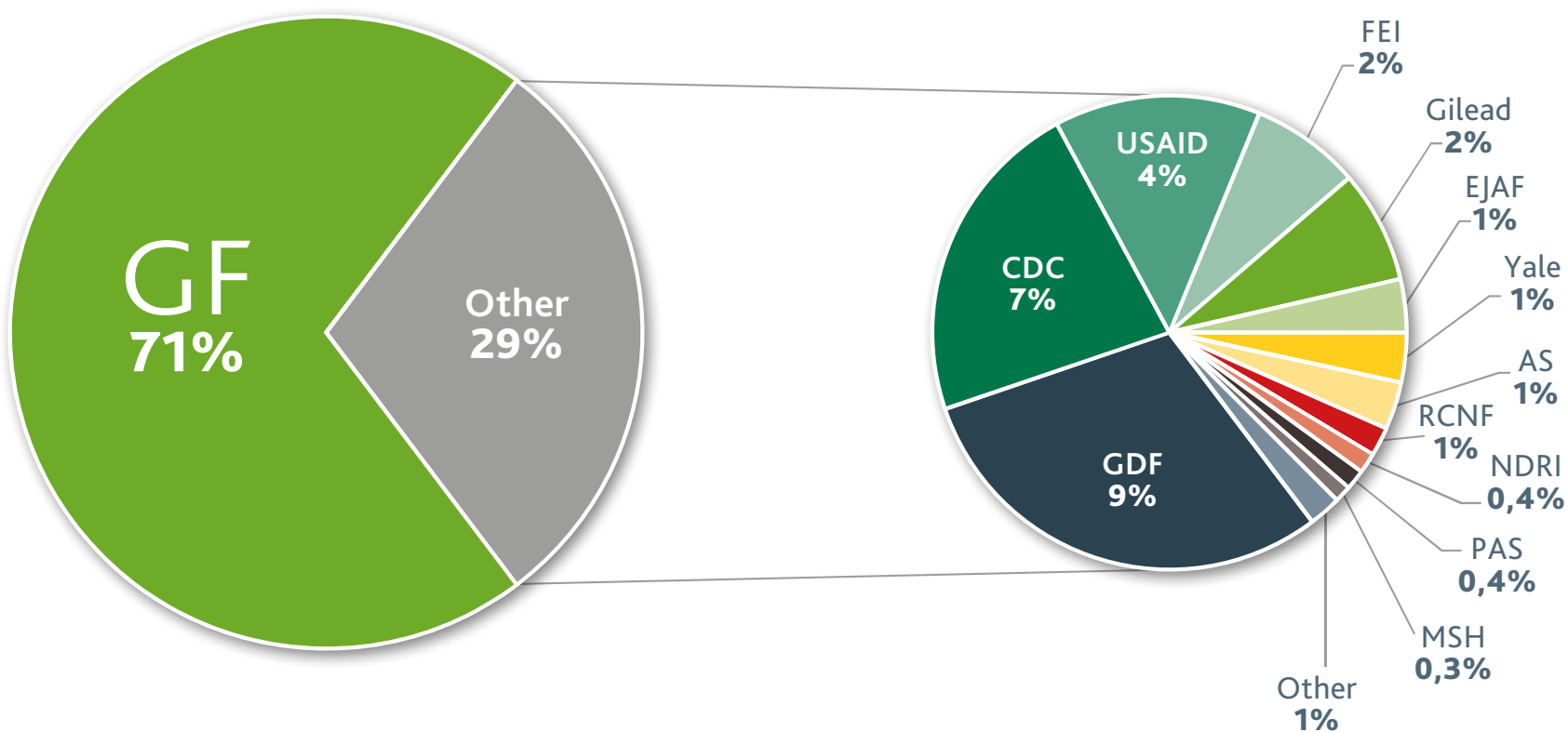
\*\* Projects with funding below UAH 2.5 million.

**Table 2.** In-Kind Contributions in 2016

Donor (Goods)	Contributions	
	thousand UAH*	Share (%)
Global Drug Facility (TB drugs)	84 365	60%
US Agency for International Development (condoms and lubricants)	39 484	28%
Gilead Sciences, Inc. (HCV drugs)	14 321	10%
Schering Plough Central East AG (HCV drugs)	1 397	1%
<b>Total</b>	<b>139 568</b>	<b>100%</b>

\* Converted at the official rate of the US Dollar to Ukrainian Hryvnia established by the National Bank of Ukraine as of the date of contribution receipt.

\*\* Projects with funding below UAH 2.5 million.

**Diagram 1.** Contributions in 2016

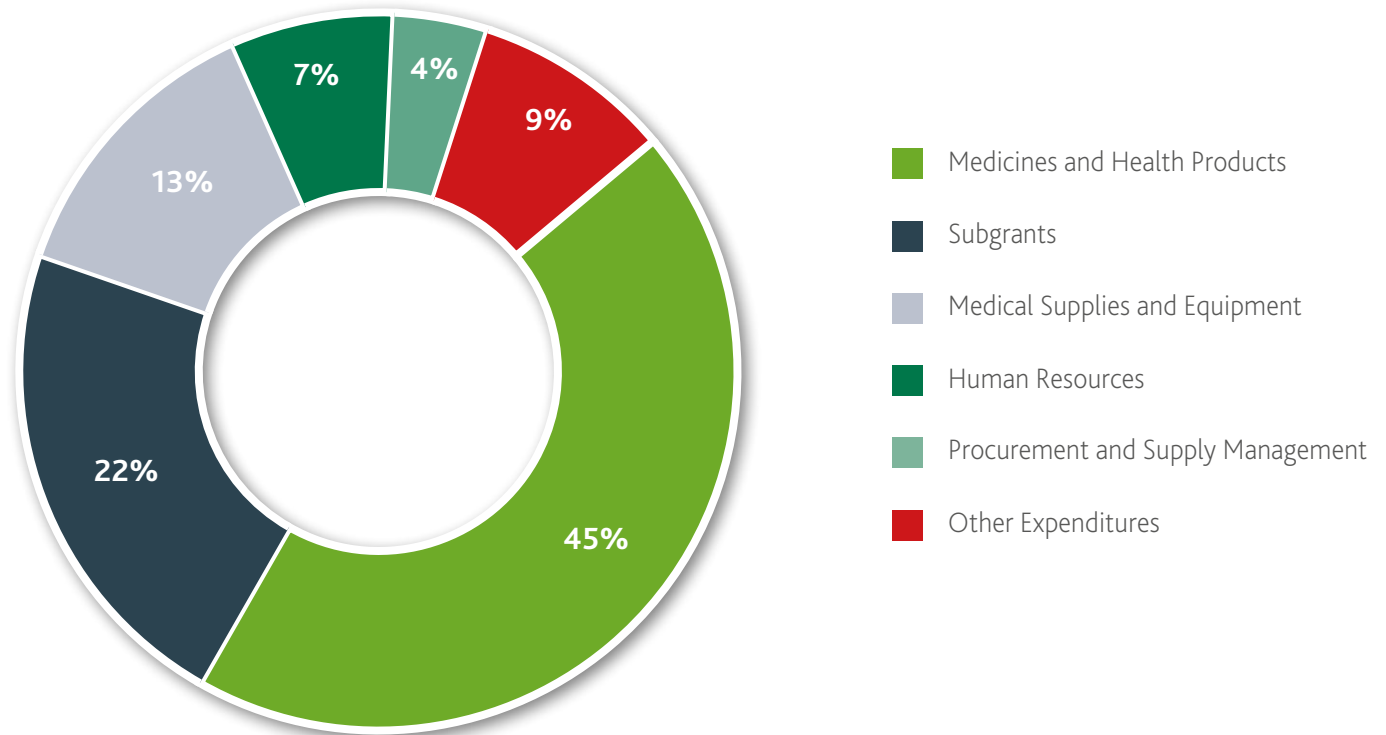
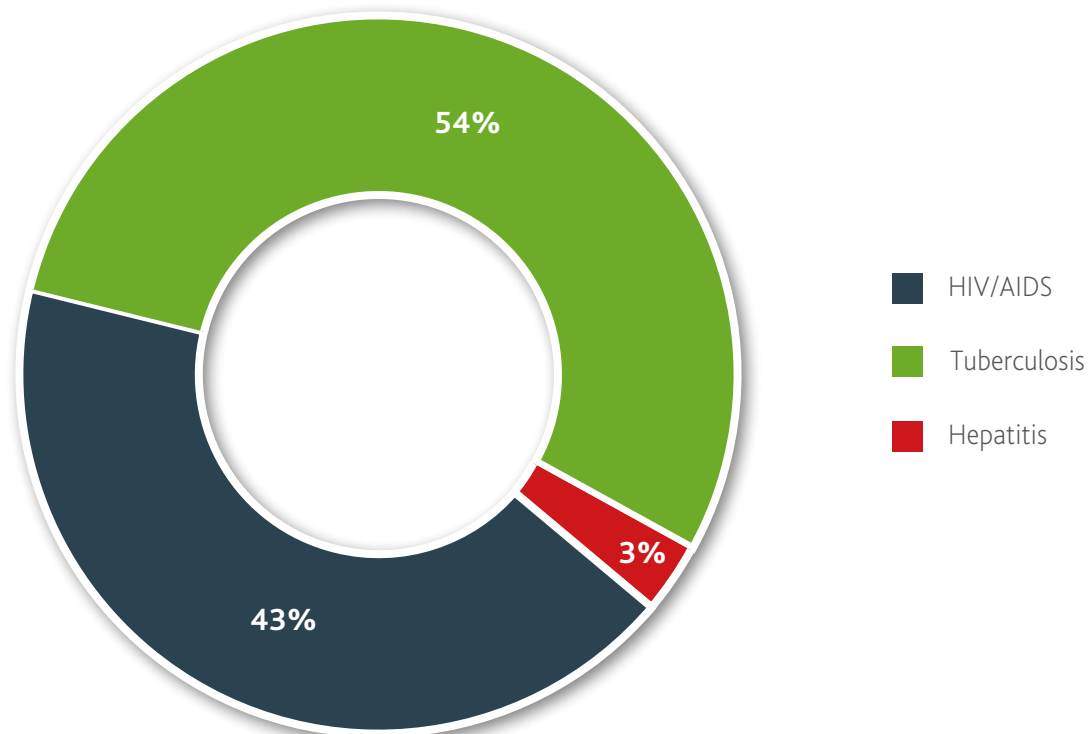
**Table 3.** Budget performance in 2016

Donor (Project)	Planned Expenditures (Thousand UAH)	"Funds Utilized (Thousand UAH)"	Performance (%)
The Global Fund to Fight AIDS, Tuberculosis and Malaria (Investing for Impact against Tuberculosis and HIV)	753 023	691 026	92%
Global Drug Facility (Donation of TB drugs)	84 365	84 365	100%
United States Centers for Disease Prevention and Control (Engaging local organizations to the development of monitoring and evaluation of the response to HIV/AIDS epidemic, Improved quality and sustainability of medication assisted treatment in Ukraine)	95 899	60 754	63%
US Agency for International Development (Donation of condoms and lubricants)	39 484	39 484	100%
Gilead Sciences, Inc. (Scaling up accessible and effective HCV treatment through community-based treatment model for most vulnerable populations in Ukraine; HCV drugs)	26 179	23 035	88%
Expertise France (Strengthening the national strategy to work with key affected populations and vulnerable groups. Considering gender aspects when implementing, monitoring and managing Global Fund grants)	17 393	11 752	68%
International HIV/AIDS Alliance (Technical Support Hub in Ukraine; CAHR; Alliance Centre)	12 334	10 621	86%
Elton John AIDS Foundation (Harm Reduction for Children and Young People Who Use Drugs in Ukraine)	11 779	9 663	82%
Yale University (Expanding Medication Assisted Therapy (MAT) in Ukraine)	9 567	8 580	90%
Robert Carr Civil Society Networks Fund (Eastern European Regional Platform for Accelerated Action for Women, Girls and Transgender in HIV/AIDS Context)	5 389	4 714	87%
Management Sciences for Health (Improving technical and organizational capacities for providing HIV/AIDS services in Ukraine)	5 916	4 629	78%
Center for Health Policies and Studies (TB in Eastern Europe and Central Asia Project on Strengthening Health Systems for Effective TB and DR-TB Control)	3 198	2 874	90%
National Development and Research Institutes, Inc. (Preventing HIV transmission from recently infected PWID)	3 299	2 517	76%
Other donors*	6 822	6 075	89%
<b>Total</b>	<b>1 074 647</b>	<b>960 090</b>	<b>89%</b>

\* Projects with funding below UAH 2.1 million

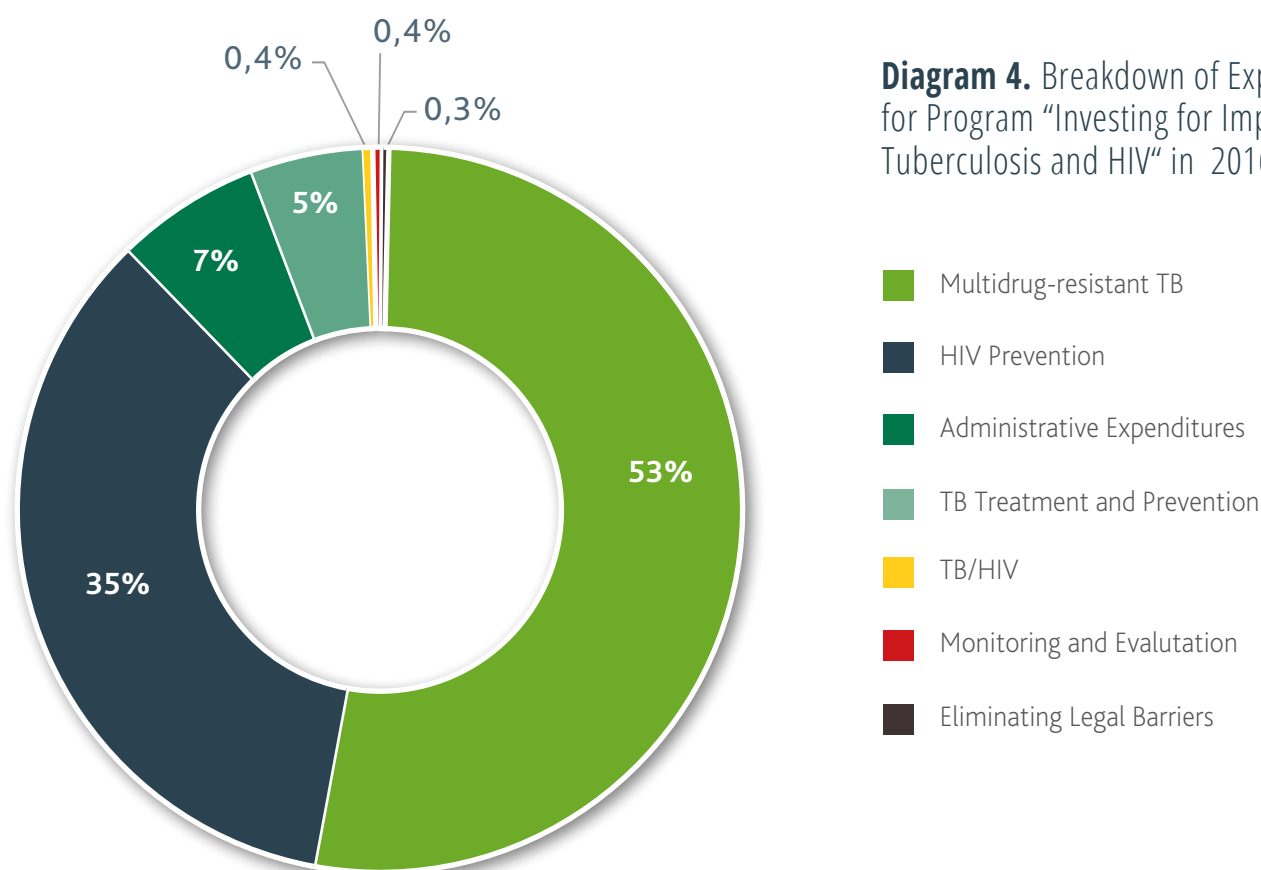
\*\* The expenditures are reflected on the cash basis in accordance with the period of actual transfer of funds for goods/services.



**Diagram 2.** Breakdown of Expenditures by Categories in 2016**Diagram 3.** Breakdown of Expenditures by Type of Disease in 2016

**Table 4.** Budget Performance for Global Fund Program  
“Investing for Impact against Tuberculosis and HIV” in 2016

Primary Program Objective	Planned Expenditures (Thousand UAH)	"Funds Utilized (Thousand UAH)"	Performance (%)
Multidrug-resistant TB	389 803	363 312	93%
HIV Prevention	251 116	240 895	96%
Administrative Expenditures	66 854	44 649	67%
TB Treatment and Prevention	34 122	34 951	102%
TB/HIV	2 952	2 929	99%
Monitoring and Evaluation	3 741	2 532	68%
Eliminating Legal Barriers	4 435	1 757	40%
<b>Total</b>	<b>753 023</b>	<b>691 026</b>	<b>92%</b>



# APPENDIX 2.

## CONSOLIDATED FINANCIAL STATEMENTS

### **International Charitable Foundation “Alliance for Public Health”**

Consolidated Financial Statements  
for the Year Ended 31 December 2016



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**INTERNATIONAL CHARITABLE FOUNDATION "ALLIANCE FOR PUBLIC HEALTH"****STATEMENT OF MANAGEMENT'S RESPONSIBILITIES FOR THE PREPARATION AND APPROVAL OF THE CONSOLIDATED FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2016**

Management is responsible for the preparation of the consolidated financial statements that present fairly the consolidated financial position of International Charitable Foundation "Alliance for Public Health" and its wholly owned subsidiary LLC "Alliance Consultancy" (hereafter collectively referred to as the "Organization") as of 31 December 2016, and the consolidated results of its operations, cash flows and changes in equity for the year then ended, in compliance with Ukrainian Accounting Standards ("UASs").

In preparing the consolidated financial statements, management is responsible for:

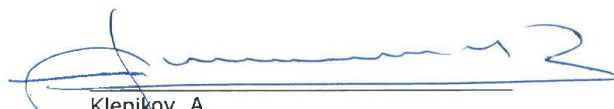
- Properly selecting and applying accounting policies;
- Presenting information, including accounting policies, in a manner that provides relevant, reliable, comparable and understandable information;
- Providing additional disclosures when compliance with the specific requirements in UASs are insufficient to enable users to understand the impact of particular transactions, other events and conditions on the Organization's consolidated financial position and financial performance;
- Making an assessment of the Organization's ability to continue as a going concern.

Management is also responsible for:

- Designing, implementing and maintaining an effective and sound system of internal controls, throughout the Organization;
- Maintaining adequate accounting records that are sufficient to show and explain the Organization's transactions and disclose with reasonable accuracy at any time the consolidated financial position of the Organization, and which enable them to ensure that the consolidated financial statements of the Organization comply with UASs;
- Maintaining statutory accounting records in compliance with Ukrainian legislation and accounting standards;
- Taking such steps as are reasonably available to them to safeguard the assets of the Organization; and
- Preventing and detecting fraud and other irregularities.

The consolidated financial statements for the year ended 31 December 2016 were authorized for issue by the Organization's management on 22 June 2017.

**On behalf of the Organization's management:**



Klepikov, A.,  
Executive Director



Nosatska, O.,  
Chief Accountant



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## INDEPENDENT AUDITOR'S REPORT

### To Management and Board of Directors of International Charitable Foundation "Alliance for Public Health":

#### Opinion

We have audited the accompanying consolidated statements of International Charitable Foundation "Alliance for Public Health" and its wholly owned subsidiary LLC "Alliance Consultancy" (hereafter collectively referred to as the "Organization"), which comprise the consolidated balance sheet (consolidated statement of financial position) as of 31 December 2016, and the consolidated statement of financial results (consolidated statement of comprehensive income), the consolidated statement of cash flows, and the consolidated statement of equity for the year then ended, and notes to the consolidated financial statements, including a summary of significant accounting policies (collectively, the "consolidated financial statements").

In our opinion, the accompanying consolidated financial statements present fairly, in all material respects, the financial position of the Organization as of 31 December 2016, and its financial performance and its cash flows for the year then ended in accordance with Ukrainian Accounting Standards ("UASs").

#### Basis for Opinion

We conducted our audit in accordance with International Standards on Auditing ("ISAs"). Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are independent of the Organization in accordance with the International Ethics Standards Board for Accountants' *Code of Ethics for Professional Accountants* (the "IESBA Code") together with the ethical requirements that are relevant to our audit of the financial statements in Ukraine, and we have fulfilled our other ethical responsibilities in accordance with these requirements and the IESBA Code. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

#### Responsibilities of Management and Those Charged with Governance for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of the consolidated financial statements in accordance with UASs, and for such internal control as management determines is necessary to enable the preparation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the Organization's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Organization or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Organization's financial reporting process.

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### Auditor's Responsibilities for the Audit of the Consolidated Financial Statements

Our objectives are to obtain reasonable assurance about whether the consolidated financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these consolidated financial statements.

As part of an audit in accordance with ISAs, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the consolidated financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Organization's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the consolidated financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Organization to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the consolidated financial statements, including the disclosures, and whether the consolidated financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

*Deloitte & Touche*

22 June 2017

General Director

Yevhen Zanoza

Auditor's Certificate Series A No. 005431  
Issued by the Audit Chamber of Ukraine on 26 June 2003  
on the Basis of Resolution of the Audit Chamber of Ukraine No. 124 and  
Extended Subject to Resolution of the Audit Chamber of Ukraine No. 271/2 until 26 June 2018

PJSC "Deloitte & Touche Ukrainian Services Company"  
48, 50A, Zhylyanska Str., Kyiv, 01033, Ukraine






## INTERNATIONAL CHARITABLE FOUNDATION "ALLIANCE FOR PUBLIC HEALTH"

## CONSOLIDATED BALANCE SHEET (CONSOLIDATED STATEMENT OF FINANCIAL POSITION)

AS OF 31 DECEMBER 2016

In Ukrainian Hryvnias and in thousands

Item	Line code	At the beginning of the reporting period	At the end of the reporting period
1	2	3	4
<b>I. Non-current assets</b>			
Intangible assets	1000	615	960
Historical cost	1001	2,982	3,597
Accumulated amortization	1002	(2,367)	(2,637)
Capital investments in progress	1005	2,289	3,037
Property and equipment	1010	9,939	9,026
Historical cost	1011	17,872	20,909
Accumulated depreciation	1012	(7,933)	(11,883)
<b>Total on Section I</b>	<b>1095</b>	<b>12,843</b>	<b>13,023</b>
<b>II. Current assets</b>			
Inventories	1100	345,694	428,473
Production inventories	1101	344,575	416,945
Work in-progress	1102	1,119	11,528
Accounts receivable for products, goods, works, and services	1125	192	42
Accounts receivable on settlements:			
Advances issued	1130	15,464	4,731
With the state budget	1135	-	206
Including income tax	1136	-	172
Other current accounts receivable	1155	6,560	12,249
Cash and cash equivalents	1165	138,365	156,495
Prepaid expenses	1170	3,879	1,200
Other current assets	1190	192	3,352
<b>Total on Section II</b>	<b>1195</b>	<b>510,346</b>	<b>606,748</b>
<b>III. Non-current assets held for sale and disposal groups</b>	<b>1200</b>	<b>-</b>	<b>-</b>
<b>Total assets</b>	<b>1300</b>	<b>523,189</b>	<b>619,771</b>
<b>I. Equity</b>			
Retained earnings	1420	185,123	206,728
<b>Total on Section I</b>	<b>1495</b>	<b>185,123</b>	<b>206,728</b>
<b>II. Non-current liabilities and provisions</b>			
Special purpose funding	1525	310,746	376,392
<b>Total on Section II</b>	<b>1595</b>	<b>310,746</b>	<b>376,392</b>
<b>III. Current liabilities and provisions</b>			
Current accounts payable for:			
Goods, works, services	1615	12,408	2,537
Settlements with the state budget	1620	456	13
Including income taxes	1621	211	-
Settlements on insurance	1625	77	4
Staff costs	1630	68	34
Current payables for advances obtained	1635	-	20,516
Current provisions	1660	2,306	2,938
Deferred income	1665	11,627	10,599
Other current liabilities	1690	378	10
<b>Total on Section III</b>	<b>1695</b>	<b>27,320</b>	<b>36,651</b>
<b>IV. Liabilities attributable to non-current assets held for sale and disposal groups</b>	<b>1700</b>	<b>-</b>	<b>-</b>
<b>Total equity and liabilities</b>	<b>1900</b>	<b>523,189</b>	<b>619,771</b>



Klepikov, A.,  
Executive Director



Nosatska, O.,  
Chief Accountant

## INTERNATIONAL CHARITABLE FOUNDATION "ALLIANCE FOR PUBLIC HEALTH"

**CONSOLIDATED STATEMENT OF FINANCIAL RESULTS**  
**(CONSOLIDATED STATEMENT OF COMPREHENSIVE INCOME)**  
**FOR THE YEAR ENDED 31 DECEMBER 2016**  
*In Ukrainian Hryvnias and in thousands*

**I. FINANCIAL RESULTS**

Item	Line code	Reporting period	Similar period of the prior year
1	2	3	4
Net revenue from sale of products (goods, works, services)	2000	13,926	20,104
Cost of products sold (goods, works, services)	2050	(11,704)	(20,960)
<b>Gross:</b>			
<b>Profit</b>	<b>2090</b>	<b>2,222</b>	<b>-</b>
<b>Loss</b>	<b>2095</b>	<b>-</b>	<b>(856)</b>
Other operating income	2120	852,331	946,256
Administrative expenses	2130	(72,941)	(57,503)
Other operating expense	2180	(759,860)	(772,991)
<b>Financial results from operating activities:</b>			
<b>Profit</b>	<b>2190</b>	<b>21,752</b>	<b>114,906</b>
Loss	2195	-	-
Other finance income	2220	-	-
Other income	2240	-	876
Other expense	2270	(147)	(5)
<b>Financial result before tax:</b>			
<b>Profit</b>	<b>2290</b>	<b>21,605</b>	<b>115,777</b>
Loss	2295	-	-
Income tax expense	2300	-	(407)
<b>Net financial result:</b>			
<b>Profit</b>	<b>2350</b>	<b>21,605</b>	<b>115,370</b>
Loss	2355	-	-

**II. COMPREHENSIVE INCOME**

Item	Line code	Reporting period	Similar period of the prior year
1	2	3	4
<b>Other comprehensive income before tax</b>	<b>2450</b>	<b>-</b>	<b>-</b>
Income taxes attributable to other comprehensive income	2455	-	-
<b>Other comprehensive income after tax</b>	<b>2460</b>	<b>-</b>	<b>-</b>
<b>Comprehensive income (total of lines 2350, 2355, and 2460)</b>	<b>2465</b>	<b>21,605</b>	<b>115,370</b>
<b>Net profit (loss) attributable to:</b>			
Owners of the Parent	2470	21,605	115,370
Non-controlling interest	2475	-	-
<b>Comprehensive income attributable to:</b>			
Owners of the Parent	2480	21,605	115,370
Non-controlling interest	2485	-	-

**III. ELEMENTS OF OPERATING EXPENSE**


Item	Line code	Reporting period	Similar period of the prior year
1	2	3	4
Materials	2500	410,295	333,229
Staff costs	2505	49,079	37,894
Social charges	2510	4,861	6,709
Depreciation and amortization	2515	4,686	3,113
Other operating expenses	2520	363,880	449,549
<b>Total</b>	<b>2550</b>	<b>832,801</b>	<b>830,494</b>

**INTERNATIONAL CHARITABLE FOUNDATION "ALLIANCE FOR PUBLIC HEALTH"**

**CONSOLIDATED STATEMENT OF FINANCIAL RESULTS**  
**(CONSOLIDATED STATEMENT OF COMPREHENSIVE INCOME)**  
**FOR THE YEAR ENDED 31 DECEMBER 2016 (CONTINUED)**  
*In Ukrainian Hryvnias and in thousands*

**IV. RATIOS OF EARNINGS PER SHARE**

Item	Line code	Reporting period	Similar period of the prior year
1	2	3	4
Average annual number of ordinary shares	2600	-	-
Adjusted average annual number of ordinary shares	2605	-	-
Net gain (loss) per ordinary share, UAH	2610	-	-
Adjusted net gain (loss) per ordinary share, UAH	2615	-	-
Dividends per ordinary share	2650	-	-


  
 Klepikov, A.,  
 Executive Director

  
 Nosatska, O.,  
 Chief Accountant

## INTERNATIONAL CHARITABLE FOUNDATION "ALLIANCE FOR PUBLIC HEALTH"

**CONSOLIDATED STATEMENT OF CASH FLOWS (UNDER DIRECT METHOD)**  
**FOR THE YEAR ENDED 31 DECEMBER 2016**  
*In Ukrainian Hryvnias and in thousands*

Item	Line code	Reporting period	Similar period of the prior year
1	2	3	4
<b>I. Cash flows from operating activities</b>			
Cash inflows from:			
Sales of products (goods, works, services)	3000	35,608	20,933
Return of taxes and duties	3005	-	-
Special purpose funding	3010	721,898	616,062
Advances from customers	3015	-	-
Proceeds from return of advances	3020	237	-
Income from interest on balances in current accounts	3025	106	-
Other proceeds	3095	270	3,003
Cash outflows on payments for:			
Goods (works, services)	3100	(500,235)	(660,177)
Staff costs	3105	(37,242)	(31,772)
Social charges	3110	(4,885)	(6,277)
Liabilities on taxes and duties	3115	(14,236)	(8,494)
Income tax	3116	(382)	(433)
Added value tax	3117	(4,678)	(788)
Other taxes and duties	3118	(9,176)	(7,273)
Advances payment	3135	-	-
Special purpose contributions	3145	-	-
Other payments	3190	(200,763)	(161,849)
<b>Net cash flow from operating activities</b>	<b>3195</b>	<b>758</b>	<b>(228,571)</b>
<b>II. Cash flows from investing activities</b>			
Proceeds on interest received	3215	-	-
Other proceeds	3250	-	-
Payments for non-current assets	3260	(4,629)	(5,392)
<b>Net cash flow from investing activities</b>	<b>3295</b>	<b>(4,629)</b>	<b>(5,392)</b>
<b>III. Cash flows from financing activities</b>			
<b>Net cash flow from financing activities</b>	<b>3395</b>	<b>-</b>	<b>-</b>
<b>Net cash flows for the reporting period</b>	<b>3400</b>	<b>(3,871)</b>	<b>(233,963)</b>
Cash balance at the beginning of the year	3405	138,365	264,520
Effect of changes in foreign exchange rates on the cash balance	3410	22,001	107,808
Cash balance at the end of the year	3415	156,495	138,365

  
 Klepikov, A.,  
 Executive Director

  
 Nosatska, O.,  
 Chief Accountant



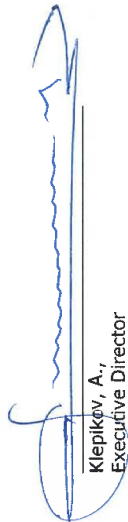
## INTERNATIONAL CHARITABLE FOUNDATION "ALLIANCE FOR PUBLIC HEALTH"

## CONSOLIDATED STATEMENT OF EQUITY

FOR THE YEARS ENDED 31 DECEMBER 2016 AND 2015

*In Ukrainian Hryvnias and in thousands*

Item	Line code	Registered capital	Revaluation reserve	Additional capital	Reserve capital	Retained earnings	Total
1	2	3	4	5	6	7	8
<b>Balance at the beginning of the prior year</b>	<b>4000</b>	-	-	-	-	<b>69,753</b>	<b>69,753</b>
Adjusted balance at the beginning of the prior year	4095	-	-	-	-	69,753	69,753
Net profit for the prior period	4100	-	-	-	-	115,370	115,370
Other comprehensive income for the prior period	4110	-	-	-	-	-	-
Total changes in equity	4295	-	-	-	-	115,370	115,370
Balance at the end of the prior year	4300	-	-	-	-	185,123	185,123
Balance at the beginning of the year	4000	-	-	-	-	185,123	185,123
Adjusted balance at the beginning of the year	4095	-	-	-	-	185,123	185,123
Net profit for the reporting period	4100	-	-	-	-	21,605	21,605
Other comprehensive income for the reporting period	4110	-	-	-	-	-	-
Total changes in equity	4295	-	-	-	-	21,605	21,605
<b>Balance at the end of the year</b>	<b>4300</b>	-	-	-	-	<b>206,728</b>	<b>206,728</b>



Klepikav, A.,  
Executive Director



Nosatska, O.,  
Chief Accountant

## INTERNATIONAL CHARITABLE FOUNDATION "ALLIANCE FOR PUBLIC HEALTH"

## NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 DECEMBER 2016

*In Ukrainian Hryvnias and in thousands*

## I. Intangible assets

Groups of intangible assets	Line code	Balance at the beginning of the year		Additions during the year	Revaluation (surplus +, deficit -)		Disposals during the year		Amortization accrued during the year	Impairment losses for the year	Other changes during the year		Balance at the end of the year	
		Historical (revalued) cost	Accumulated amortization		Historical (revalued) cost	Accumulated amortization	Historical (revalued) cost	Accumulated amortization			Historical (revalued) cost	Accumulated amortization		
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Rights to use natural resources	010	-	-	-	-	-	-	-	-	-	-	-	-	-
Property rights	020	-	-	-	-	-	-	-	-	-	-	-	-	-
Trademark rights	030	-	-	-	-	-	-	-	-	-	-	-	-	-
Industrial property rights	040	-	-	-	-	-	-	-	-	-	-	-	-	-
Copyrights and related rights	050	-	-	78	-	-	-	-	16	-	-	-	78	16
	060	-	-	-	-	-	-	-	-	-	-	-	-	-
Other intangible assets	070	2,982	2,367	537	-	-	-	-	254	-	-	-	3,519	2,621
<b>Total</b>	<b>080</b>	<b>2,982</b>	<b>2,367</b>	<b>615</b>	-	-	-	-	<b>270</b>	-	-	-	<b>3,597</b>	<b>2,637</b>
Goodwill	090	-	-	-	-	-	-	-	-	-	-	-	-	-

From line 080 column 14

Cost of intangible assets with restricted ownership rights

Cost of intangible assets pledged as collateral

Cost of internally generated intangible assets

Cost of intangible assets acquired by using special purpose financing

Accumulated amortization of intangible assets with restricted ownership rights

(081)

(082)

(083)

(084)

(085)

# INTERNATIONAL CHARITABLE FOUNDATION "ALLIANCE FOR PUBLIC HEALTH"

## NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2016 (CONTINUED) In Ukrainian Hryvnias and in thousands

### II. Property and equipment

Groups of property and equipment	Line code	Balance at the beginning of the year		Additions during the year		Revaluation (surplus +, deficit -)		Disposals during the year		Depreciation charge for the year	Other changes for the year		Balance at the end of the year		Received under finance leases		Including Transferred to operating leases	
		Historical (revalued) cost	Accumulated depreciation	Historical (revalued) cost	Accumulated depreciation	Historical (revalued) cost	Accumulated depreciation	Historical (revalued) cost	Accumulated depreciation		Historical (revalued) cost	Accumulated depreciation	Historical (revalued) cost	Accumulated depreciation	Historical (revalued) cost	Accumulated depreciation	Historical (revalued) cost	Accumulated depreciation
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
Land plots	100	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Investment property	105	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Capital expenditure on land improvement	110	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Buildings, constructions, and transmission equipment	120	28	28	-	-	-	-	-	-	-	-	-	28	28	-	-	-	-
Machinery and equipment	130	5,733	4,865	3,127	-	-	397	397	1,909	-	12	-	8,475	6,377	-	-	-	-
Vehicles	140	8,985	1,174	-	-	-	-	-	1,797	-	-	-	8,985	2,971	-	-	-	-
Tools, devices, and fixtures (furniture)	150	1,625	365	-	-	-	-	-	346	-	-	-	1,625	711	-	-	-	-
Livestock	160	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Perennial plants	170	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other fixed assets	180	445	445	-	-	-	41	41	-	-	-	-	404	404	-	-	-	-
Library stock	190	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Low-value non-current tangible assets	200	1,056	1,056	364	-	-	28	28	364	-	-	-	1,392	1,392	-	-	-	-
Temporary constructions	210	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Natural resources	220	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Returnable containers	230	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Leased items	240	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other non-current tangible assets	250	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<b>Total</b>	<b>260</b>	<b>17,872</b>	<b>7,933</b>	<b>3,491</b>	<b>-</b>	<b>-</b>	<b>466</b>	<b>466</b>	<b>4,416</b>	<b>-</b>	<b>12</b>	<b>-</b>	<b>20,909</b>	<b>11,883</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
From line 260 column 14																	(261)	-
Cost of property and equipment for which there is a restriction of ownership rights in accordance with the effective legislation																	(262)	-
Cost of property and equipment pledged as collateral																	(263)	-
Net book value of temporarily idle assets (conservation, reconstruction, etc.)																	(264)	-
Historical (revalued) cost of fully depreciated property and equipment																	(265)	5,214
Leased property and equipment of integral property complexes																	(266)	-
Cost of property and equipment decommissioned for sale																	(267)	-
Net book value of property and equipment disposed as a result of extraordinary events																	(268)	-
Cost of property equipment acquired by using special purpose financing																	(269)	-
Cost of property and equipment received under operating Leases																	(270)	3,328
Accumulated depreciation of property and equipment with restricted ownership rights																	(271)	9,855
Cost of investment property measured at fair value																	(272)	-

## INTERNATIONAL CHARITABLE FOUNDATION "ALLIANCE FOR PUBLIC HEALTH"

**NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 DECEMBER 2016 (CONTINUED)**  
*In Ukrainian Hryvnias and in thousands*

**III. Capital investments**

Item	Line code	For the year	At the end of the year
1	2	3	4
Construction in progress	280	-	-
Acquisition (construction) of property and equipment	290	1,081	23
Acquisition (construction) of other non-current tangible assets	300	378	-
Acquisition (creation) of intangible assets	310	3,629	3,014
Acquisition (cultivation) of non-current biological assets	320	-	-
Other	330	-	-
<b>Total</b>	<b>340</b>	<b>5,088</b>	<b>3,037</b>

From line 340 column 3	Capital investments to investment property	-
	Finance costs included in capital investments	-

**IV. Financial investments**

Item	Line code	For the year	At the end of the year	
			Non-current	Current
1	2	3	4	5
<b>A. Financial investments accounted under the equity method in:</b>				
Associates	350	-	-	-
Subsidiaries	360	-	-	-
Joint ventures	370	-	-	-
<b>B. Other financial investments in:</b>				
Stakes in contributed capital of other companies	380	-	-	-
Shares	390	-	-	-
Bonds	400	-	-	-
Other	410	-	-	-
<b>Total (Section A + Section B)</b>	<b>420</b>	<b>-</b>	<b>-</b>	<b>-</b>

From line 1035 column 4 of balance sheet (statement of financial position)  
Other non-current financial investments presented at:

Cost	(421)	-
Fair value	(422)	-
Amortized cost	(423)	-

From line 1160 column 4 of balance sheet (statement of financial position)  
Current financial investments presented at:

Cost	(424)	-
Fair value	(425)	-
Amortized cost	(426)	-

**V. Income and expense**

Item	Line code	Income	Expense
1	2	3	4
<b>A. Other operating income and expense</b>			
Operating leases of assets	440	-	3,956
Operating foreign exchange difference	450	55,569	32,643
Sale of other current assets	460	-	-
Penalties, fines, forfeits	470	-	-
Maintenance of housing and utility, social and cultural units	480	-	-
Other operating income and expense	490	796,762	723,261
Including:			
Charges to provision for doubtful debt	491	X	95
Non-productive expense and losses	492	X	-



**INTERNATIONAL CHARITABLE FOUNDATION "ALLIANCE FOR PUBLIC HEALTH"**
**NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 DECEMBER 2016 (CONTINUED)**  
*In Ukrainian Hryvnias and in thousands*
**V. Income and expense (Continued)**

Item	Line code	Income	Expense
1	2	3	4
<b>B. Income and expense from investments in:</b>			
Associates	500	-	-
Subsidiaries	510	-	-
Joint ventures	520	-	-
<b>C. Other finance income and expense:</b>			
Dividends	530	-	X
Interest	540	X	-
Finance leases of assets	550	-	-
Other finance income and expense	560	-	-
<b>D. Other income and expense</b>			
Sale of financial investments	570	-	-
Income from business combination	580	-	-
Result of revaluation	590	-	-
Non-operating foreign exchange difference	600	-	-
Assets received free of charge	610	-	X
Write-off of non-current assets	620	X	1
Other income and expense	630	-	146

Exchange (barter) transactions with products (goods, works, services)	(631)	-
Share in revenues from sale of products (goods, works, services) under exchange (barter) contracts with related parties	(632)	-
From line 540-560 column 4: Finance costs included in cost of sales from operating activities	(633)	-

**VI. Cash and cash equivalents**

Item	Line code	At the end of the year
1	2	3
Cash on hand	640	-
Current accounts with banks	650	156,476
Other accounts with banks (letters of credit, checks)	660	-
Cash in transit	670	-
Cash equivalents	680	19
<b>Total</b>	<b>690</b>	<b>156,495</b>

From line 1090 column 4 of balance sheet (statement of financial position) – Restricted cash	(691)	-
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## INTERNATIONAL CHARITABLE FOUNDATION "ALLIANCE FOR PUBLIC HEALTH"

NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 DECEMBER 2016 (CONTINUED)  
*In Ukrainian Hryvnias and in thousands*

## VII. Provisions and reserves

Types of provisions and reserves	Line code	Balance at the beginning of the year	Increase during the reporting period		Used during the year	Reversed unused amount in the reporting period	Expected recovery of losses by other parties included in the provision valuation	Balance at the end of the year
			Accrued (created)	Additional charges				
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>
Provision for unused vacations	710	2,306	746	-	114	-	-	2,938
Provision for subsequent expense on additional retirement benefits	720	-	-	-	-	-	-	-
Provision for subsequent expense on guarantee obligations	730	-	-	-	-	-	-	-
Provision for subsequent restructuring expense	740	-	-	-	-	-	-	-
Provision for subsequent expense under onerous contract liabilities	750	-	-	-	-	-	-	-
Other provisions	760	-	-	-	-	-	-	-
Insurance reserves	770	-	-	-	-	-	-	-
Provision for doubtful debts	775	455	95	-	510	-	-	40
<b>Total</b>	<b>780</b>	<b>2,761</b>	<b>841</b>	<b>-</b>	<b>624</b>	<b>-</b>	<b>-</b>	<b>2,978</b>

**INTERNATIONAL CHARITABLE FOUNDATION "ALLIANCE FOR PUBLIC HEALTH"**
**NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 31 DECEMBER 2016 (CONTINUED)**  
*In Ukrainian Hryvnias and in thousands*
**VIII. Inventories**

Item	Line code	Carrying amounts at the end of the year	Revaluation during the year	
			Increase in net realizable value*	Revaluation decrease
1	2	3	4	5
Raw materials and supplies	800	78	-	-
Purchased semi-finished products and component parts	810	-	-	-
Fuel	820	-	-	-
Containers and packaging inventory	830	-	-	-
Construction materials	840	-	-	-
Spare parts	850	170	-	-
Agricultural materials	860	-	-	-
Current biological assets	870	-	-	-
Low-value items	880	416,697	-	-
Work in progress	890	11,528	-	-
Finished goods	900	-	-	-
Merchandise	910	-	-	-
<b>Total</b>	<b>920</b>	<b>428,473</b>	-	-

From line 920 column 3 Carrying amounts of inventories:

Presented at net realizable value (921) -

Transferred to processing (922) -

Pledged as collateral (923) -

Transferred to commission (924) -

Assets at custodial storage (off-balance account 02) (925) -

From line 1200 column 4 of balance sheet (statement of financial position) – Inventories held for sale (926) -

\* Determined according to Paragraph 28 of Ukrainian Accounting Standard 9 "Inventories".

**IX. Accounts receivable**

Item	Line code	Total at the end of the year	Including by aging		
			Up to 12 months	From 12 to 18 months	From 18 to 36 months
1	2	3	4	5	6
Accounts receivable for goods, works, services	940	42	42	-	-
Other current accounts receivable	950	12,249	12,249	-	-

Bad debts written off in the reporting year (951) 510

From lines 940 and 950 column 3 Accounts receivable from related parties (952) -

**X. Shortages and losses from inventory damage**

Item	Line code	Amount
1	2	3
Identified (written off) shortages and losses during the year	960	6
Recognized as liabilities of responsible persons in the reporting year	970	-
Shortages and losses for which responsible persons were not identified at year end (off-balance sheet account 072)	980	-

## INTERNATIONAL CHARITABLE FOUNDATION "ALLIANCE FOR PUBLIC HEALTH"

**NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS  
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*In Ukrainian Hryvnias and in thousands*

**XI. Construction contracts**


Item	Line code	Amount
1	2	3
Income from construction contracts during the reporting year	1110	-
Accounts payable and receivable at the end of the reporting year:		
Gross from customers	1120	-
Gross to customers	1130	-
Advances received	1140	-
Amount of funds in transit at the year end	1150	-
Cost of works performed by subcontractors under construction contracts in progress	1160	-


**XII. Income taxes**

Item	Line code	Amount
1	2	3
Current income tax	1210	-
Deferred tax assets:		
At the beginning of the reporting year	1220	-
At the end of the reporting year	1225	-
Deferred tax liabilities:		
At the beginning of the reporting year	1230	-
At the end of the reporting year	1235	-
Included into Statement of Financial Results – Total	1240	-
Including:		
Current income tax	1241	-
Decrease (increase) in deferred tax assets	1242	-
Increase (decrease) in deferred tax liabilities	1243	-
Presented in equity – Total	1250	-
Including:		
Current income tax	1251	-
Decrease (increase) in deferred tax assets	1252	-
Increase (decrease) in deferred tax liabilities	1253	-

**XIII. Use of depreciation and amortization charges**

Item	Line code	Amount
1	2	3
Charged during the reporting year	1300	-
Used during the year – Total	1310	-
Including for:		
Construction	1311	-
Acquisition (construction) and improvement of property and equipment	1312	-
Including machinery and equipment	1313	-
Acquisition (construction) of intangible assets	1314	-
Repayment of borrowings received for capital investments	1315	-
	1316	-
	1317	-

  
Klepikov, A.,  
Executive Director

  
Nosatska, O.,  
Chief Accountant



**INTERNATIONAL CHARITABLE FOUNDATION "ALLIANCE FOR PUBLIC HEALTH"****EXPLANATORY NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 DECEMBER 2016***In Ukrainian Hryvnias and in thousands, unless otherwise indicated***1. GENERAL INFORMATION**

International Charitable Foundation "Alliance for Public Health" (the "Alliance") which up to 22 December 2015 was known as International Charitable Foundation "International HIV/AIDS Alliance in Ukraine" is an international charitable foundation established under provisions of the Law of Ukraine "On charity and charitable organizations" in late 2002. It began operations from its registration with the Ministry of Justice of Ukraine in March 2003. The Alliance has a status of international charitable organization pursuant the Certificate on State Registration of Charitable Organization issued by the Ministry of Justice of Ukraine. On acquiring managerial independence from its founder, International HIV/AIDS Alliance (United Kingdom), at the beginning of 2009, the Alliance became an independent organization sharing the key values and retaining membership in the International HIV/AIDS Alliance Global Partnership.

The consolidated financial statements comprise the financial statements of the Alliance and its wholly owned subsidiary LLC "Alliance Consultancy" (previously known as LLC "Alliance-Ukraine Consultancy") registered in Kyiv, Ukraine (collectively referred to as the "Organization"). The total amount of services purchased by the Alliance from LLC "Alliance Consultancy" for the year ended 31 December 2016 amounted to UAH 9,294 thousand.

The Organization's mission is to support community action against HIV/AIDS, reduce the spread of the HIV and related epidemics through disseminating effective services and approaches, strengthening health care systems and social services, and building the capacity of vulnerable communities.

The core business of the wholly owned subsidiary, LLC "Alliance Consultancy", is rendering consulting services on fighting HIV infection and AIDS to its customers.

The activities of the Organization are financed by grants and donations. One of the major grants is provided by the Global Fund to Fight AIDS, Tuberculosis, and Malaria (hereafter, the "Global Fund") directly to the Organization and is used to fund the Program "Investing for Impact against Tuberculosis and HIV" (hereafter, the "Program"). The agreement for the Grant #UKR-C-AUA-613 under the Program was signed on 23 February 2015 and had effective date on 1 January 2015. Total initially planned amount of funding according to the Grant confirmation issued on 23 February 2015 is equal to USD 68,799 thousand and has ending date of 31 December 2017. During the year ended 31 December 2016, the Organization received USD 23,144 thousand (equivalent to UAH 580,760 thousand) for the Program's implementation.

The specific tasks of the Program are as follows:

- Scale up and ensure equitable access to high quality tuberculosis and human immunodeficiency virus ("HIV") prevention, treatment, care and support with a focus on key affected populations (most-at-risk populations, people living with HIV/AIDS, and other people most affected by the HIV and tuberculosis epidemic);
- Strengthen the health systems towards sustainable and integrated solutions for key populations mostly affected by the HIV and tuberculosis epidemic;
- Strengthen community systems that enable needs-based, cost-effective, and integrated interventions for key populations mostly affected by the HIV and tuberculosis epidemic.

To implement the Program, the Organization uses the services of other organizations located in different regions of Ukraine, so-called sub-recipients. The Organization disburses funds to its sub-recipients and monitors their activities and respective expenditures in the course of monitoring visits and regular check of their reports. The average number of sub-recipients the Organization worked with during the year ended 31 December 2016 was 89.

**INTERNATIONAL CHARITABLE FOUNDATION "ALLIANCE FOR PUBLIC HEALTH"****EXPLANATORY NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS  
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On 13 September 2012 the Organization signed Notice of Award ("NOA") with the Centers for Disease Control and Prevention ("CDC") to implement the program "Engaging Local Indigenous Organizations in Developing HIV/AIDS Monitoring and Evaluation Capacity in Ukraine under the President's Emergency Plan for AIDS Relief". The program's period is from 30 September 2012 until 31 March 2018. As of 31 December 2016 the budget confirmed by NOAs for the period from 1 April 2016 until 31 March 2017 was USD 4,407 thousand. During the years ended 31 December 2016 and 2015, the Organization received financing from CDC under the program in the amount of USD 2,142 thousand and USD 2,007 thousand, respectively.

On 27 January 2016 the Organization signed Notice of Award with CDC to implement the program "Improved Quality and Sustainability of Medication Assisted Treatment in Ukraine under the President's Emergency Plan for AIDS Relief". The program's period is from 1 February 2016 until 31 January 2021. As of 31 December 2016 the budget confirmed by NOAs for the period from 1 February 2016 until 31 January 2017 was USD 500 thousand. During the year ended 31 December 2016 the Organization received financing from CDC under the program in the amount of USD 317 thousand.

During the years ended 31 December 2016 and 2015, the Organization was also financed by other donors.

In 2016 and 2015, the Organization employed on the average 59 persons. In addition, during the years ended 31 December 2016 and 2015, the Organization used services of individual entrepreneurs attracted on a regular or temporary basis.

The registered office of the Organization is located at: 5 Dilova Str., Bldg. 10a, Floor 9, Kyiv, 03150, Ukraine.

**2. OPERATING ENVIRONMENT**

In the recent years, Ukraine has been in a political and economic turmoil. Crimea, an autonomous republic of Ukraine, was effectively annexed by the Russian Federation. In 2016, an armed conflict with separatists continued in certain parts of Luhansk and Donetsk regions. These events resulted in higher inflation, devaluation of the national currency against major foreign currencies, decrease of GDP, illiquidity and volatility of financial markets.

In 2016, annual inflation amounted to 12% comparing to 43% in 2015. Despite the fact that the cumulative inflation in Ukraine for the three latest years slightly exceeded 100%, management believes that the Ukrainian economy is not hyperinflationary due to slowing down of inflation during 2016 and lack of qualitative characteristics of the hyperinflationary economic environment.

The economic situation began to stabilize in 2016, which resulted in GDP growth around 1% and stabilization of Ukrainian Hryvnia. This allowed the National Bank of Ukraine to ease some foreign exchange restrictions imposed during 2014-2015. However, certain other restrictions were prolonged. Significant external financing is required to support the economy. During 2015 and 2016, Ukraine received the first tranches of extended fund facilities agreed with the IMF. Further stabilization of the economic and political situation depends, to a large extent, upon success of the Ukrainian government's efforts, yet further economic and political developments are currently difficult to predict.

**3. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES****General information**

The accompanying consolidated financial statements of the Organization have been prepared in accordance with Ukrainian Accounting Standards ("UASs"), as approved by the Ministry of Finance of Ukraine and registered with the Ministry of Justice of Ukraine as of the date of the consolidated financial statements preparation.

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The accompanying consolidated financial statements were prepared as of 31 December 2016 and cover the period from 1 January 2016 to 31 December 2016 and the period from 1 January 2015 to 31 December 2015 for comparison.

These consolidated financial statements have been prepared in the national currency of Ukraine, Ukrainian Hryvnias ("UAH"). Unless otherwise indicated, the amounts are presented in UAH and in thousands.

These consolidated financial statements have been prepared on a going concern basis which contemplates that the Organization will be able to operate in the foreseeable future.

**Basis of consolidation**

The consolidated financial statements incorporate the financial statements of the Alliance (the "Parent") and the entity controlled by the Parent, LLC "Alliance Consultancy" (the "subsidiary"). Control is achieved when the Parent has the power to govern the financial and operating policies of an entity, either directly or indirectly, so as to obtain benefits from its activities. The financial statements of the subsidiary are included in the consolidated financial statements of the Organization from the date when control effectively commences.

When necessary, adjustments are made to the financial statements of the subsidiary to bring its accounting policies into line with those used by the Parent.

All intra-group transactions, balances, income and expenses are eliminated in full on consolidation.

**Intangible assets**

Intangible assets acquired by the Organization and which have finite useful lives consist primarily of software.

Software rights acquired or received free of charge are carried at cost, less accumulated amortization and accumulated impairment losses. Amortization of intangible assets is recognized on a straight-line basis over their estimated useful lives (mainly three years). Amortization of intangible assets commences when the assets are ready for their intended use.

Intangible assets of the Organization have been predominantly acquired at the cost of special purpose funds.

**Property and equipment**

All property and equipment items are carried at historical cost, less any accumulated depreciation and accumulated impairment losses. Historical cost of property and equipment consists of the purchase price, non-refundable indirect taxes related to their purchase, costs of installation, and maintenance of property and equipment, and other directly attributable costs of bringing the property and equipment items to working condition for their intended use.

Depreciation of all groups of property and equipment is calculated using a straight line method over the following useful lives:

	<b>Years</b>
Buildings, constructions and transmission equipment	20 years
Machinery and equipment	2 years
Vehicles	5 years
Tools, devices, and fixtures (furniture)	4 years
Other fixed assets	4 years
Low-value non-current tangible assets	Fully depreciated when put into operation

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The residual value, useful lives, and depreciation methods are reviewed at each financial year-end. The effect of any changes from previous estimates is accounted for as a change in an accounting estimate.

Historical cost of property and equipment items is increased by the expenditures related to the property and equipment item's improvement (modernization, modification, additional construction, equipment installation, reconstruction, etc.), which increases future economic benefits initially expected from the use of an item of property and equipment. Capitalized cost of property and equipment improvement is depreciated using the straight-line method at the same rates as the respective property and equipment items.

Repairs and maintenance expenditures, as well as costs related to servicing of assets, are included in the consolidated statement of financial results for the period when incurred.

Gain or loss arising on the disposal of an item of property and equipment is determined as the difference between the sales proceeds and carrying amounts and included in other income or expense from ordinary activities.

The Organization's property and equipment have been predominantly acquired at the cost of special purpose funds.

**Impairment of tangible and intangible assets**

At each balance sheet date, the Organization reviews the carrying amounts of its tangible and intangible assets to determine whether there is any indicator that those assets have suffered an impairment loss. If any such indicator exists, the recoverable amount of the asset is estimated in order to determine the extent of the impairment loss (if any). Where it is not possible to estimate the recoverable amount of an individual asset, the Organization estimates the recoverable amount of the cash-generating unit to which the asset belongs.

**Capital investments in progress**

Item of capital investments in progress reflects the cost of capital investments (incomplete at the balance sheet date) in the non-current assets transferred for modernization, which will increase their initial cost, as well as the cost of other property and equipment items that are not yet ready for use.

**Inventories**

Inventories are mainly represented by drugs, other health care medications, and handout materials. An accounting unit of inventories is acknowledged to be a homogeneous group, batch, or type.

Inventories are carried at cost that includes expenditure incurred in acquiring inventories, delivering, and bringing them to their existing condition for the intended use. Disposal cost of inventories is determined for individual groups using average weighted cost method and identifiable cost of individual inventory items. As of the balance sheet date, the Organization reviews the expiry dates of inventories (including drugs) and, if they are short-term or delayed, writes off the respective inventories. Inventories are recorded net of provision for slow moving, damaged, or obsolete assets.

**Accounts receivable on advances issued**

Accounts receivable on advances issued are represented by the advances issued to suppliers in the course of purchasing equipment, inventories, including medical supplies, services, etc. in order to conduct programmatic activities and are carried as advances issued, less any provision for doubtful debts.



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**Other current accounts receivable**

Other current accounts receivable of the Organization are mostly attributable to the sub-recipients that receive financing through the Organization from the Global Fund and other donors. As of each balance sheet date, the Organization reviews the intended use of advances by sub-recipients and assesses the recoverability of funds from them in the event the expenses are recognized as inappropriate. Other current accounts receivable are carried on the balance sheet net of the provision for doubtful debts.

**Provision for doubtful debts**

The amount of provision for doubtful debts is determined by the Organization's management based on their estimates regarding possibility of sub-recipients to perform the programmatic activities in accordance with the sub-grant agreement. The provision is created when there is objective evidence that the Organization may fail to obtain the proof from the sub-recipients that their programmatic activities were carried in accordance with the terms of the sub-grant agreement. The Organization also creates the provision for doubtful debts the recovery on which is considered as doubtful.

**Cash and cash equivalents**

Cash and cash equivalents include cash on hand and cash on current accounts with banks.

**Prepaid expenses**

Prepaid expenses are stated at the actual cost of the funds paid. Prepaid expenses are recognized in the consolidated statement of financial results when they are incurred.

**Deferred income**

Deferred income is mainly represented by the net book value of property and equipment and intangible assets acquired at the donors' financing and not yet fully depreciated or amortized. Deferred income is reduced by other operating income in the consolidated statement of financial results in respective amounts that match with the depreciation and amortization charge recognized during the reporting period on such property and equipment and intangible assets.

**Special purpose funding**

Special purpose funding is initially recognized when the respective cash proceeds are received from donors. Special purpose funding is subsequently reduced by the amount of incurred expenses related to the program with simultaneous recognition of other operating income. Cost of property and equipment and intangible assets acquired at the expense of special purpose funding is depreciated and amortized over their useful lives, with simultaneous recognition of other operating income. Balance of the special purpose funding received in respect of which the Organization has not yet incurred expenditures is recorded on the Organization's balance sheet in section "Non-current Liabilities and Provisions".

**Current accounts payable for goods, works, services**

Current accounts payable for goods, works, services are mainly represented by the amounts due to the suppliers of drugs and other suppliers.

**Cost of products sold (goods, works, services)**

Cost of products sold (goods, works, services) is represented by cost of the services realized by LLC "Alliance Consultancy" and comprises predominantly payment for the services rendered by external suppliers.

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Financial instruments are recognized when the Organization becomes a party to the contractual provisions of the instruments. Financial assets and financial liabilities are initially measured at fair value. Transaction costs that are directly attributable to the acquisition or issue of financial assets and financial liabilities (other than financial assets and financial liabilities at fair value through profit or loss) are added to or deducted from the fair value of the financial assets or financial liabilities, as appropriate, on initial recognition. Transaction costs directly attributable to the acquisition of financial assets or financial liabilities at fair value through profit or loss are recognized immediately in profit or loss.

The Organization's financial assets are subsequently measured at amortized cost using the effective interest rate method, less any impairment.

The effective interest rate method is a method of calculating the amortized cost of a financial asset (liability) and of allocating interest income (expense) over the relevant period. The effective interest rate is the rate that exactly discounts estimated future cash receipts (payments), including all fees on points paid or received that form an integral part of the effective interest rate, transaction costs, and other premiums or discounts, through the expected life of the financial asset (liability), or, where appropriate, a shorter period to the net carrying amount on initial recognition.

Financial assets are assessed for indicators of impairment at the end of each reporting period. Financial assets are considered to be impaired when there is objective evidence that, as a result of one or more events that occurred after the initial recognition of the financial asset, the estimated future cash flows of the investment have been affected.

Objective evidence of impairment could include:

- Significant financial difficulty of the issuer or counterparty; or
- Breach of contract, such as a default or delinquency in interest or principal payments; or
- It becoming probable that the borrower will enter bankruptcy or financial re-organization; or
- The disappearance of an active market for that financial asset because of financial difficulties.

The Organization's financial liabilities are subsequently measured at amortized cost using the effective interest rate method, with interest expense recognized on an effective yield basis.

**Revenue recognition**

Revenue of the Organization is attributable to its subsidiary, LLC "Alliance Consultancy", for providing consultancy services. Revenue from rendering of services is recognized by reference to the stage of completion of the transaction at the end of the reporting period, if its outcome can be reliably estimated. The outcome of a transaction can be estimated reliably when all the following conditions are satisfied:

- The amount of revenue can be measured reliably;
- It is probable that the economic benefits associated with the transaction will flow to the entity;
- The stage of completion of the transaction at the end of the reporting period can be measured reliably; and
- The costs incurred for the transaction and the costs to complete the transaction can be measured reliably.

**Expense recognition**

Expense incurred by the Organization is represented by the costs of services rendered by subcontractors, office premises leases, payroll expenses, and other services.

Administrative expenses mainly consist of payroll expenses to the Organization's employees and other expenses.

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All expenses are recognized as expenses of the period when they are incurred and included in profit or loss based on the accrual method.

**Operating leases**

Operating lease is a lease under which the Organization does not obtain substantially all the risks and rewards of use and ownership of the asset. Rental costs are recognized in the consolidated financial statements as expense of the current period over the term of the relevant lease. Rentals are prepaid by the Organization for the period of no longer than 12 months from the balance sheet date and recognized as "Accounts Receivable on Advances Issued".

**Foreign currency transactions**

Monetary assets and liabilities denominated in foreign currencies are translated into UAH at the exchange rates established by the National Bank of Ukraine at the end of the reporting period. Revenue and expense denominated in foreign currencies are translated at the exchange rates established by the National Bank of Ukraine at the dates of the respective transactions. All realized and unrealized gains and losses arising on exchange differences are recognized in the consolidated statement of financial results.

The relevant exchange rates were as follows:

	<b>As of 31 December 2016</b>	<b>Average exchange rate for 2016</b>	<b>As of 31 December 2015</b>	<b>Average exchange rate for 2015</b>
UAH/USD	27.1909	25.5513	24.0007	21.8447
UAH/EUR	28.4226	28.2919	26.2231	24.2287
UAH/GBP	33.3208	34.7008	35.5332	33.4042

**Contingent liabilities and assets**

Contingent liabilities are not recognized in the consolidated financial statements. They are disclosed in the explanatory notes to the consolidated financial statements unless the possibility of an outflow of resources embodying economic benefits is remote.

Contingent assets are not recognized in the consolidated financial statements but disclosed in the explanatory notes to the consolidated financial statements when an inflow of economic benefits is probable.

**Income taxes**

The Alliance is registered as a non-tax payer, so, except for certain transactions the amount of which is not material, all income tax expenses are attributable to the subsidiary of the Organization, LLC "Alliance Consultancy". Income tax expense is based on the sum of profit or loss for the year and deferred tax. According to the Organization's management, deferred income taxes were immaterial for the years ended 31 December 2016 and 2015 and, thus, they were not recognized in the consolidated financial statements.

**Use of estimates and assumptions**

The preparation of the financial statements under UASs requires that management of the Organization makes estimates and assumptions that affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities as of the reporting date, and the amounts of revenue and expense reported during the reporting period. The actual results may differ from such estimates.

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The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognized in the period in which the estimate is revised if the revision affects only that period or in the period of the revision and future periods if the revision affects both current and future periods.

**4. CASH AND CASH EQUIVALENTS**

As of 31 December 2016 and 2015, cash and cash equivalents represented by balances on current accounts with banks were as follows:

	<b>31 December 2016</b>	<b>31 December 2015</b>
USD-denominated cash	130,975	127,287
EUR-denominated cash	13,651	2,910
UAH-denominated cash	6,787	3,541
GBP-denominated cash	5,082	4,627
<b>Total</b>	<b>156,495</b>	<b>138,365</b>

As of 31 December 2016 almost all cash and cash equivalents balances of the Organization (91% of the consolidated amount) were placed on current accounts at one of the Ukrainian banks owned by a large European financial group with risk rating "B-" according to Fitch ratings, which is the same as the rating of Ukraine.

**5. OTHER CURRENT ACCOUNTS RECEIVABLE**

As of 31 December 2016 and 2015, other current accounts receivable were represented by advances issued by the Organization to sub-recipients that implement programmatic activities funded by the Global Fund and other donors in the amount of UAH 12,239 thousand and UAH 6,309 thousand, respectively, net of provision for doubtful debt, as well as other accounts receivable in the amount of UAH 10 thousand and UAH 251 thousand, respectively.

Movements in provision for doubtful debt for the years ended 31 December 2016 and 2015 were as follows:

	<b>2016</b>	<b>2015</b>
<b>Balance at the beginning of the year</b>	<b>455</b>	<b>662</b>
Decrease in the provision for doubtful debts	-	(25)
Amounts written off during the year	(415)	(182)
<b>Balance at the end of the year</b>	<b>40</b>	<b>455</b>

**6. CAPITAL INVESTMENTS IN PROGRESS**

As of 31 December 2016, capital investments in progress included mainly software with historical cost of UAH 3,014 thousand, which is being developed for the purpose of different programs implemented by the Organization.

As of 31 December 2015, capital investments in progress included mainly workstations in the number of 120 units of the total historical cost of UAH 2,063 thousand. In late December 2015, the Organization purchased the workstations for the use in its activities under the Program and further free-of-charge transfer to medical institutions for the sites of antiretroviral therapy that would provide technical support to the quality of data in the system of monitoring and assessment.



**INTERNATIONAL CHARITABLE FOUNDATION "ALLIANCE FOR PUBLIC HEALTH"****EXPLANATORY NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS  
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Other operating income for the years ended 31 December 2016 and 2015 were as follows:

	<b>2016</b>	<b>2015</b>
Income on current assets received free of charge (at the cost of special purpose funds)	796,656	662,137
Gain on operating translation differences	55,569	284,119
Other	106	-
<b>Total</b>	<b>852,331</b>	<b>946,256</b>

**8. OTHER OPERATING EXPENSE**

Other operating expense for the years ended 31 December 2016 and 2015 were as follows:

	<b>2016</b>	<b>2015</b>
Purchase of inventories	407,981	330,492
Expenses of sub-recipients	189,555	146,872
Costs of services	128,073	104,120
Losses on operating translation differences	32,643	171,826
Other	1,608	19,681
<b>Total</b>	<b>759,860</b>	<b>772,991</b>

For the year ended 31 December 2016 costs of services included costs of services of individual entrepreneurs in the amount of UAH 21,683 thousand, attracted by the Organization on the regular basis (2015: UAH 12,661). Quantity of such entrepreneurs of the Organization as of 31 December 2016 and 2015 was equal to 48 and 46 persons, respectively.

**9. OTHER PAYMENTS**

Other payments included in cash flows from operating activities for the years ended 31 December 2016 and 2015 were as follows:

	<b>2016</b>	<b>2015</b>
Funds issued to sub-recipients	(195,502)	(152,773)
Return of the funds unused to donors	-	(5,364)
Other	(5,261)	(3,712)
<b>Total</b>	<b>(200,763)</b>	<b>(161,849)</b>

**10. RELATED PARTY TRANSACTIONS**

Major part of related party transactions during the years ended 31 December 2016 and 2015 were current remuneration payments to the Organization's key management personnel.

For the year ended 31 December 2016, total remuneration to the Organization's key management personnel represented by 10 employees was included in administrative expenses and amounted to UAH 17,947 thousand (2015: UAH 12,004 thousand and 11 employees, respectively).

For the year ended 31 December 2016, total amount of services purchased by LLC "Alliance Consultancy" from key management personnel was included to cost of sales and amounted to UAH 1,766 thousand (2015: UAH 3,072 thousand).

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As of 31 December 2016, the Organization had unused vacation provision accrued in respect of key management personnel in the amount of UAH 969 thousand and advances issued in the amount of UAH 418 thousand. As of 31 December 2015, the Organization had unused vacation provision accrued in respect of key management personnel in the amount of UAH 779 thousand and current accounts payable for goods, works, services in the amount of UAH 186 thousand.

**11. CONTINGENCIES AND CONTRACTUAL COMMITMENTS****Taxation**

The Alliance is a non-profit organization and is subject to specific tax requirements. Ukraine's tax environment is characterized by complexity in tax administering, arbitrary interpretation by tax authorities of tax laws and regulations that, inter alia, can increase fiscal pressure on tax payers. Inconsistent application, interpretation, and enforcement of tax laws can lead to litigation which, as a consequence, may result in the imposition of additional taxes, penalties, and interest, and these amounts could be material. Facing current economic and political issues, the government considers has implemented certain reforms in the tax system of Ukraine by adoption of the Law "On amending the Tax Code of Ukraine and certain laws of Ukraine" which became effective from 1 January 2015.

Management believes that the Organization has been in compliance with all requirements of the effective tax legislation.

**Legal issues**

The Organization is involved in litigation and other claims that are in the ordinary course of its business activities, none of which has had, individually or in the aggregate, a material adverse impact on the Organization. Management believes that the outcome of such matters will not have a material impact on its consolidated financial position or operating results of the Organization.

**Contractual commitments**

As of 31 December 2016 and 2015, the Organization had the following commitments under non-cancelable agreements for acquisition of:

	<b>31 December 2016</b>	<b>31 December 2015</b>
Drugs and pharmaceutical products	53,501	287,765
Health care goods and medical equipment	2,798	17,975
Other	433	390
<b>Total</b>	<b>56,732</b>	<b>306,130</b>

**12. RISK MANAGEMENT POLICIES**

Major categories of the Organization's financial instruments were as follows:

	<b>31 December 2016</b>	<b>31 December 2015</b>
<b>Financial assets</b>		
Cash and cash equivalents	156,495	138,365
Accounts receivable for products, goods, works, and services	42	192
Other current accounts receivable <sup>1</sup>	10	-
<b>Total financial assets</b>	<b>156,547</b>	<b>138,557</b>

<sup>1</sup> Excluding advances issued to sub-recipients and other non-monetary items.

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	31 December 2016	31 December 2015
<b>Financial liabilities</b>		
Current provisions	2,938	2,306
Current accounts payable for goods, works, services	2,537	12,408
Current accounts payable for staff costs	34	68
Current accounts payable for settlements with the state budget	13	456
Current accounts payable for insurance settlements	4	77
<b>Total financial liabilities</b>	<b>5,526</b>	<b>15,315</b>

The main risks arising in the course of use of the Organization's financial instruments are those related to inappropriate use of funds by sub-recipients, foreign currency risk, liquidity and concentration risks.

**Risk of inappropriate use of funds by sub-recipients**

The Organization is exposed to a risk of inappropriate use of funds by sub-recipients, i.e. a risk that the recipients obtaining funds from the Organization may not be able to use the funds for a program in accordance with the terms and the budget of sub-grant agreement, thus, causing losses to the Organization.

This risk is mainly attributable to other current accounts receivable mainly represented by advances issued to sub-recipients. The amounts are recorded in the consolidated financial statements net of provision for doubtful debts. The amount of provision is calculated by the Organization's management based on the recoverability of funds by sub-recipients.

**Foreign currency risk**

Foreign currency risk is the risk that the financial results of the Organization will be adversely impacted by changes in exchange rates to which the Organization is exposed. Approximately 99% of all donations received by the Organization come from foreign donors. Funds are received and held in foreign currency. The Organization undertakes certain transactions denominated in foreign currencies, but, due to the fact that the national currency tends to devalued and, therefore, the foreign currencies strengthen their positions, the foreign currency risk exposure is insignificant. The Organization does not use any derivatives to manage its foreign currency risk exposure.

The carrying amounts of the Organization's foreign currency denominated monetary assets and liabilities as of 31 December 2016 and 2015 were as follows:

	31 December 2016			31 December 2015		
	USD	EUR	GBP	USD	EUR	GBP
<b>Assets</b>						
Cash and cash equivalents	130,975	13,651	5,082	127,287	2,910	4,627
Accounts receivable for products, goods, works, services	42	-	-	192	-	-
<b>Total assets</b>	<b>131,017</b>	<b>13,651</b>	<b>5,082</b>	<b>127,479</b>	<b>2,910</b>	<b>4,627</b>
<b>Liabilities</b>						
Current accounts payable for goods, works, services	87	-	-	9,455	1,235	-
<b>Total liabilities</b>	<b>87</b>	<b>-</b>	<b>-</b>	<b>9,455</b>	<b>1,235</b>	<b>-</b>
<b>Net currency position</b>	<b>130,930</b>	<b>13,651</b>	<b>5,082</b>	<b>118,024</b>	<b>1,675</b>	<b>4,627</b>

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The following table details the Organization's sensitivity to weakening of UAH against USD, EUR, and GBP by 30%. This sensitivity level presents management's estimates regarding possible foreign currency exchange fluctuations as of the reporting dates. The sensitivity analysis includes only outstanding balances of foreign currency denominated monetary assets and adjusts their translation to presentation currency at the end of the period with reference to estimated exchange rate fluctuations.

	31 December 2016			31 December 2015		
	USD	EUR	GBP	USD	EUR	GBP
Profit	39,279	4,095	1,525	35,407	503	1,388

**Liquidity risk**

Liquidity risk is the risk that the Organization will not be able to settle its financial liabilities to third parties arising from its main activities as they are due. The Organization's liquidity position is carefully monitored and managed. The Organization has a detailed budgeting and cash forecasting process in place to help ensure that it has adequate cash available to meet its payment obligations.

As of 31 December 2016 and 2015, all financial liabilities of the Organization based on contractual payments were due within the period from one to three months.

**Concentration risk**

During the year ended 31 December 2016, funding provided by the Global Fund amounted to 80% (2015: 85%) of all donations received by the Organization in the form of cash transfers. To manage this concentration risk, the Organization seeks for obtaining additional financing from other donors. During the year ended 31 December 2016, the Alliance succeeded in attracting funds of the donors with which it had not cooperated before, in particular for the program "Eastern European Regional Platform for Accelerated Action for Women, Girls and Transgender in HIV/AIDS Context" funded by the Robert Carr civil society Networks Fund.

**13. FAIR VALUE OF FINANCIAL INSTRUMENTS**

Estimated fair value disclosures of financial instruments are made in accordance with the requirements of UAS 13 "Financial Instruments". Fair value is defined as the amount at which the instrument could be exchanged in a current transaction between knowledgeable, willing parties in an arm's length transaction, other than in forced or liquidation sale. As no readily available market exists for a major part of the Organization's financial instruments, professional judgment is necessary to determine fair value, based on current economic conditions and specific risks attributable to the instrument. The estimates presented herein are not necessarily indicative of the amounts the Organization could realize in a market exchange from the sale of its full holdings of a particular instrument.

The Organization's management believes that, as of 31 December 2016 and 2015, fair values of cash and cash equivalents and accounts receivable and payable actually approximated their carrying amounts due to the short-term nature of such instruments.



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**14. SUBSEQUENT EVENTS**

On 31 January 2017 donations under the Program "Improved Quality and Sustainability of Medication Assisted Treatment in Ukraine under the President's Emergency Plan for AIDS Relief" funded by the Centers for Disease Control and Prevention for the period from 1 February 2017 until 31 January 2018 in the amount of USD 750 thousand was approved (equivalent to UAH 20,393 thousand as of 31 December 2016).

On 18 May 2017 the National Council on TB and HIV/AIDS approved the Organization as one of three Principal Recipients for the Global Fund to financing on TB and HIV/AIDS programs in 2018-2020.

**15. APPROVAL OF THE CONSOLIDATED FINANCIAL STATEMENTS**

These consolidated financial statements were approved by management and authorized for issue on 22 June 2017.

# APPENDIX 3.

## Key outcomes of Alliance program activities in 2016

**Members of key populations reached with the minimum  
package of prevention services in 2016, *unique clients***

Oblast/region	PWID		SW			MSM		Other*	
	M	F	M	F	T	M	T	M	F
AR Crimea	5 964	2 407		2 003		627			
Vinnitsia oblast	1 829	499		467		511			1
Volyn oblast	1 361	258		473		368			
Dnipropetrovsk oblast	26 593	12 143		3 371		3 719	5	77	53
Donetsk oblast	22 329	7 698	2	1 849		1 178		721	624
Zhytomyr oblast	3 458	1 002		733		222			
Zakarpattia oblast	676	152		241					1
Zaporizhia oblast	4 577	1 307		873		2 460	3	51	50
Ivano-Frankivsk oblast	885	189		370		299		14	2
Kyiv oblast	7 405	2 016	15	365		635		1	
Kirovohrad oblast	3 641	1 388		541		418			
Luhansk oblast	6 543	2 553		826					
Lviv oblast	4 996	1 108		1 316		1 449		6	2
Mykolaiv oblast	5 289	2 587	5	2 645		1 671			
Odesa oblast	18 573	7 868		4 429		3 290	30	344	143
Poltava oblast	3 446	1 163		327		578		409	123
Rivne oblast	2 026	815		438		686			
Sumy oblast	4 256	960	1	1 195		464			
Ternopil oblast	895	348		414		526		2	

**M** – MALE**F** – FEMALE**T** – TRANSGENDER

Oblast/region	PWID		SW			MSM		Other*	
	M	F	M	F	T	M	T	M	F
Kharkiv oblast	9 856	2 832		3 388		1 992		463	159
Kherson oblast	4 211	1 304		515		890	1	1	
Khmelnyskyi oblast	2 960	1 465		717					
Cherkasy oblast	7 308	2 165		1 272		903			
Chernihiv oblast	2 467	931				525		1	1
Chernivtsi oblast	2 088	1 003		906		853			
Kyiv	17 845	5 752	47	6 052	27	13 555		486	164
Sevastopol	2 733	1 118		762		885			
<b>Total, Ukraine</b>	<b>163 263</b>	<b>61 609</b>	<b>70</b>	<b>35 856</b>	<b>27</b>	<b>38 142</b>	<b>39</b>	<b>2 563</b>	<b>1 323</b>

\*Partners of PWID, close people of the members of KPs, people who use non-injecting drugs

## Number of clients tested with rapid tests for HIV in 2016

Oblast/region	PWID		SW		MSM		Other*	
	Number of clients tested	Positive results	Number of clients tested	Positive results	Number of clients tested	Positive results	Number of clients tested	Positive results
AR Crimea	5 360	102	1 614	3	498	4		
Vinnysia oblast	2 098	19	340	6	445	7		
Volyn oblast	1 147	10	413		326	5		
Dnipropetrovsk oblast	24 111	817	2 739	26	3 428	28		
Donetsk oblast	24 017	338	1 443	23	1 084	15	1 181	9
Zhytomyr oblast	3 076	28	574		201	1		
Zakarpattia oblast	425		158					
Zaporizhia oblast	4 068	73	582	3	1 750	11	96	
Ivano-Frankivsk oblast	773	16	196	2	259	11		
Kyiv oblast	6 334	337	280	3	615			
Kirovohrad oblast	4 060	37	501	4	402	2		
Luhansk oblast	7 505	88	631	9				
Lviv oblast	5 278	74	1 313	1	1 156	3	5	1
Mykolaiv oblast	5 343	135	2 082	2	1 249			
Odesa oblast	18 465	203	3 788	24	2 973	10	252	
Poltava oblast	3 072	31	284		563	1	352	
Rivne oblast	2 332	48	360	3	600	2		
Sumy oblast	3 951	29	1 096		398	1		
Ternopil oblast	680	2	279		440	2		
Kharkiv oblast	8 538	238	2 648	7	1 687	10	554	1
Kherson oblast	3 364	29	352	3	513		1	
Khmelnyskyi oblast	3 304	6	541	1				
Cherkasy oblast	7 193	74	1 156	2	803	2		
Chernihiv oblast	2 345	48			503	3		
Chernivtsi oblast	2 231	2	350	1	710	4		
Kyiv	18 579	482	5 425	54	10 552	133	435	
Sevastopol	3 090	27	734	3	792			
<b>Total, Ukraine</b>	<b>164 419</b>	<b>3 283</b>	<b>29 483</b>	<b>180</b>	<b>31 592</b>	<b>255</b>	<b>2 871</b>	<b>11</b>

\*Partners of PWID, close people of the members of KPs, people who use non-injecting drugs



## Consumable materials distributed in 2016

Oblast/region	Male condoms	Female condoms (femidoms)	Syringes/needles
AR Crimea	623 593		740 059
Vinnitsia oblast	177 457	4	328 613
Volyn oblast	156 500		194 700
Dnipropetrovsk oblast	1 527 211		3 613 941
Donetsk oblast	776 315	642	3 186 342
Zhytomyr oblast	275 876		417 848
Zakarpattia oblast	66 331		91 759
Zaporizhia oblast	427 163	785	684 746
Ivano-Frankivsk oblast	65 120		119 100
Kyiv oblast	165 699		536 718
Kirovohrad oblast	258 932		647 986
Luhansk oblast	168 576	70	1 003 388
Lviv oblast	485 569		772 446
Mykolaiv oblast	996 918		919 837
Odesa oblast	1 774 463		2 812 201
Poltava oblast	187 750		407 550
Rivne oblast	210 609	500	475 902
Sumy oblast	312 096		707 940
Ternopil oblast	55 760	800	84 680
Kharkiv oblast	1 078 463		1 161 549
Kherson oblast	175 792		597 594
Khmelnyskyi oblast	226 642		441 540
Cherkasy oblast	463 308	708	1 282 793
Chernihiv oblast	70 351	624	397 531
Chernivtsi oblast	166 026		430 880
Kyiv	1 755 932	282	2 360 685
Sevastopol	344 286		321 140
<b>Total, Ukraine</b>	<b>12 992 738</b>	<b>4 415</b>	<b>24 739 468</b>

## Screening testing among members of populations vulnerable to HIV for sexually transmitted infections (Syphilis, Gonorrhea, Chlamydia, HBV and HCV) in 2016

Oblast/region	PWID		SW		MSM		Other*	
	Number of tests	Positive results	Number of tests	Positive results	Number of tests	Positive results	Number of tests	Positive results
AR Crimea	1 218	11	1 899	3	141			
Vinnitsia oblast	660	162	278		142			
Volyn oblast	464	42	447	1	160	3		
Dnipropetrovsk oblast	5 426	544	2 799	43	969	1		
Donetsk oblast	5 109	995	1 443	3	327			
Zhytomyr oblast	639	124	694	4	10			
Zakarpattia oblast	93	3	184	2				
Zaporizhia oblast	995	253	540	36	504			
Ivano-Frankivsk oblast	197	74	252	4	147		2	2
Kyiv oblast	1 206	539	319	13	180			
Kirovohrad oblast	1 028	299	524	46	90	1		
Luhansk oblast	1 452	265	697	14				
Lviv oblast	1 382	193	1 195	50	350			
Mykolaiv oblast	1 361	90	2 460	56	380	3		
Odesa oblast	4 233	186	4 222	118	811	9		
Poltava oblast	957	294	331	3	139			
Rivne oblast	696	68	380	12	202	2		
Sumy oblast	775	248	1 014		140	1		
Ternopil oblast	234	80	401	41	181			
Kharkiv oblast	1 928	578	2 705	34	330	3		
Kherson oblast	781	108	565	16	134		1	
Khmelnyskyi oblast	790	122	710	22				
Cherkasy oblast	1 848	159	1 269	11	230	1		
Chernihiv oblast	567	81			185		1	
Chernivtsi oblast	491	200	315	2	173			
Kyiv	4 158	1 532	5 028	73	4 337	72	2	
Sevastopol	450	106	658	48	222	11		
<b>Total, Ukraine</b>	<b>39 138</b>	<b>7 356</b>	<b>31 329</b>	<b>655</b>	<b>10 484</b>	<b>107</b>	<b>6</b>	<b>2</b>

\*Partners of PWID, close people of the members of KPs, people who use non-injecting drugs

## Early detection of tuberculosis in vulnerable populations (PWID, SW, MSM, Roma, homeless people, ex-prisoners) in 2016, *unique clients*

Oblast/region	Number of clients screened for TB with questionnaires	Including number of clients with positive TB screening results	Number of clients who received TB diagnostics services	Number of clients diagnosed with TB	Number of clients who started TB treatment
AR Crimea	4307	125	69	19	19
Vinnitsia oblast	2593	369	353	6	1
Volyn oblast	672	12	12	6	6
Dnipropetrovsk oblast	20987	2091	1630	84	84
Donetsk oblast	17278	2064	1133	40	33
Zhytomyr oblast	2758	221	212	8	5
Zakarpattia oblast	1457	342	341	40	40
Zaporizhia oblast	5467	506	503	16	16
Ivano-Frankivsk oblast	1639	447	310	4	4
Kyiv oblast	4865	908	835	19	14
Kirovohrad oblast	3417	744	641	26	26
Luhansk oblast	5958	925	902	5	5
Lviv oblast	4154	867	184	5	5
Mykolaiv oblast	7296	655	642	40	30
Odesa oblast	17118	897	866	52	52
Poltava oblast	3374	874	807	19	19
Rivne oblast	1655	173	171	1	
Sumy oblast	3565	1013	900	11	9
Ternopil oblast	531	55	4	4	4
Kharkiv oblast	8888	715	541	26	26
Kherson oblast	3222	574	574	61	60
Khmelnyskyi oblast	2322	43	39		
Cherkasy oblast	7963	625	559	17	16
Chernihiv oblast	1846	183	181		
Chernivtsi oblast	2186	366	373	2	2
Kyiv	26981	1679	1137	18	11
Sevastopol	2884	132	75		
<b>Total, Ukraine</b>	<b>160 591</b>	<b>17 547</b>	<b>13 958</b>	<b>529</b>	<b>478</b>

# APPENDIX 4.

## LIST OF GRANTEES AND IMPLEMENTERS OF ALLIANCE PROJECTS IN 2016

### Consolidated data on the grant agreements of alliance, 2016

Nº	NGO Name	Donors programme (*)	Region
1	Vinnytsya regional branch of All-Ukrainian Network of PLWH	GL	Vinnytsia region
2	NGO Public Health Center "Independence"	GF	Vinnytsia region
3	Charitable Foundation "Chance"	GF	Volyn region
4	Charitable Society "All-Ukrainian Network of PLWH in Kryvyi Rih"	GF	Dnipropetrovsk region
5	Charitable Foundation "Public Health", Kryvyi Rih	GF, CDC, F5	Dnipropetrovsk region
6	Charitable Fund "Virtus"	GF	Dnipropetrovsk region
7	Charitable Foundation "Impuls Kamianske"	GF, CDC	Dnipropetrovsk region
8	Public organization "Maybutnye bez SNID"	GF	Dnipropetrovsk region
9	NGO "Way of Life Dnipro"	GF, CDC, GL	Dnipropetrovsk region
10	NGO "Tree of Life"	GF, CDC	Dnipropetrovsk region
11	Dnipropetrovsk Oblast NGO "Crossroads"	GF	Dnipropetrovsk region
12	Zhovti Vody City Charitable Fund "Promin"	GF	Dnipropetrovsk region
13	Novomoskovsk District NGO "Family Support Center"	GF, CDC	Dnipropetrovsk region
14	Charitable Fund "Club Svitanok"	GF	Donetsk region
15	NGO "Donbas Without Drugs"	GF	Donetsk region
16	NGO "Donetsk Regional Society to Support PLWH"	GF	Donetsk region



Total amount of projects	Total amount of commitments (UAH)	Total Funding Provided to Recipients/ Implementing Partners (UAH)	Commitments (USD)	Funding Provided (USD)
1	338 521	338 521	13 623	13 266
1	2 400 770	2 400 770	105 838	95 770
1	1 442 807	1 442 807	63 662	57 426
1	775 175	775 175	32 357	30 711
3	5 492 582	5 576 257	237 134	221 211
1	2 157 815	2 157 815	97 584	85 040
2	1 200 862	1 244 553	53 490	49 651
1	694 933	694 833	31 071	27 650
3	5 244 982	5 327 103	227 337	212 083
2	2 408 484	2 373 313	106 189	94 014
1	641 793	641 793	28 917	25 441
1	877 689	877 688	39 085	34 997
2	1 849 031	1 912 304	80 991	75 889
1	1 800 858	1 800 858	65 331	70 890
1	403 802	599 649	56 076	23 449
1	1 745 336	1 745 336	74 869	68 550

Table on pp. 92-93 continued

Nº	NGO Name	Donors programme (*)	Region
17	NGO "Istok"	GF	Donetsk region
18	NGO "Horlivka Life Line"	GF	Donetsk region
19	NGO "Mariupol Youth Association"	GF	Donetsk region
20	NGO "Our Help"	GF, EJAF	Donetsk region
21	NGO "Amicus Union"	GF	Donetsk region
22	Donetsk Regional Charitable Fund "Oberih"	GF	Donetsk region
23	Charitable Fund "Let Your Heart Beat"	GF	Zhytomyr region
24	NGO "Perspective"	GF, GL	Zhytomyr region
25	Zakarpattia Regional Charitable Fund "Rada Zhyttia"	GF	Zakarpattia region
26	Charitable Organization "Everything is Possible"	GF, CDC	Zaporizhzhia region
27	Charitable Organization "Future Club"	GF	Zaporizhzhia region
28	Charitable Organisation "100 Percent Life Network. Zaporizhzhia"	GF	Zaporizhzhia region
29	Charitable Fund "Spodivannia"	GF, CDC, GL	Zaporizhzhia region
30	Zaporizhzhia Regional Charitable Foundation "Gender Z"	GF	Zaporizhzhia region
31	Charitable Foundation "Rehabilitation Center for Drug Users "Zakhid Shans"	GF, GL	Ivano-Frankivsk region
32	Charitable Fund "Return to Life"	GF, CDC, F5	Kirovohrad region
33	Kirovohrad Regional Branch of All-Ukrainian Network of PLWH	GF, GL	Kirovohrad region
34	Luhansk Regional Society "All-Ukrainian Network of PLWH"	GF	Luhansk region
35	Charitable Organization "Obriy"	GF	Luhansk region
36	Lviv Charitable Fund "Avante"	GF	Lviv region
37	Charitable Foundation "SALUS"	GF, GL	Lviv region

Total amount of projects	Total amount of commitments (UAH)	Total Funding Provided to Recipients/ Implementing Partners (UAH)	Commitments (USD)	Funding Provided (USD)
1	377 757	377 757	16 650	14 835
1	3 627 570	3 627 570	157 425	143 981
1	1 430 721	1 430 721	62 055	56 086
2	3 489 814	3 489 814	151 934	137 103
1	2 641 471	2 641 471	114 190	104 180
1	2 815 149	2 815 149	125 902	111 670
1	344 925	344 925	15 612	13 768
2	2 368 204	2 368 204	103 042	94 396
1	274 701	274 701	11 976	10 928
2	1 181 432	1 181 414	50 706	46 858
1	56 285	56 285	1 645	2 240
1	878 448	878 448	37 929	34 862
3	2 108 600	2 171 269	93 456	86 278
1	554 941	554 941	24 889	22 006
2	1 385 916	1 174 987	59 803	46 889
3	3 328 923	3 328 923	141 578	131 928
2	870 455	870 005	37 008	34 702
1	2 347 342	2 290 325	102 530	89 931
1	1 133 241	1 133 241	49 561	44 630
1	361 720	361 709	16 396	14 437
2	4 129 453	4 129 448	183 531	164 906

Table on pp. 94-95 continued

№	NGO Name	Donors programme (*)	Region
38	NGO "ALLIANCE.GLOBAL"	GF	Kyiv city
39	Kyiv Oblast Charitable Fund "Hope and Trust"	GF	Kyiv city
40	Charitable Organization "Help the Life"	GF	Kyiv city
41	Charitable Organization "Ukrainian Institute for Public Health Policy"	CDC	Kyiv city
42	International Charitable Fund "Vertical"	GF, CDC	Kyiv city
43	All-Ukrainian Charitable organization "Ukrainian Association of Public Health"	GF	Kyiv city
44	All-Ukrainian Charitable organization "Convictus Ukraine"	GF, CDC, EJAF, GL, F5	Kyiv city
45	All-Ukrainian Charitable Foundation "Drop In Center"	GF, CDC	Kyiv city
46	NGO "Club Eney"	GF	Kyiv city
47	Center of Psychosocial Rehabilitation of Drug Dependent Youth "Step by Step"	GF, CDC	Kyiv city
48	International Charitable Organization "Roma Women's Fund "Chirikli"	GF	Kyiv city
49	Ukrainian Red Cross Society	GF	Kyiv city
50	Mykolaiv Regional Fund "Healthy Nation"	GF	Mykolayiv region
51	NGO "LGBT Association LIGA"	GF	Mykolayiv region
52	NGO "Public Health and Positive Action "Time for Life"	GF	Mykolayiv region
53	Mykolayiv City Charitable Fund "Vykhid"	GF, CDC	Mykolayiv region
54	Charitable Fund "Unitus"	GF, CDC	Mykolayiv region
55	Charitable Fund "Veselka"	GF	Odesa region
56	NGO "Public Movement "Faith, Hope, Love"	GF, CDC	Odesa region
57	NGO "Era of Mercy"	GF, CDC	Odesa region



Total amount of projects	Total amount of commitments (UAH)	Total Funding Provided to Recipients/ Implementing Partners (UAH)	Commitments (USD)	Funding Provided (USD)
1	3 623 097	3 623 097	163 257	144 389
1	743 852	743 852	25 006	29 546
1	297 482	297 482	12 948	11 867
2	7 091 823	6 869 286	302 789	272 735
2	7 140 118	5 974 510	316 364	234 728
1	1 609 729	1 609 729	72 079	63 869
5	8 576 565	8 652 152	367 337	342 354
2	2 566 148	2 566 148	110 580	101 353
1	3 426 284	3 426 284	147 115	136 391
2	1 402 281	1 563 749	136 808	62 422
1	324 376	324 376	9 735	12 898
1	41 808 812	33 554 039	913 104	1 324 285
1	393 803	393 803	17 785	15 720
1	455 683	455 683	21 000	18 198
1	2 051 429	2 051 429	86 165	81 792
2	2 073 750	2 140 467	90 831	84 680
2	2 432 638	2 484 366	109 143	99 180
1	885 899	885 899	37 840	35 192
2	3 258 725	3 330 175	142 304	132 258
2	1 254 741	1 314 481	53 654	52 125

Table on pp. 96-97 continued

Nº	NGO Name	Donors programme (*)	Region
58	NGO "Self Help Club "Life+"	GF	Odesa region
59	NGO "Youth Development Center"	GF	Odesa region
60	Youth NGO "Youth Public Movement "Partner"	GF	Odesa region
61	Odesa Charitable Foundation "The Way Home"	GF, CDC, EJAF, GL, F5	Odesa region
62	Charitable Organization "Light of Hope"	GF, CDC, EJAF, GL	Poltava region
63	Poltava Regional Charity Fund "Public Health"	GF	Poltava region
64	Rivne Regional Charitable Fund "Our Future"	GF	Rivne region
65	Charitable Fund "Step Forward"	GF	Sumy region
66	Sumy Charitable Organisation "All-Ukrainian Network of PLWH"	GF	Sumy region
67	NGO "Club Chance"	GF, GL	Sumy region
68	NGO "Public Health Sources"	GF	Ternopil region
69	Charitable Organisation "100 Percent Life Network. Kharkiv"	GF	Kharkiv region
70	Charitable Organisation "Parus*"	GF, EJAF	Kharkiv region
71	Kharkiv Charitable Fund "Blago"	GF	Kharkiv region
72	Kharkiv Charitable Fund "There is Hope"	GF	Kharkiv region
73	Kherson Regional Charitable Fund "Manhust"	GF, GL	Kherson region
74	Khmelnyskyi Association of Public Health "Victoria"	GF, F5	Khmelnyskyi region
75	Khmelnyskyi Regional Branch of All-Ukrainian Network of PLWH	GF	Khmelnyskyi region
76	Charity Fund "Volia"	GF, CDC	Cherkasy region
77	Charitable Fund "Insight"	GF, GL	Cherkasy region
78	NGO "Information and Consultation Center to Protect Family and Personality "Dialogue"	GF, CDC	Cherkasy region

Total amount of projects	Total amount of commitments (UAH)	Total Funding Provided to Recipients/ Implementing Partners (UAH)	Commitments (USD)	Funding Provided (USD)
1	300 737	300 737	13 486	11 971
1	1 772 737	1 772 737	83 572	70 705
1	890 540	890 540	40 156	35 517
5	9 349 271	9 179 085	399 725	362 575
4	4 320 376	4 124 009	181 600	162 368
1	550 666	550 666	24 739	21 845
1	2 094 071	2 094 071	93 777	83 487
1	1 459 961	1 459 961	62 197	57 670
1	150 663	150 663	6 597	5 976
2	1 312 552	1 312 013	56 095	51 987
1	1 104 284	1 104 284	47 663	43 948
1	1 234 755	1 234 755	33 331	48 638
2	3 784 273	3 784 273	159 854	149 216
1	3 193 363	3 193 363	139 219	127 126
1	235 441	235 441	10 953	9 320
2	2 812 553	2 812 553	125 461	112 129
2	2 479 849	2 479 849	105 114	98 309
1	912 190	912 190	29 508	36 039
2	1 269 376	1 308 347	55 685	52 038
2	2 024 695	2 024 344	89 184	80 708
2	836 271	879 681	37 096	34 767

Table on pp. 98-99 continued

Nº	NGO Name	Donors programme (*)	Region
79	Cherkasy Charitable Organization of PLWH "From Heart to Heart"	GF, CDC	Cherkasy region
80	Cherkasy Regional Branch of All-Ukrainian Network of PLWH	GF	Cherkasy region
81	Chernivtsi Regional NGO "People of Bukovyna"	GF	Chernivtsi region
82	Charitable Fund "New Family"	GF	Chernivtsi region
83	NGO "Resocialization Center VEDYS"	GF, CDC	Chernihiv region
84	Chernihiv Regional NGO "Revival of the Nation"	GF	Chernihiv region
85	Chernihiv Branch of All-Ukrainian Network of PLWH	GF	Chernihiv region
	<b>Total:</b>		

## \* Funding Programs

**GF** – funds granted under the Global Fund program

**CDC** – grant under international technical support program "Engaging Local Indigenous Organizations in Developing HIV/AIDS Monitoring and Evaluation" and "Improved quality and sustainability of medication assisted treatment in Ukraine"

**GL** – grant under program "Scaling up accessible and effective HCV treatment through a community-based treatment model for most vulnerable populations in resources-constrained Ukraine"

**EJAF** – grant under program "Harm reduction for children and young people who use drugs in Ukraine"

**F5** – grant under program "Capacity development for quality assured gender sensitive harm reduction interventions in Ukraine"

Total amount of projects	Total amount of commitments (UAH)	Total Funding Provided to Recipients/ Implementing Partners (UAH)	Commitments (USD)	Funding Provided (USD)
2	1 715 285	1 794 357	74 579	70 526
1	251 502	251 502	11 067	9 991
1	381 069	381 069	17 264	15 161
1	1 425 643	1 425 643	63 818	56 647
2	880 255	855 339	38 513	33 987
1	733 130	733 130	33 245	29 171
1	568 284	568 284	23 793	22 709
<b>130</b>	<b>204 643 533</b>	<b>195 483 973</b>	<b>8 064 509</b>	<b>7 743 165</b>



# APPENDIX 5.

## TOTAL COST OF DELIVERED MEDICINES AND HEALTH PRODUCTS BY REGIONS IN 2016, UAH

Region	TB drugs	HCV drugs	OST drugs	Other drugs	Syringes, needles and wipes	Condoms and lubricants	TB diagnostics: equipment and consumables
Dnipropetrovsk oblast	57 630 568	1 932 469	1 955 969	242 212	8 085 423	3 243 125	3 804 349
Kyiv	12 039 694	9 483 892	2 739 933	5 002 862	5 573 958	4 608 648	2 495 720
Odesa oblast	22 738 221	1 400 757	695 588	166 233	6 403 646	3 483 988	2 819 210
Donetsk oblast	19 194 379	0	533 813	359 771	8 396 398	2 077 797	877 009
Kherson oblast	19 792 769	1 506 170	374 035	158 866	1 326 870	401 183	2 171 881
Kharkiv oblast	11 763 384	603 256	337 114	120 764	3 184 185	2 274 241	2 169 041
Zaporizhia oblast	9 352 795	1 407 797	549 201	164 397	1 533 940	881 642	1 830 095
Poltava oblast	9 667 121	2 483 559	704 539	74 229	1 213 857	279 972	1 127 543
Mykolaiv oblast	7 784 407	147 963	817 130	90 623	2 060 669	1 683 213	1 719 281
Cherkasy oblast	8 219 685	698 339	252 183	31 848	2 763 927	1 171 872	905 219
Zakarpattia oblast	11 942 782	0	19 519	95 202	169 167	132 468	1 290 189
Lviv oblast	6 500 413	1 407 797	201 848	62 126	1 570 169	878 143	2 000 448
Kyiv oblast	10 385 923	0	299 711	95 289	0	0	1 407 337
Kirovohrad oblast	6 546 802	955 380	402 604	62 852	1 605 917	509 778	1 007 311
Vinnitsia oblast	3 636 836	3 932 269	578 561	47 113	857 517	360 740	1 164 874
Zhytomyr oblast	5 116 174	1 272 237	293 303	47 432	1 024 522	482 482	1 056 680

Region	Laboratory diagnostics: equipment and materials	Rapid test-systems	Rapid tests for HIV	Other equipment and materials	Equipment for OST programs	TOTAL
Dnipropetrovsk oblast	348 946	1 523 346	1 040 184	3 070	27 513	78 796 990
Kyiv	770 173	2 437 765	1 586 275	70 566	40 745	45 263 957
Odesa oblast	1 124 012	1 445 421	890 834	0	0	40 277 075
Donetsk oblast	288 174	1 447 545	1 156 353	0	0	33 174 886
Kherson oblast	148 699	208 439	151 434	0	0	26 088 911
Kharkiv oblast	124 759	701 077	458 256	1 228	0	21 279 049
Zaporizhia oblast	169 788	341 789	235 381	0	0	16 231 445
Poltava oblast	278 937	153 821	97 644	0	0	15 983 577
Mykolaiv oblast	66 118	559 502	357 956	0	0	14 928 906
Cherkasy oblast	235 169	528 248	367 142	0	0	14 806 492
Zakarpattia oblast	14 698	39 729	25 384	0	0	13 703 754
Lviv oblast	11 024	428 605	289 139	1 228	0	13 061 801
Kyiv oblast	125 109	0	0	0	0	12 313 369
Kirovohrad oblast	242 964	253 999	187 235	2 763	0	11 590 370
Vinnitsia oblast	140 211	149 638	106 476	0	0	10 867 759
Zhytomyr oblast	313 160	185 033	121 226	0	0	9 791 023

Table on pp. 102-103 continued

Region	TB drugs	HCV drugs	OST drugs	Other drugs	Syringes, needles and wipes	Condoms and lubricants	TB diagnostics: equipment and consumables
Sumy oblast	4 875 013	1 195 178	529 263	45 069	1 240 682	769 035	825 129
Ivano-Frankivsk oblast	4 797 373	2 205 415	471 628	111 291	306 352	168 400	782 157
Khmelnyskyi oblast	5 013 550	0	296 525	37 165	1 193 967	485 491	792 623
Chernihiv oblast	5 808 702	0	237 654	11 209	771 089	53 420	853 227
Volyn oblast	5 157 363	0	308 021	27 142	413 042	344 784	751 866
Rivne oblast	3 260 244	500 505	214 981	1 814	912 020	509 931	1 065 597
Luhansk oblast	3 346 047	0	384 708	13 675	849 236	55 449	686 766
Chernivtsi oblast	2 281 579	0	128 213	38 924	760 852	385 454	533 832
Ternopil oblast	1 447 117	0	166 975	15 593	254 858	284 252	761 519
<b>Total</b>	<b>258 298 940</b>	<b>31 132 981</b>	<b>13 493 020</b>	<b>7 123 702</b>	<b>52 472 263</b>	<b>25 525 510</b>	<b>34 898 905</b>

Region	Laboratory diagnostics: equipment and materials	Rapid test-systems	Rapid tests for HIV	Other equipment and materials	Equipment for OST programs	TOTAL
Sumy oblast	7 349	253 700	165 791	0	0	9 740 417
Ivano-Frankivsk oblast	14 698	54 652	35 961	20 210	0	8 932 177
Khmelnytskyi oblast	7 349	206 835	139 785	0	0	8 033 505
Chernihiv oblast	160 254	124 600	93 981	0	0	8 020 155
Volyn oblast	120 867	100 686	66 083	0	0	7 223 772
Rivne oblast	182 259	179 941	124 226	0	0	6 827 291
Luhansk oblast	135 046	560 859	539 170	0	0	6 031 784
Chernivtsi oblast	240 429	173 311	120 823	1 228	0	4 543 823
Ternopil oblast	7 349	74 658	50 557	1 228	0	3 013 551
<b>Total</b>	<b>5 277 540</b>	<b>12 133 200</b>	<b>8 407 292</b>	<b>101 520</b>	<b>68 259</b>	<b>440 525 838</b>

# APPENDIX 6.

## KNOWLEDGE SHARING ACTIVITIES, LIST OF KEY PUBLICATIONS RELEASED IN 2016

### PUBLICATIONS FOR KEY POPULATIONS



#### WHAT IS HIV TEST?



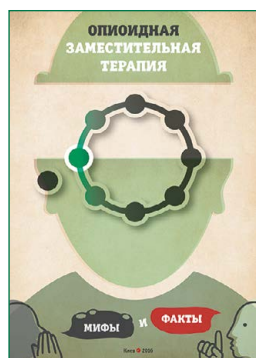
This brochure contains basic information on HIV testing and motivates readers to timely get tested.



#### REFUTING THE MYTHS ABOUT HIV



This booklet offers easy explanations to refute the most wide-spread myths about HIV, e.g. that the virus does not exist, that the therapy does not work, etc. The information presented is based on up-to-date scientific research data. The main conclusion is that HIV really exists, but HIV infection can be timely diagnosed and treated. So the first thing to be done to take care of your own health and the health of your loved ones is to avoid the myths and make evidence-based decisions.



#### OPIOID SUBSTITUTION TREATMENT: MYTHS AND FACTS

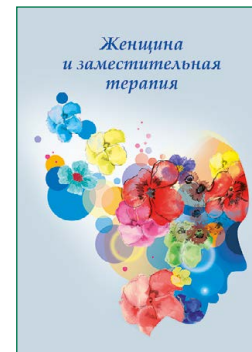


This publication is aimed at preventing the spread of false or inaccurate information about the most wide-spread method of drug abuse treatment – opioid substitution treatment (OST), in particular using methadone. The brochure will be useful for OST patients, clients of harm reduction projects who are still hesitating if to join the substitution treatment program, their family members and other people who are interested in substance abuse treatment.



## SUBSTITUTION TREATMENT FOR WOMEN

Despite the broad efforts to raise the awareness about the effect of substitution treatment and numerous success stories, so far not many women enroll in the OST program. There are many reasons for that – from family circumstances to various myths and misunderstandings, which may become barriers to treatment initiation. This brochure provides a brief overview of the main aspects of women's participation in the OST programs to increase motivation among those women who question the effectiveness of this therapy



## CIVIL PARTNERSHIPS

This brochure presents an overview of some important aspects of life of same-sex partnerships, which exist in Ukraine, but so far are not recognized by the state or the society. There is almost no information on this matter. The publication focuses on three main aspects, which may influence same-sex partnerships – legal, psychological and medical.



## COME BACK HEALTHY

This brochure for military servants contains information about the prevention of HIV and other sexually transmitted infections.

The military conflict as well as economic and humanitarian crisis in our country create pre-conditions to aggravation of both physical and psychological health of people. It has been proved that wars and local armed conflicts lead to sharp deterioration of the epidemiological situation in the conflict areas.

During combat missions, military servants face situations, when, saving the lives of their mates they contact with other people's blood, providing first aid, which inevitably leads to the increased risks of exposure.



## VIRAL HEPATITIS

This new edition of the popular brochure describes new trends and approaches to hepatitis therapy, including new treatment regimens.

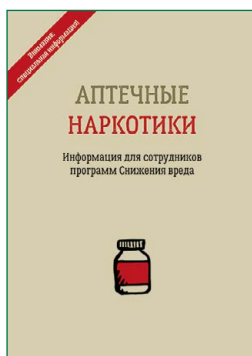


# PUBLICATIONS FOR PUBLIC HEALTH PROFESSIONALS



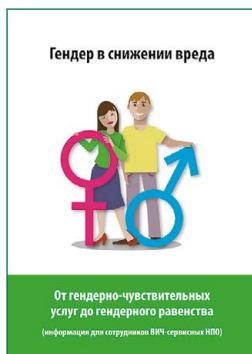
## BEST PRACTICES IN EMPLOYMENT OF PEOPLE WHO USE DRUGS

This publication presents best international practices in employment of people who use drugs in harm reduction projects as well as relevant employment programs and approaches.



## PHARMACY DRUGS. INFORMATION FOR PEOPLE WORKING IN HARM REDUCTION PROJECTS

This booklet offers detailed information for the people working in prevention projects about reducing the harm from non-medical use of some pharmacy-sold medications, which clients call “pharmacy drugs”. Specialists working in harm reduction projects – healthcare and social workers, psychologists, outreach workers, volunteers – need to know the names, characteristics and consequences of abuse of the main “pharmacy drugs” to offer qualified advice to the clients of prevention projects on how to reduce their harm.



## GENDER IN HARM REDUCTION

This booklet was published to help people providing HIV-related services understand what makes HIV prevention programs, projects and services gender-sensitive and what does not. It is widely known that gender relations among people lead to many social problems, in particular in the area of HIV/AIDS. Meanwhile, gender sensitivity and awareness of the peculiarities of different groups of clients help people providing HIV services to develop and implement various programs and projects, contributing to the efficiency and effectiveness of their prevention efforts.



## ASSESSMENT OF THE EFFICIENCY OF HIV PREVENTION PROGRAMS AMONG PWID

This publication presents results of the cohort study among PWID held in 2013-2015.

The report describes impact of the risk behaviors and the use of prevention services on HIV and hepatitis C seroconversion.

The research results may be useful for people who plan HIV prevention activities and interventions.



## REGIONAL HIV/AIDS RESPONSE DATA TRIANGULATION PROJECT IN ODESA OBLAST

The report presents study data characterizing the development of HIV infection as well as intensity and dynamics of the epidemic in Odesa oblast. It contains a detailed overview of the epidemic drivers in the age group of 15-24 years old and assesses the impact of prevention projects among adolescents on their behavior.

This publication will be useful for people who make decisions on planning and implementation of HIV prevention activities, managers of healthcare facilities, researchers, M&E specialists, and people working in CSOs.



## REGIONAL HIV/AIDS RESPONSE DATA TRIANGULATION PROJECT IN KYIV OBLAST

The report presents study data characterizing the development of HIV infection as well as intensity and dynamics of the epidemic in Kyiv oblast.

It describes the reasons of geographic diversity of the spread of HIV, with its impact on the TB epidemic analyzed.

This publication will be useful for people who make decisions on planning and implementation of HIV prevention activities, managers of healthcare facilities, researchers, M&E specialists, and people working in CSOs.





## REGIONAL HIV/AIDS RESPONSE DATA TRIANGULATION PROJECT IN MYKOLAIV OBLAST

The report presents study data characterizing the development of HIV infection as well as intensity and dynamics of the epidemic in Mykolaiv oblast.

A detailed analysis is offered of the role of current regulatory framework on the response to HIV and of the factors contributing to delayed registration and medical follow-up of patients who test positive for HIV.

This publication will be useful for people who make decisions on planning and implementation of HIV prevention activities, managers of healthcare facilities, researchers, M&E specialists, and people working in CSOs.



## REGIONAL HIV/AIDS RESPONSE DATA TRIANGULATION PROJECT IN CHERKASY OBLAST

The report presents study data characterizing the development of HIV epidemic in Cherkasy oblast.

A detailed analysis is offered of the risk groups, which drive the spread of HIV/AIDS epidemic. The document contains analysis of the effectiveness of PLWH care and support projects in Cherkasy oblast.

This publication will be useful for people who make decisions on planning and implementation of HIV prevention activities, managers of healthcare facilities, researchers, M&E specialists, and people working in CSOs.

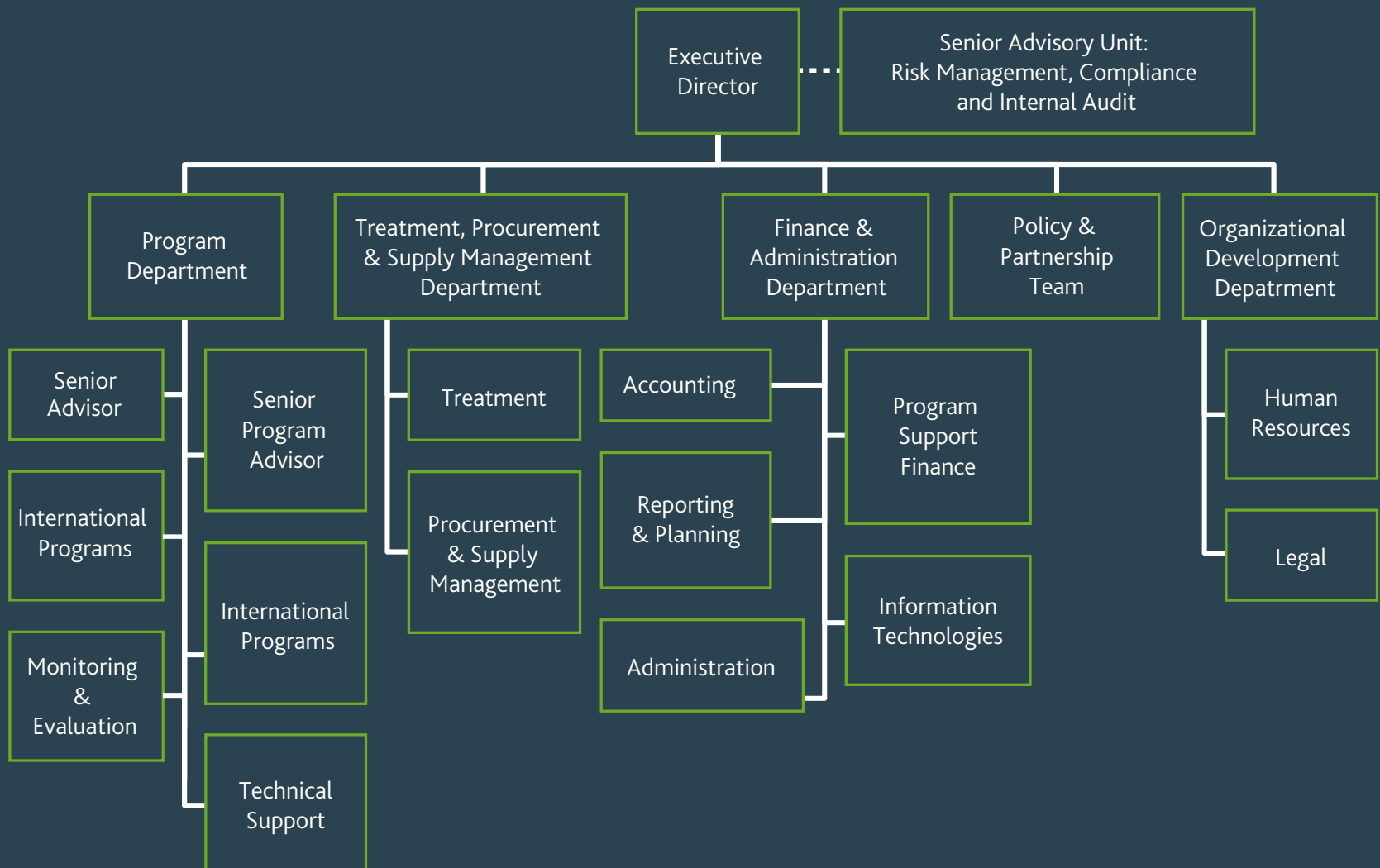


## PEOPLE. FORTUNES. SUPPORT PROJECT.

This booklet tells about the implementation of a project to support internally displaced patients of substitution treatment program from the annexed Crimea and areas of the armed conflict.

# APPENDIX 7.

## ORGANIZATION STRUCTURE OF ICF "ALLIANCE FOR PUBLIC HEALTH"\*



\* As of  
31 December 2016



# APPENDIX 8.

## MEMBERS OF STATUTORY BODIES, STAFF AND CONSULTANTS OF ALLIANCE FOR PUBLIC HEALTH \*

### MEMBERS OF STATUTORY BODIES

#### GOVERNING BOARD

Yuriy Kobyshcha, *Board Chairman*  
Svitlana Antonyak  
Iryna Borushek  
Anyia Sarang  
Roman Kobets  
Andrey Kryvokorytov

#### SUPERVISORY COMMITTEE

Jon Cooper, *Committee Chairman*  
Irena Gryga  
James Hart  
Vadim Menzhulin  
Natalia Sannikova

#### GENERAL MEETING

Slava Kushakov  
Yuriy Kobyshcha  
Julie Saunders-Bondarenko

\* As of 31  
December 2016

## SENIOR MANAGEMENT TEAM

<b>Klepikov Andriy</b>	Executive Director
<b>Smyrnov Pavlo</b>	Deputy Executive Director: Program
<b>Obozna-Petrova Viktoriya</b>	Organizational Development Director/Head of HR
<b>Filippovych Sergiy</b>	Director: Treatment, Procurement & Supply Management
<b>Chumakov Vyacheslav</b>	Finance Director
<b>Kushakov Vyacheslav</b>	Senior Advisor
<b>Skala Pavlo</b>	Associate Director: Policy & Partnership/Senior Program Manager: Policy & Advocacy

## PERSONAL ASSISTANTS

<b>Gerasymenko Daria</b>	Personal Assistant to Executive Director
<b>Piskorska Maryna</b>	Personal Assistant to Deputy Executive Director: Program
<b>Medvedenko Anna</b>	Personal Assistant to Director: Treatment, Procurement and Supply Management

## SENIOR ADVISORY UNIT: RISK MANAGEMENT, COMPLIANCE AND INTERNAL AUDIT

**Liudogovskyi Artem**

Advisor: Risk Management, Compliance and Internal Audit

## POLICY AND PARTNERSHIP

**Andrushchenko Myroslava**

Program Manager: Knowledge Sharing

**Kravchenko Natalia**

Communication Officer

**Oliynyk Anna**

Translator

## PROGRAM DEPARTMENT

**Purick Olena**

Senior Program Advisor

**Chura Volodymyr**

Head of Regional Programs

**Shurpach Lyudmyla**

Head of Regional Programs

**Varban Maryna**

Program Manager: Technical Support Resources Development

**Zharuk Iryna**

Project Manager

**German Elena**

Technical Support Manager

**Yaremenko Kateryna**

Project Officer: Gender

**Basenko Anton**

Senior Program Officer

**Dergausova Anna**

Project Assistant

## INTERNATIONAL TECHNICAL SUPPORT HUB

<b>Deshko Tetyana</b>	Director: International Programs
<b>Maistat Lyudmyla</b>	Senior Adviser: HCV Hepatitis Advocacy
<b>Braga Maryna</b>	Senior Manager: International Technical Support
<b>Gurina Nonna</b>	Senior Project Officer
<b>Kushnir Evgeniy</b>	Project Officer: International Programs

## GRANT MANAGEMENT UNIT

<b>Isakov Viktor</b>	Head of Grant Management
<b>Dolechek Olga</b>	Senior Program Officer
<b>Pashchuk Oksana</b>	Senior Program Officer
<b>Khryshchuk Olga</b>	Senior Program Officer
<b>Yangol Nadiya</b>	Senior Program Officer
<b>Mangatova Kateryna</b>	Program Officer
<b>Vilyura Khrystyna</b>	Program Officer
<b>Filippovych Myroslava</b>	Program Assistant: Field Programs
<b>Khomidova Yulia</b>	Program Assistant: Field Programs ( <i>Maternity Leave</i> )

## MONITORING &amp; EVALUATION

<b>Varetska Olga</b>	Associate Director: Strategic Information, Monitoring and Evaluation
<b>Mykhalchuk Tetyana</b>	Senior Program Manager: M&E and Donor Reporting
<b>Cheshun Olga</b>	Program Officer: Reporting & Planning

## Project METIDA

<b>Salyuk Tetyana</b>	Project Director: METIDA
<b>Kornilova Maryna</b>	Senior Project Manager: Capacity Building and Surveillance
<b>Sazonova Yana</b>	Senior Program Officer: Research & Field Analysis
<b>Dukach Julia</b>	Project Officer: Studies and Evaluations
<b>Klymenko Nadiia</b>	Program Assistant: Monitoring & Evaluation
<b>Uvarkina Kateryna</b>	Program Assistant: Monitoring & Evaluation ( <i>Maternity Leave</i> )

## P.O.R.T PROJECT

<b>Denisiuk Olga</b>	Project Manager
<b>Dmitriyeva Oleksandra</b>	Senior Ethnographic Field Researcher
<b>Slobodianiuk Kateryna</b>	Senior Project Officer
<b>Tyshkevich Anna</b>	Senior Project Officer
<b>Bodenchuk Dina</b>	Project Finance Officer
<b>Kharlashkina Olga</b>	Project Finance Officer
<b>Kaplata Maria</b>	Project Assistant



## TREATMENT, PROCUREMENT AND SUPPLY MANAGEMENT DEPARTMENT

## PROCUREMENT AND SUPPLY MANAGEMENT

<b>Velikiy Vitaliy</b>	Head of Procurement and Supply Management
<b>Garusovska Anna</b>	Senior Procurement Officer
<b>Pustovit Denis</b>	Senior Logistics Officer
<b>Kovalev Eduard</b>	Procurement Officer
<b>Kremen Artem</b>	Procurement Officer
<b>Malyarchuk Mykola</b>	Procurement Officer
<b>Diachuk Tatiana</b>	Procurement Officer ( <i>Maternity Leave</i> )
<b>Lisova Yulia</b>	Procurement Officer ( <i>Maternity Leave</i> )

## TREATMENT

<b>Burgay Olga</b>	Program Manager: Treatment
<b>Chorna Julia</b>	Project Manager: TB Advocacy
<b>Shlashniy Volodymyr</b>	Senior Project Officer: TB Advocacy
<b>Meteliuk Anna</b>	Project Manager: Research
<b>Sereda Tatiana</b>	Project Officer: Implementation
<b>Gelyukh Evgenia</b>	Program Manager: HIV/Tuberculosis
<b>Kamenska Natalia</b>	Senior Program Officer: TB/HIV
<b>Kolomiets Victor</b>	Project Manager: Treatment
<b>Ivanchuk Iryna</b>	Senior Project Officer: Treatment
<b>Shost Alyona</b>	Senior Project Officer: Treatment
<b>Marunko Dina</b>	Project Assistant
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