

ICF "ALLIANCE FOR PUBLIC HEALTH"

# ANNUAL REPORT



Alliance<sup>®</sup>  
for Public Health



# 2015





# INTRODUCTION

Dear colleagues,

I am proud to present the Annual Report of Alliance. Thanks to its professionalism and innovative approach, consolidated efforts and partnership, enthusiasm and persistence, Alliance was able to achieve significant results and was able to make 2015 the most successful year in terms of strategic development and program implementation.

In late 2015, Alliance changed its name to Alliance for Public Health. Our new name, new logo and brand of Alliance, its new web-site and the updated Facebook page demonstrate our strategic ambitions in extending the areas and the scale of our activities. The new name demonstrates extended priorities of the organization, which include HIV, tuberculosis, and hepatitis. Besides, our activities in other countries of Eastern Europe and Central Asia as well as international activities in the global scale were extended within our existing and new projects.

Thanks to the support of our donors, first of all the Global Fund and the US Centers for Disease Control and Prevention, Alliance continued implementation of large-scale programs, which in 2015 reached 250 thousand members of the most vulnerable populations, ensuring the linkage between prevention and treatment. In 2015, we directed major part of our funding to fight tuberculosis and became the leading non-governmental organization to implement the national program. 80% of new tuberculosis cases, which were registered in Ukraine in 2015, were detected with molecular genetic tests procured by Alliance. In Ukraine, every second patient with multidrug-resistant tuberculosis receives treatment with drugs procured and supplied by Alliance. Besides, we made a breakthrough in hepatitis C treatment with innovative direct-acting antivirals: Alliance procured Sofosbuvir at the lowest price in the region, providing access to effective treatment to over 300 patients with HIV/HCV co-infection and drug use experience.

2015 was the most intensive year for Alliance in terms of the scale of its activities and its growth dynamics. About 200 healthcare institutions and 100 civil-society organizations received medicines and healthcare products from Alliance. During the whole year, Alliance worked with the highest Global Fund grant performance rating – A1. Apart from our day-to-day work, we also continued acting as a crisis manager: thanks to Alliance support, dedication and hard work of social and medical workers, prevention and treatment projects continue operating in the areas of eastern Ukraine temporarily not controlled by the Government of Ukraine.

For Alliance, it was a year of transformations. Building on our 15-year experience, we became Alliance for Public Health, reinforcing our positions in the response to AIDS, tuberculosis and hepatitis. Together with you, we will continue doing our best to change Ukraine and the world for the better!

*Best wishes,  
Andriy Klepikov*

# ABOUT THE ALLIANCE FOR PUBLIC HEALTH

The International Charitable Foundation “Alliance for Public Health” (which up to November 2015 was known as the International Charitable Foundation “International HIV/AIDS Alliance in Ukraine”) (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 250,000 members of the most vulnerable populations in Ukraine, which is the highest coverage in Europe.

Since being registered in Ukraine as an independent legal entity in 2003, and following the establishment of its own governing bodies in January 2009, Alliance has shared the core values and remained a member of the global partnership of the International HIV/AIDS Alliance – an international charitable foundation, which unites 33 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 is 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 approved by the Supreme Council of Ukraine on October 20, 2014.

**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 HIV/AIDS under control.



# THE ALLIANCE'S STRATEGIC OBJECTIVES 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.





Impacting  
the Epidemics –  
Supporting  
Communities



## NEW NAME OF THE ALLIANCE

On the eve of the fifteenth anniversary since its establishment in Ukraine, International HIV/AIDS Alliance in Ukraine changed its name to **Alliance for Public Health**, thus moving into a new phase of its evolution with a new scope of activities and strategies for the future.

Even though efforts in response to the epidemic of HIV/AIDS remain a priority component of the Alliance activities, now they are not the only focus. The new name embraces the key areas to focus on in the fight against HIV/AIDS, tuberculosis, and viral hepatitis. It re-affirms the commitment to dealing with health care concerns, and is based on the experience in delivering innovative

solutions and scaling up programs designed to halt and reverse the epidemic.

In November 2015, the Alliance rolled out a brand-new logo design. Through its stand-out and distinctive look, it visually represents the three diseases (HIV/AIDS, tuberculosis, and viral hepatitis) that the organization is primarily focused on. In addition, the logo can be viewed in a geographical context, illustrating the Alliance's activities in Ukraine, across the region, and worldwide. The chosen colors of the logo are close to those of the Alliance family. This modern and future-oriented logo is representative of the fifteen-year experience of the organization.



IN NOVEMBER 2015,  
ALLIANCE'S IMPROVED  
AND UPGRADED WEBSITE  
**[www.aph.org.ua](http://www.aph.org.ua)**  
WAS LAUNCHED.



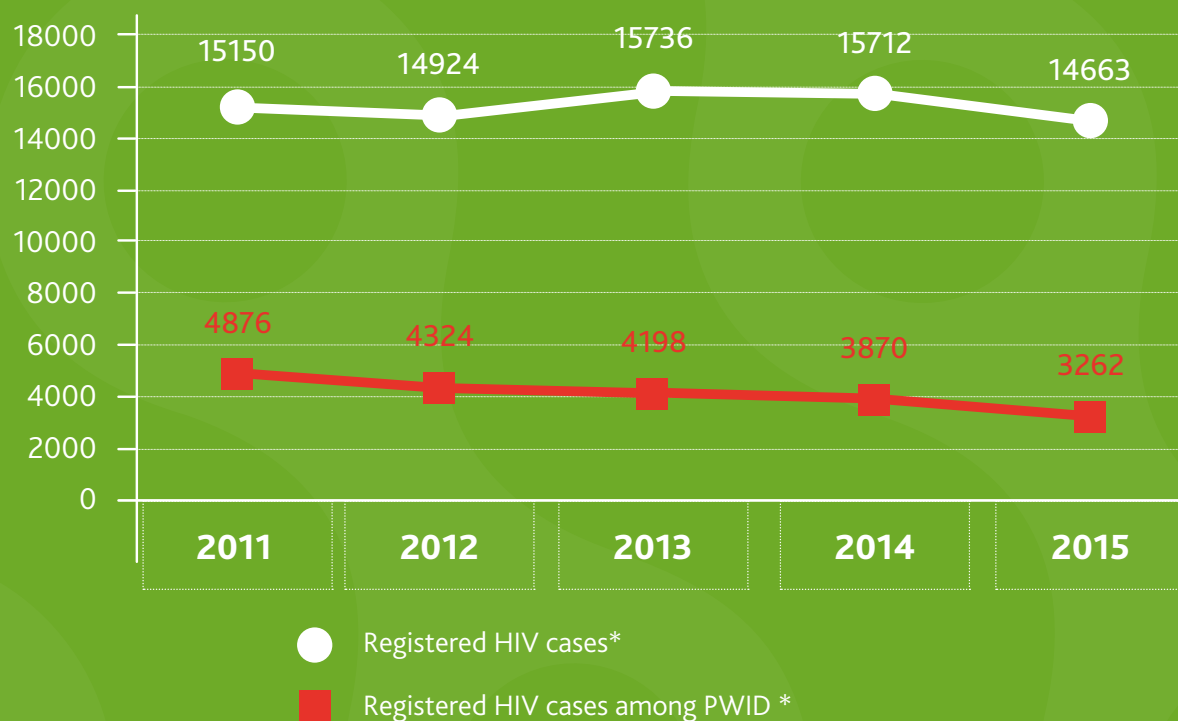
# KEY RESULTS OF ALLIANCE ACTIVITIES IN 2015

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<sup>1</sup> 2015 DATA, NOT TAKING  
 INTO ACCOUNT STATISTICS  
 OF THE DONETSK REGION,  
 THE CRIMEA, AND THE  
 CITY OF SEVASTOPOL.  
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## Sustained Reduction in the Number of New Cases of HIV<sup>1</sup>.

- In 2015, 3,200 cases of HIV were registered among **people who inject drugs (PWID)**, which is 35% less than in 2011 (4,900 cases).
- The number of HIV infections registered **in general population** is gradually going down. In the last year alone, this indicator was reduced by 7%.

## Registered Cases of HIV



\* To demonstrate the comparative dynamics, statistic data for all years are presented with no account of the Crimea, Sevastopol, Donetsk and Luhansk oblast.



## HIV prevention and treatment in vulnerable populations remains the most effective strategy in response to the epidemic in Ukraine

- In 2015, the minimum package of prevention services (in particular, in the occupied Crimea and in the areas of eastern Ukraine not controlled by the Government of Ukraine) was provided to **192 thousand** people who inject drugs, **32 thousand** sex workers and **29 thousand** men who have sex with men. Over **14 million** disposable syringes and needles and **10.2 million** condoms were distributed among project clients.
- Rapid testing for HIV, in particular in Alliance mobile clinics, which are operating in all regions of the country, once more proved to be effective: every repeat testing reduces the risk of infection by **36-52%**. In 2015, the number of risk group members, who were tested with rapid tests within Alliance projects, was increased by **2.2 times (168.6 thousand)**, which allowed detecting almost **40%** more positive results, with **1.4 thousand** people with HIV seeking medical assistance in healthcare institutions and **634** – initiated on treatment.
- Implementation of opioid substitution treatment (OST) program is going on. In 2015, **2,910** new clients were reached with OST services. Retention in OST program for at least 6 months was **74.14%** (thus the Global Fund program indicator was achieved by **97.4%**). As of the end of 2015, OST was provided to **8,512** persons in **173** HCF. Uninterrupted OST and other medical services were further provided to OST patients from among internally displaced persons from the areas of Donetsk and Luhansk oblasts not controlled by the Government of Ukraine. As of the end of the year, the total of **215** OST patients/ internally displaced persons were receiving support, including **50** patients from three OST sites in the areas not controlled by the Government of Ukraine, which were closed in 2015. At the initiative and with support of Alliance, new OST models were developed to ensure program sustainability. Thus, OST using liquid methadone and electronic dosing devices was introduced; OST delivery based on prescriptions, home care for OST patients and the delivery of OST drugs in healthcare institutions for unsupervised administration were scaled up. Regulations were finally approved to allow using the new models of OST delivery by introducing amendments to the Order No. 200 of the MoH of Ukraine.

<sup>2</sup> BASED ON THE RESULTS  
OF COHORT STUDY ON THE  
EFFECTIVENESS OF PREVENTIVE  
INTERVENTIONS AMONG  
PWID, 2014-2016.



## Successful Activities in the Areas Affected by Military Operations

- **Eleven** local partner NGOs provided prevention services in **19** residential areas located in temporarily out-of-control areas of the Donetsk and Luhansk regions, and in **21** residential areas of the said regions, which are under the Ukrainian Government's control. Over **33,000** clients were reached.
- **431** new HIV-positive clients were identified through HIV screening with rapid tests in the areas affected by the military operations. Based on the Alliance's research findings, the prevalence of HIV among people who inject drugs in Donetsk is up **30%** (rising from 26.5 to 34.7%), while in Luhansk it is **more than twice as high as it was before** (rising from 3.2 to 7.3%).
- **Seven** deliveries of humanitarian supplies were made to the non-controlled areas of eastern Ukraine, including more than **8.3 million** test systems, condoms, syringes, etc., as well as **48,182** packages of medicines to ensure the continuity of therapy for **773** patients with multidrug-resistant tuberculosis.
- Project efforts with a focus on OST patients from among internally displaced persons from the areas affected by the military operations and Crimea reached **215** people and were delivered in **8** regions of Ukraine.

## Procurement Activities

- In terms of procurement, 2015 was a year of both challenges and sustainable development for Alliance. The first part was, surely, related to our role of crisis manager in the context of the military conflict in eastern Ukraine. As a result, in 2015 over **8 million** pcs of consumables were delivered to Donetsk, Makiivka, Horlivka and Luhansk. It allowed covering program activities of four partner organizations in Donetsk region and two – in Luhansk region.
- A mechanism was developed to supply TB medicines to Donetsk and Luhansk – the main problems of such deliveries are related, first of all, to the legal aspects of relations with healthcare sector in the areas not controlled by the Government of Ukraine. Formally, healthcare facilities providing medical aid to people in those areas were to be relocated to the Ukraine-controlled areas. But in fact they continue their operation in the temporarily not-controlled territories and are cut off from the deliveries of life-saving medications. In total, during 2015 Alliance managed to deliver over **48 thousand** packages of drugs to treat multidrug-resistant tuberculosis for more than 700 patients.
- A new stage in the procurement activities of Alliance was renovations of five treatment centers located in the areas of Donetsk and Luhansk regions controlled by Ukraine. Thanks to the timely comprehensive support, **five hospitals** in Lysychansk, Rubizhne, Mariupol, Sloviansk and Kramatorsk were able to start OST.



A PATIENT INITIATED  
ON TREATMENT WITH  
SOFOSBUVIR RECEIVES  
COUNSELING IN VINNYTSIA  
OBLAST AIDS CENTER

## Sofosbuvir-Based Treatment Initiated

For the first time in Ukraine, hepatitis C treatment using innovative direct-acting antiviral, Sofosbuvir, was started and the model of community-based treatment and social support of patients was introduced. In 2015, **320** members of key populations already received access to highly-effective treatment; in 2016 it is planned to scale up the program to reach at least **1,500** patients. Sustained virologic response was achieved in 90% patients, who received full treatment courses. Thanks to the advocacy efforts of Alliance, in November 2015 the national Protocol for the Treatment of HCV was updated, with direct-acting antivirals added to treatment schemes. Besides, Sofosbuvir was included into the list of medicines recommended for procurement within public tenders.

## Further Development of Early TB Detection Program

When compared to the previous reporting period, nearly **four times** as many members of vulnerable populations were screened in 2015. **10%** of the test results came back positive (i.e. **2.4 times** more than in 2014). **563** people were diagnosed with TB, out of which **491** started treatment.



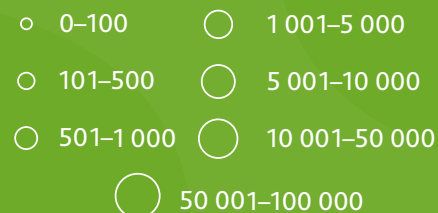
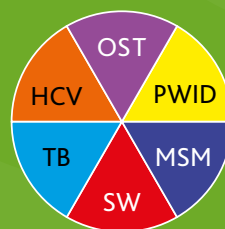
## IMPACTING THE EPIDEMICS – SUPPORTING COMMUNITIES

### Map of Prevention Services for Key Populations, 2015

The Alliance for Public Health is a leading non-governmental 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 250,000 members of the most vulnerable populations.



Coverage of key populations  
from Jan. 1, 2015 to Dec. 31, 2015

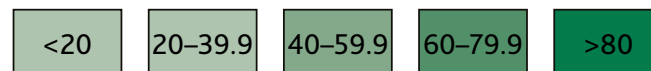


PWID – People Who Inject Drugs  
MSM – Men Having Sex with Men  
SW – Sex Workers  
HCV – HCV Treatment Program  
OST – Opioid Substitution Therapy  
TB – Early TB Detection Program



Mobile Clinics

# HIV incidence per 100,000 people in Ukraine (2015)



Including children born from HIV-positive mothers  
with undetermined HIV status, without taking into  
account the data on temporarily occupied territories in 2015



HIV/AIDS Hotline:  
**0-800-500-451**



# KEY PROGRAMS IMPLEMENTED BY THE ALLIANCE IN 2015





# INVESTING FOR IMPACT AGAINST TUBERCULOSIS AND HIV

**On February 23, 2015 the Global Fund to Fight AIDS, Tuberculosis and Malaria reaffirmed its partnership with Ukraine by signing new HIV/TB grant agreements worth over US\$133 million.** The funding became a crucial factor in achieving the ambitious goals of the two national programs – reducing the rates of HIV/AIDS and tuberculosis morbidity and mortality. The funds were provided within the Program 'Investing for Impact against Tuberculosis and HIV' to be implemented in 2015-2017. There are three Principal Recipients responsible for the grant implementation: Ukrainian Center for Socially Dangerous Disease Control of the Ministry of Health of Ukraine, Alliance for Public Health, and All-Ukrainian Network of People Living with HIV.

A characteristic feature of this program as compared to any previous programs is combining AIDS and TB components. Like in the previous years, the biggest share of funding – 68% – is aimed at fighting AIDS. At the same time, the Global Fund decreased the scope of its funding as compared to two previous years, counting on the increase in the funding of HIV and TB prevention and treatment activities from the state budget of Ukraine.

## 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 mostly affected by the HIV and TB epidemics.
3. To strengthen community systems that enable needs-based, cost-effective and integrated interventions for key populations mostly affected by the HIV and TB epidemics.

### Financial Support:

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

### Principal Recipients:

*Ukrainian Center for Socially Dangerous Disease Control of the Ministry of Health of Ukraine, Alliance for Public Health, All-Ukrainian Network of People Living with HIV*

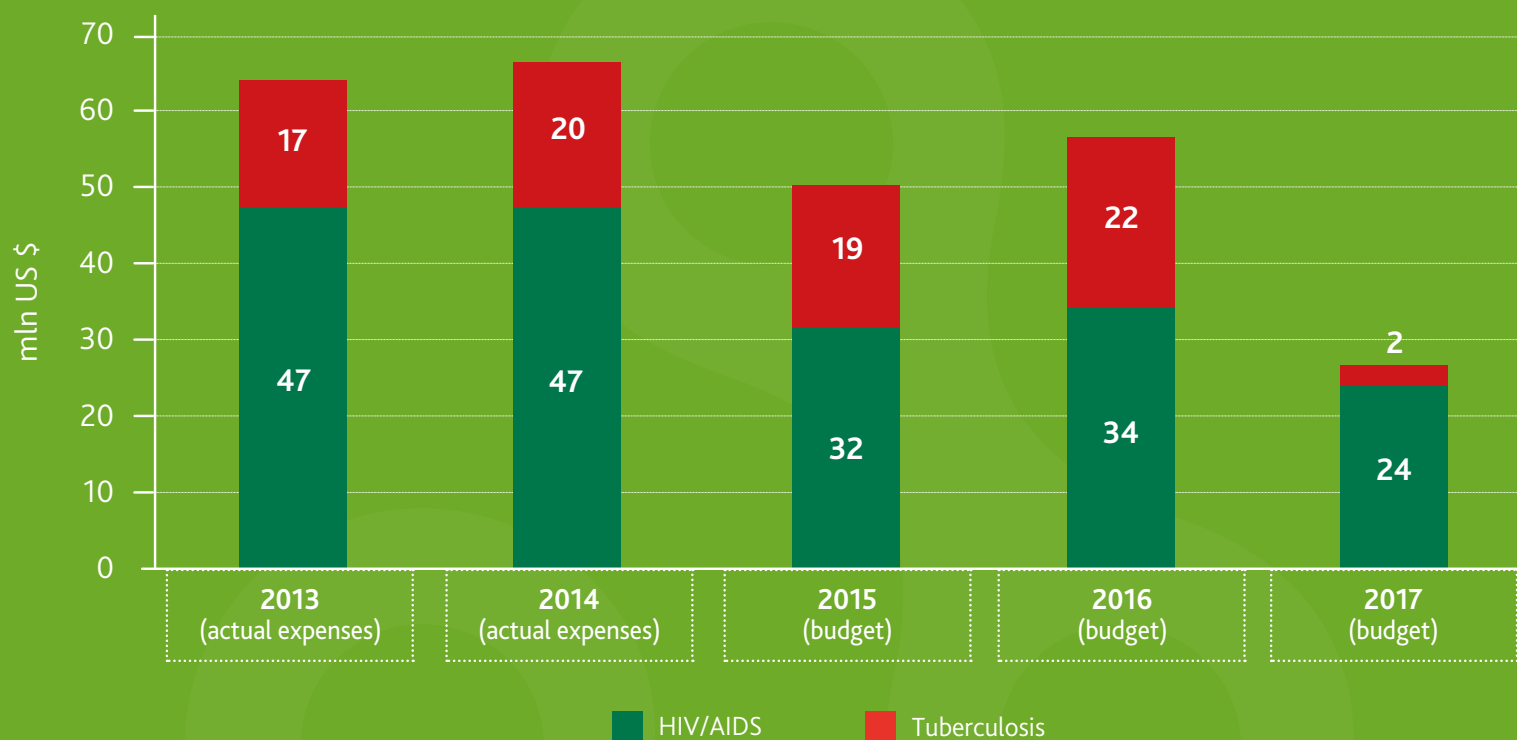
### Implementation Period:

*2015–2017*

### Alliance share:

*\$ 68,799,281*

## Funding Granted by the Global Fund for HIV/AIDS and Tuberculosis Response Interventions in Ukraine



Alliance for Public Health is responsible for implementing the following components within the above-mentioned program:

- HIV prevention among people who inject drugs
- HIV prevention among sex workers
- HIV prevention among men who have sex with men
- Supporting communities to ensure active TB case finding in most-at-risk populations
- Medical and social support and forming adherence to multidrug-resistant tuberculosis treatment
- Medical and psychosocial support of OST clients



## New Model of Grant Administration

Starting from January 2015, the Global Fund to Fight AIDS, Tuberculosis and Malaria has provided support to Ukraine using a newly adopted funding model. According to the new procedure, subgrant management is administered through a joint subgrant division for key recipients: the Alliance and the Network. This move created the ability to simultaneously announce one competitive tender process for different services related to prevention, non-medical care and support, to avoid double financing when it comes to administrative and program expenses, employee compensation, as well as to streamline workloads for programmatic and finance personnel of the principal recipients. The key organizational changes related to the programmatic process are linked to the provision of medical services, including diagnostic testing for HIV and hepatitis, and cutting back on the funding for prevention per client reached. The grant resources (funds, prevention materials) were first and foremost directed to the regions with low coverage of key populations and upward trends in HIV infection rates.

## ACHIEVEMENTS IN 2015

### HIV Prevention among Vulnerable Populations

During 2015, the Alliance provided uninterrupted access to a comprehensive package of prevention services for populations at highest risk of HIV (PWID, SW, MSM). The comprehensive package of services includes a list of basic services made available to all target groups, and standard services designed to meet the needs specific to each particular target group.

### 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.



The following approaches were adopted to provide prevention services for key populations **at the time and location convenient to patients**:

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

## INNOVATIONS

### Assisted Testing

In order to ensure that rapid testing services continue to be provided, Alliance specialists developed a new service delivery model called "Assisted Testing," as well as a training module, guidelines for social workers explaining how the new testing model works, and a checklist for clients. During the first six months of the year, 11 training workshops were conducted with financial assistance from the RESPOND Project. The workshops were designed for social workers and focused on how to work with clients and use rapid tests for HIV, viral hepatitis, and STIs as part of harm reduction projects. The number of participants receiving the training totaled 279. After completion of the training, all participants went back to their organizations and in their turn conducted mini trainings for other NGO staff. Throughout the period, 31 training events were conducted, and 241 more people were additionally trained. All staff currently involved in implementing this intervention and assisting in testing project clients have undergone training either through the programs organized by the Alliance or the mini trainings provided in NGOs.

# 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:

- The Alliance delivered technical and financial support for **63** community-based organizations, which provided people who inject drugs with access to prevention services.
- **212,817 PWID** reached with a minimum package of services, which accounts for **69% of the estimated population of PWID**. The coverage of service provision is up 8% compared to 2014.
- Programming activities extended all over Ukraine, including AR Crimea, and the areas of the Donetsk and Luhansk regions outside the control of the Ukrainian Government.
- **19.4 million** syringes and **4.8 million condoms** (including female condoms) distributed.
- **149,473 PWID** screened for HIV using rapid tests, with **3,313** people testing positive, which is 52% higher than in 2014.
- **29,477 tests** for HCV conducted among PWID, with **6,131** people testing positive (**21%**).
- **22,078 PWID** reached with the minimum package of prevention services (**10%** of the entire population reached) through **97** pharmacies.
- **102,296 TB screening sessions** were conducted among PWID to ensure early case finding, with **7,282** patients receiving positive results based on the survey questions; **4,929** persons sought testing, **239** had their TB diagnoses confirmed (**5%** of all clients screened), **204** started treatment (**85%** of those with a confirmed diagnosis of TB).
- **1,376,641** counseling sessions conducted by social and medical workers.



IN 2015, 27 MOBILE  
CLINICS IN 21 REGIONS OF  
UKRAINE WERE PROVIDING  
SERVICES TO CLIENTS



## MOBILE CLINICS

Mobile clinics allowed 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.

## KEY ACHIEVEMENTS:

- 27 mobile clinics operating on an ongoing basis in 21 regions of Ukraine.
- New clients reached with the minimum package of prevention services:
  - **7,525 PWID** (14.2% of total new PWID reached);
  - **1,743 SW** (22% of total new SW reached);
  - **483 MSM** (6% of total new MSM reached).

## TESTS CONDUCTED FOR THE DISEASES BELOW:

### HIV

- **38,202 PWID** (18.6% of total PWID tested), 622 positive results;
- **13,190 SW** (37.2% of total SW tested), 62 positive results;
- **1,474 MSM** (4.4% of total MSM tested), 17 positive results.

### HBV

- **3,920 SW** (48% of total SW tested), 100 positive results.

### HCV

- **6,553 PWID** (22.2% of total PWID tested), 1,203 positive results.

### Gonorrhea

- **2,317 SW** (49.6% of total SW tested), 56 positive results;
- **102 MSM** (11.8% of all MSM tested), 2 positive results.

### Chlamydia

- **2,153 SW** (50.4% of total SW tested), 114 positive results;
- **98 MSM** (10.7% of all MSM tested), 1 positive result.

### Syphilis

- **5,818 SW** (48.3% of total SW tested), 89 positive results;
- **564 MSM** (9.2% of total MSM tested), 12 positive results.

## MOBILE CLINIC IN ZHYTOMYR

Perspektiva CBO received a mobile clinic in December 2014. Until that moment, prevention efforts had been carried out in other cities of the region only in a limited scope, by one or two local outreach workers. The organization was finally able to reach remote areas of the region, where no community-based organizations offer relevant services, even though the spread of HIV there remains a critical concern.

*"So we started to make regular trips to Cherniakhiv, the administrative center of the district," says the social worker Olena. "There are quite a lot of drug users here, who know by now that we come over on scheduled days, and they can test for HIV, and pick up the supplies we hand out. In recent times, there has been an increase in positive results of HIV tests. Many people think they live in the twenty-first century but they have zero knowledge when it comes to HIV prevention and treatment. Our clinic on wheels helps out a lot in closing this gap."*

Oleksandr, who was visiting the clinic regularly last year, confirms those words. He was tested for HIV twice: *"It's good they come. At least there's someone who treats us like human beings, and understands we're stuck with a problem, which must be addressed. I come here regularly and bring my friends. They give us leaflets to read and learn."*

The mobile clinic makes it possible to access hard-to-reach populations, as only few clients would travel to the regional center for prevention services. As it is, social workers and physicians from the regional AIDS Center may visit the residential areas where the need for services is greatest.

*"When the mobile clinic finally made it to Zhytomyr, we were so thrilled with the news," says Oleksii Kotvytskyi, Director of Perspektiva. "We'd studied the map to figure out how to reach different locations: Berdychiv, Irshansk, Novohrad-Volynskiy, Malyn, Korosten, Radomyshl... We tested out the routes during the first few months, looked at the numbers of clients, made some changes and adjustments. Only few clients can visit us at the office, go to the hospital, nor do social services do good work everywhere, and we are working to broaden the geographical coverage of service delivery. In Zhytomyr everybody knows about us by now. The good thing is that we have good rapport with the regional AIDS center, as the project has no medical worker on staff at the moment. With this arrangement in place, with approval from management, we have a nurse travelling with us from time to time, who can offer professional medical advice. We currently slightly shift our focus to new clients, and this often leads to new positive test results."*

This opinion is shared by the chief physician of Zhytomyr Regional AIDS Center, Yuri Halinskyi: *"I believe in active collaboration with CSOs. This explains why we succeed in achieving our objectives – we are doctors, but patients often need social support services. CSOs are much more flexible in this respect, since they commonly employ people who know the problem from their own experience. Such specialists make much better counselors than regular doctors. The mobile clinic helps us a lot, it assists us in providing counseling and testing. Our nurses travel to project sites from time to time, and we often take advantage of this opportunity to combine testing with awareness-raising efforts. A short time ago, our clinic on wheels travelled to one site for CD4 cell count tests. We have established a time schedule for our visits to the rural locations. For example, there's no CSO working in Malyn, opening up an OST site is a big problem, and the demand for services is high."*





## COMMUNITY INITIATED TREATMENT INTERVENTION (CITI), EXPERIENCE OF VERTIKAL FOUNDATION (KYIV)

*"We have long been supporters of this approach, long before specialized projects emerged on the scene. This methodology is unique, it brings together all the efforts we focused on before – harm reduction, care and support, opioid substitution therapy. Before that, when clients were enrolled into care and support programs, often we were not aware they had received prevention services. It was not all plain sailing from the start. Both Alliance program employees and our staff had to put in hard work to make it happen. However, it can be asserted that in 2015 we came as close to perfection as possible, which is evident from how our performance indicators reached or even surpassed the planned targets. Obviously, we experience failure at some point or another, but it quickly fades from our memory when we see a former client, who once came to us with a heap of problems, and hear him or her telling you about finding a job, earning money, and feeling good.*

*Every patient is a different story. Often it's a person who's seen nothing but poor treatment, and, coming here, they expect the same of us. But over here, it's a different world. We try to build a good rapport with our clients, show understanding – this goes a long way toward earning their trust and helping them open up to us. Each client needs a different approach. Sometimes, the most effective strategy is to get them into a fast-paced, intensive crisis intervention. You go full force and then slowly back off. Some clients only need prodding, while others really need long-term assistance. We try to keep track of all the nuances.*

*Over the past year, we reached nearly 300 clients who came to us through different channels. Most of them come from harm reduction projects, after receiving a positive HIV test result, or from SEPs. The key task of outreach workers is to motivate and direct them. A third of them are so-called "dead-end cases" – the clients who have been registered with AIDS centers long time ago but who haven't shown up. We try to get hold of them one way or another. Or they are project clients who have known their status for a long time, but refuse to get registered. It's quite a job hunting them down and convincing them into cooperation.*

*There are a host of reasons why people refuse to get registered and be treated. These may include big distance between client and society, self-stigma, and a lack of faith in positive changes. Most of them come with the confidence that no one would ever help them. If someone knocks on our door, be sure they have a problem. Ideally, case management should be provided for everyone who finds out about their HIV status, but that's for the future.*

*A client comes in when he or she is diagnosed with HIV. Then they get tested and examined, and, if required, treated and monitored. Our task is to explain why it's important for them to be registered, tell them why treatment is a must, as each one of them is bound to go through it sooner or later, anyway. Standards are changing, only a short while ago we were saying that the later you start on ART the better. Now, the approach is totally different, and we must adapt. We started out counseling focusing on one strategy, and now we must shift to another. But the best thing is when clients stay in touch. Then you feel that your efforts are not wasted."*

**Olena Slomynska, Project Manager (PWID), CITI Coordinator, Vertikal**

### CLIENT'S OPINION:

*"I wasn't aware of my HIV status thinking it was just some minor health problem. But when I took the test, it came back positive. I was also diagnosed with other conditions, and they sent me to see a social worker. She looked at that long list and said, "We'll pull you out of this." Thank God, I ended up having only HIV. Now I'm in better shape. It's a good thing to know where to turn to for help, where you can get answers to all your questions."*

**Dmytro, 45, patient of the AIDS Center**





CASE MANAGER AT WORK  
(VERTIKAL FOUNDATION, KYIV)

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

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 targets HIV-positive clients of harm reduction projects who have found out their HIV status only recently, or those who have known it for a long time but who are not in therapy. This intervention provides support to HIV-positive PWID through a case manager 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 checkups) and, if needed, timely start on ART. Since CITI is primarily focused on ensuring that ART is prescribed and short-term support is provided to build patient adherence to treatment (during 6 months at the longest), once finished, clients are referred to care and support projects.

### KEY ACHIEVEMENTS:

- Services provided for **35 projects**.
- Individual case management provided to **3,982 HIV-positive PWID**.
- **2,054 drug users** registered with AIDS centers, 1,546 started ART in 2015.
- Total number of HIV-positive PWID registered through NGOs' assistance for medical monitoring and follow-up grew up **23%** as compared to 2014.



NEW CHALLENGES IN SERVICES FOR SEX WORKERS,  
CONVICTUS UKRAINE

The NGO employees point out new trends in providing services to sex workers (SW) in Kyiv. While in 2014 no significant changes were recognizable in this field, 2015 marked a large influx of girls from the areas affected by the military conflict in eastern Ukraine onto the streets of the capital. Normally, they stand separately, in a group, and only rarely go to clients on 'outcalls,' as most of them are drug users. Social workers point out that there has been an increase in positive test results for HIV, hepatitis, and STIs in the past year. Only during the last two months of the reporting year, 4.5% of all SW tested on the streets were found to be positive, while this figure for SW working in apartment settings was 3.3% against 1%, which was previously recorded as the average rate.

*"Our organization has been working with sex workers for more than 10 years," says Yulia Tsarevska, who works at Convictus. "Now we are facing a new set of challenges. This includes an increase in HIV cases and a changing circle of clients, which is correlated with their aggressiveness. Now we tend to deal with more girls who have suffered violence and turn to us for help. Basically, the events of the last year showed that we again need to reconsider the areas to focus our efforts on. If lately we have noticed fairly safe behaviors in SW (as we had been training them for years), be it testing or condom use, which they did, no questions asked. Now, for one thing, when we need to build on this and go further, a lot of*

*new issues of urgent concern have come up. For example, every other girl asks questions about how safe oral sex actually is. Their attitudes toward violence have changed, they have become more assertive in standing up for their rights, learned how to say no to clients they don't want to work with. The great thing is that their exploitative and "it's all about me" attitudes toward our services, which we used to observe before, are now going through a transformation. We remind our female clients that prevention projects last only for a while, and so they must learn how to be self-reliant and get by on their own, and at this point assisted testing came in handy. They began to pay more attention to their health. We write down the due date for the next test on their cards, and they come running to their social worker without further prodding saying it's about time. If you take a look at our work over time, there's a world of a difference between now and then. The girls have changed, and they are beginning to show interest in things. They have started to care for their own health needs. On the other hand, almost all of the new girls have addiction issues. They stand out on the street, as no one would take a girl like that to work in an apartment-based setting, and the risks out there are high. Once again, we're turning back to the problems we'd solved and left behind – drug dependence among SW, low-threshold services. It's difficult to get new girls registered for follow-up, as they migrate back and forth, and have no residential registration. They have a minimum level of knowledge about prevention and safe sex. You need to go back to square one and start from scratch."*

# 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:

- **36,943 SW** reached with the minimum package of prevention services in 2015, which accounts for 46% of the estimated population of SW. Target achievement level – **113%**.
- **6.3 million condoms** (including female condoms) distributed.
- **27,568 SW** screened for HIV using rapid tests, with **209 clients** receiving positive results, **70 SW** registered for medical monitoring and follow-up, and **25** started on ART.
- Access to STI diagnostic testing provided with the following tests conducted:
  - **12,039 tests for syphilis**, 152 positive results (1.3%);
  - **4,667 tests for gonorrhea**, 90 positive results (1.9%);
  - **4,274 tests for chlamydia**, 205 positive results (4.8%);
  - **8,170 tests for HBV**, 212 positive results (2.6%).
- **17,019 screening surveys** of SW conducted for early TB detection, with **433** positive results based on the survey questions; **251** persons showed up for testing, **6** had their TB diagnosis confirmed (**2.4%** of those tested), **5** started treatment (**83%** of those with confirmed TB diagnosis).
- **178,063** counseling sessions conducted by social and medical workers.

# BEST PRACTICES

## EXPERIENCE OF WORK WITH MSM, NGO “DOPOMOZHY ZHYTTIU”

NGO “Dopomozhy Zhyttiu” (Help Life) is somewhat different from standard projects working with MSM. Its follow-up, care, and support services are primarily provided to HIV-positive MSM. In 2014, the organization became a grantee of Alliance for the first time, and started to additionally provide counseling, assisted testing, and online outreach services. After logging on the website: <http://helpthelife.org.ua/>, anyone may sign up for and take a test under conditions of maximum confidentiality (there is even a separate entrance to the testing room within the premises of the organization).

As pointed out by the organization's staff, HIV status for MSM is an extremely sensitive issue, as, due to their sexual orientation and HIV status, they have to contend with dual stigma. For this reason, it is important for them to be able to take a test and receive counseling from a specialized organization where the majority of clients are infected with HIV just as they are.

*“I found out I could get tested here from my friends. Before that I was involved with another organization, but I never dared to take a test there. Over there, HIV-positive and negative people were all together. Somehow, they didn't pay too much attention to this. While, over here, as I realized, anyone I see is HIV-positive. I'd had my suspicions about my status, as I'm in a high-risk group, and that was what my intuition was telling me, too. But I was trying to find a place where nobody knows me. I got myself prepared, spent a night surfing the Internet, and then I was taken on by this social worker, who took me through the process... The good thing is that the staff here are well-informed about this range of problems. This helps out a lot. There's nothing to fear here, nothing to hide or hold back. We share our feelings and experiences in group meetings. In other settings, I have to hold it all in.”*

**Client of the Organization**

Another thing that sets NGO “Dopomozhy Zhyttiu” apart from other organizations is that they have the capability to conduct tests for discordant couples. Many clients bring their partners for testing, which demonstrates a progressive approach to organizational performance. This improves health awareness among both regular clients and people around them.

*“My story is ordinary enough: I got tested, found out my status, got officially registered for follow-up, and now I get services. I'm living with a regular partner, he's HIV-negative. He comes here to re-take the test once every three months. Right after the test, when I found out I was HIV-positive, it was hard to get adjusted and accept the situation. But things evened out a little once I talked it over with the staff. I realized life goes on. I explained it to my partner, and we decided to go about it the way we would deal with any other chronic health problem. Getting support is what matters most for me here, feeling that you're not alone in the world, that there are people like you living long and normal lives with the same diagnosis.”*

**Client of the Organization**





IN 2015, 32,959 MSM  
WERE COVERED WITH THE  
MINIMUM PACKAGE OF  
PREVENTION SERVICES



## 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.





25,802 MSM WERE  
TESTED WITH RAPID  
TESTS FOR HIV

## KEY ACHIEVEMENTS:

- **32,959 MSM** reached with the minimum package of prevention services, which accounts for **25.6%** of the estimated population of MSM. Target achievement level – **108%**.
- **2.4** million condoms (including female condoms) distributed.
- **25,802 MSM** screened for HIV using rapid tests, with **286** positive results, **175** MSM registered for medical monitoring and follow-up, and **25** started on ART.
- Access to diagnostic testing for STIs provided and the tests conducted:
  - **6,154 tests for syphilis**, 84 positive results (1.4%);
  - **866 tests for gonorrhea**, 10 positive results (1.2%);
  - **919 tests for chlamydia**, 9 positive results (1%).
- **18,282** screening surveys of MSM conducted for early TB detection, with **54** positive results based on the survey questions; **33** MSM showed up for testing, **5** had their diagnosis as TB-positive confirmed (**15%** of those tested), **4** started treatment (**80%** of those with a confirmed diagnosis of TB).
- **96,833** counseling sessions conducted by social and medical workers.



IN 2015, DAY PROBATION  
CENTER IN POLTAVA CITY  
DEPARTMENT OF THE  
INSPECTORATE FOR CRIMINAL  
OFFENSES AND PENALTIES  
CONTINUED ITS OPERATION



## WORK WITH THE INSPECTORATE FOR CRIMINAL OFFENSES AND PENALTIES

2015 was a difficult year for prevention work with a focus on HIV/AIDS, TB, viral hepatitis, and STIs among persons having a record with the Inspectorate for Criminal Offenses and Penalties (ICOP) of the State Penitentiary Service of Ukraine. On the one hand, as the grant program of the Global Fund, based on the new funding model, got underway (in the face of severe funding cuts), Alliance was compelled to revise its approaches. As of January 1, 2015, regional divisions of the ICOP were integrated into the partner NGOs' projects, as one of the potential fixed locations for the delivery of services to PWID, while prevention efforts that target all vulnerable populations were enhanced with mandatory early TB detection activities. On the other hand, the geographical coverage of service delivery focusing on ICOP-led harm reduction was even expanded to include another three regions. In 2015, the services were offered in 12 regions of Ukraine (city of Kyiv, Kyiv, Kirovohrad, Zhytomyr, Donetsk, Dnipropetrovsk, Mykolaiv, Odesa, Poltava, Sumy, Kharkiv, Cherkasy oblasts) by 86 district divisions of the ICOP, through 18 NGO-based partners, including work carried out by the divisions located in the non-controlled areas of the Donetsk region (Donetsk, Horlivka, Makiivka). During 2015, according to the SyRex database records, harm reduction services provided via regional divisions of the ICOP reached 5,472 PWID. Two day probation centers continue to operate in Poltava (Poltava Interdistrict Unit of the ICOP) and Dnipropetrovsk (Zhovtnevyi District Unit of the ICOP). In order to meet the annual needs related to prevention work 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 from the U.S. Agency for International Development were provided.

## In 2015, the long-awaited Law on Probation in Ukraine was finally adopted and came into force, allowing to:

- 1) Create a framework for alternatives to incarceration and develop correctional probation programs for people with substance abuse issues and other populations vulnerable to HIV;
- 2) Change approaches to project work with clients (previously referred to as “prisoners”);
- 3) Introduce concepts such as “case management”, “individual needs and risks assessment,” “probation volunteers”;
- 4) Enhance probation offices' staffing structures with social workers, psychologists, and specialists working with juvenile offenders, thus closing the gap and coming closer to the capability to provide clients with prevention services to protect against serious diseases;
- 5) Strengthen cooperation with non-government organizations.

With this agenda in mind, in 2015 Alliance, in collaboration with the ICOP, CO “Svitlo Nadii,” and DVV International, brought out the handbook “Methodological Guidelines for Probation Service Officers. Case Management in Work with Prisoners” (first such publication). This resource is designed to help integrate effective HIV-service approaches into the work of government agencies' specialists.



## OST HOTLINE

While in the first six months of 2015 this service continued to operate as the All-Ukrainian OST Helpline providing information and counseling to clients, in the second six months of the year, starting from July 1, in response to the vision of Alliance employees and significant public demand for extensive expert intervention and further follow-up for strategic cases, the service was transformed into the National OST Hotline with a focus on counseling and advocacy.

In 2015, hotline counselors delivered **2,415** counseling sessions (for **1,539** male and **876** female clients) on OST and related topics. Appropriate follow-up was provided for 64 strategic cases.

Hotline counselors continue to coordinate and offer expert advice and guidance to OST clients from among forced migrants from Crimea and the Donbas, who are or would like to become participants in the Alliance-supported humanitarian project (528 counseling sessions provided). Nadiia ta Dovira Charitable Foundation, which has provided the support to keep the hotline project running for many years, is an organization that unites OST patients' parents and family members. Unfortunately, due to reduced funding, no efforts were made in 2015 to mobilize new activists from among patients' parents and support the established initiative groups. Nonetheless, the existing network of patients' parents and family members keep their communications going via the hotline. In 2015, the National Hotline launched its page on Facebook as well as its website ([osthotline.in.ua](http://osthotline.in.ua)). This assisted in capturing a new audience and further increased the volume of OST advice and guidance requests in addition to improving public awareness of OST, and in helping to respond to problem situations. Nadiia ta Dovira Charitable Foundation signed a Memorandum of Cooperation with the Center for Socially Dangerous Disease Control of the MoH of Ukraine, and posted a banner advertisement and related information about the hotline on their website. In addition, it began to partner with the Secretariat of the Ukrainian Parliament Commissioner for Human Rights in order to respond to human rights violations that affect OST patients, as well as with the Office of the Inspector General of the Global Fund to Fight AIDS, Tuberculosis and Malaria as part of the international anti-corruption campaign, 'Speak Out,' seeking to prevent bribery and human rights violations that limit drug users' access to harm reduction and OST programs.





PATIENT AT THE OST  
SITE IN ZHYTOMYR

## OPIOID SUBSTITUTION THERAPY

### KEY ACHIEVEMENTS:

- 8,512 patients provided with OST (as of Jan. 1, 2016), out of which 7,604 clients (85%) were on methadone substitution treatment, and 908 clients (15%) – on buprenorphine substitution treatment. Among those mentioned above: those infected with HIV – 42% (61% of them being on ART), TB – 16%, HBV – 18%, HCV – 56%.
- More than 340 patients in 14 regions of Ukraine provided with OST medications on a regular basis by doctor's prescriptions. In 14 regions, the home care program was implemented involving 155 patients, including those who picked up their OST medications right at health care facilities for unsupervised use.
- The practice based on the use of a digital dose dispenser and liquid methadone as part of the OST procedure expanded in three health care facilities located in Dnipropetrovsk and Kyiv. A total of 298 OST patients were provided with access to liquid methadone.
- Case management provided with a focus on ensuring comprehensive service delivery covering both medical and social aspects. Within this model, the social worker acts as a bridge between OST patients and services (testing and treatment for HIV, TB, viral hepatitis, issuance of new identity documents, assistance with employment needs, dealing with applications for pension benefits, awarding disability benefits, etc.) Case managers' efforts in 2015 led to an increase in the percentage of HIV-positive OST patients who receive ART from 56.5% to 60.7%.
- In December 2015, appropriate changes were made to Order No. 200 of the MoH of Ukraine. The new provisions of this document significantly facilitate OST patients' access to medications being dispensed on doctor's prescription, and those dispensed for unsupervised use, which improves patient retention in OST programs.

# PROGRAM BASED ON THE USE OF ALERE PIMA PORTABLE ANALYZERS FOR MEASURING CD4 LYMPHOCYTE COUNTS IN MOST-AT-RISK POPULATIONS (PIMA PROGRAM)

**Partners:** Center for Socially Dangerous Disease Control of the MoH of Ukraine (UCDC), American Society for Microbiology (ASM), and U.S. Centers for Disease Control and Prevention (CDC).

Thirty Alere PIMA portable analyzers were distributed between 17 regions of Ukraine and the city of Kyiv, and used by health care institutions (1 UCDC reference lab, 17 regional and municipal AIDS centers, 6 general hospitals, 4 medical units of the Penitentiary Service of Ukraine, 1 mental health center), as well as by mobile clinics. The collaboration was organized between HCIs and NGOs as part of the PIMA Program to ensure wider access to CD4 lymphocyte count testing (tests for CD4 cell counts) for most-at-risk populations.

CD4 testing services were provided to individuals belonging to most-at-risk populations who met the following eligibility criteria:

- Tested positive for HIV for the first time in their life;
- Living with HIV without being under medical supervision;
- Living with HIV while being under medical supervision but not on ART.



## KEY ACHIEVEMENTS:

- Over **12,000** CD4 tests conducted in 2015.
- 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, **62%** of all clients tested were placed under medical supervision.
- Thanks to the PIMA Program, the average length of time between the test performed using the Alere PIMA CD4 analyzer and the ART prescription was **15 days**.
- Five training workshops were conducted with the support from ASM for about 100 specialists including heads of laboratories from regional AIDS centers, nursing staff, laboratory technicians, and NGO-based case managers. The training was designed to ensure quality testing services based on the use of Alere PIMA CD4 analyzers, as well as effective implementation and monitoring of the PIMA Program.
- In October 2015, an external quality assessment was conducted through the concerted efforts of Alliance, UCDC, ASM, and CDC to evaluate the accuracy and precision of testing performed using PIMA CD4 analyzers: out of 29 participants (PIMA sites), 1 PIMA site was not involved in the external assessment due to the breakdown of the PIMA analyzer. The accuracy (correct test results) demonstrated was at **93.1%**.
- The use of portable analyzers facilitated improved access to CD4 testing, early medical supervision, and substitution therapy programs for most-at-risk populations.

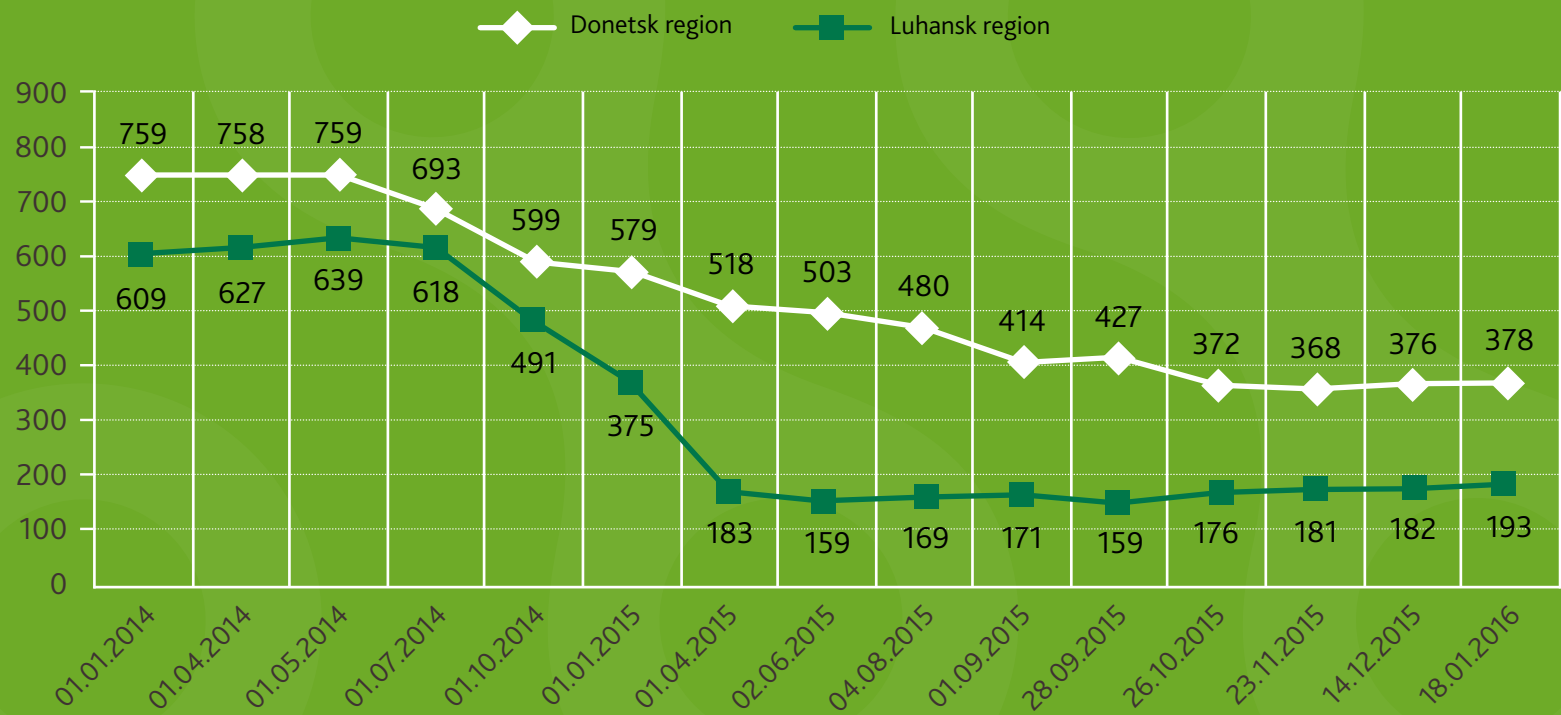


# CHALLENGE AND SUCCESS STORY: ALLIANCE'S ACTIVITIES IN THE AREAS OF MILITARY OPERATIONS

Key Trends of 2015 in the Delivery of Prevention and Treatment Services  
in the Areas not Controlled by the Government of Ukraine:

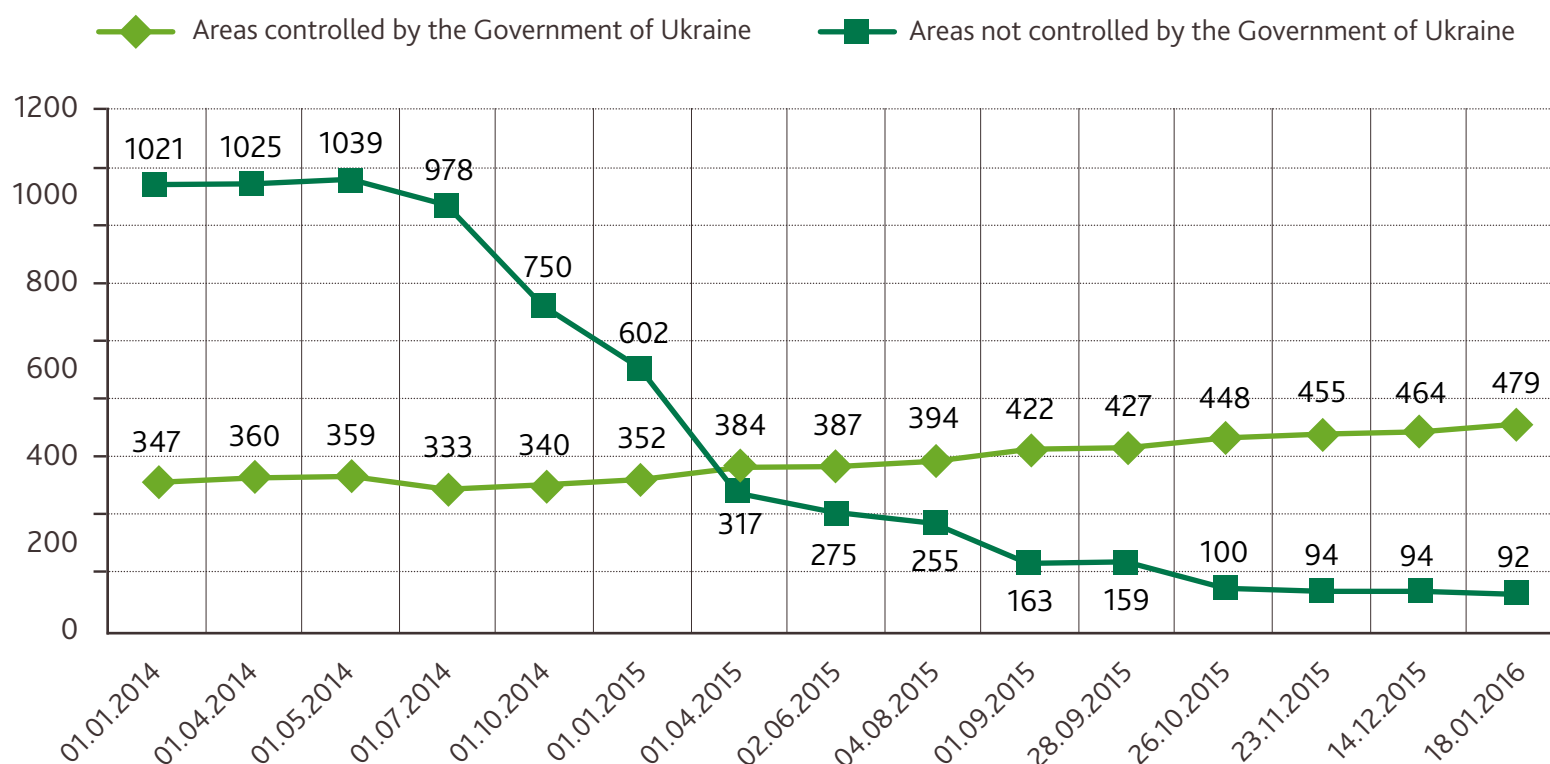
- The Alliance-supported HIV/AIDS prevention programs continue to operate in the areas, which are outside control of the Ukrainian Government, with coverage of over 25 thousand clients from the most vulnerable populations accessing project services.
- Serious problems with delivering HIV and TB drugs to these areas have repeatedly exposed nearly 8,000 HIV-positive patients to life-threatening situations.

Dynamics of Change in Total OST Patients in the Donetsk and Luhansk Regions



- In 2015, more than 500 OST patients had to interrupt their treatment (over 900 people since the start of hostilities in May 2014) through the “LPR” authorities’ ban on the programs, running out of medications in the areas controlled by the ‘DPR,’ and bureaucratic constraints imposed by the Ukrainian Government.
- The majority of international humanitarian organizations, which had previously helped Alliance in delivering medical supplies and consumable materials to the occupied territories, had to close down and leave due to a ban on their activities established in the form of an ultimatum. Only in December 2015 were the deliveries of anti-TB drugs resumed.

## Dynamics of Change in Total OST Patients in the Areas of the Donetsk and Luhansk Regions Within and Outside the Control of the Ukrainian Government



## HIV Prevention: Harm Reduction Programs

Alliance continues to support HIV/STI prevention projects for vulnerable populations through 11 local partner NGOs in Donetsk and Luhansk oblasts, out of which five operate in both controlled and non-controlled areas, and two – only in non-controlled areas. The minimum package of HIV/STI prevention services is provided to project clients in all service delivery sites of Donetsk and Luhansk oblasts. Appropriate performance indicators related to the coverage of PWID, SW, and MSM with the minimum package of services are fully achieved.

## Coverage of populations vulnerable to HIV with harm reduction services in 2015\*

Oblast	PWID		SW		MSM	
	Plan	Actual	Plan	Actual	Plan	Actual
Donetsk oblast	27,799	29,870	1,474	1,807	1,084	1,143
Including areas not controlled by Ukraine		13,613		801		320
Luhansk oblast	8,009	9,481	704	857	-	-
Including areas not controlled by Ukraine		7,169		857		
<b>TOTAL</b>		<b>39,229</b>		<b>2,664</b>		<b>1,143</b>
<b>Including areas not controlled by Ukraine</b>		<b>20,733</b>		<b>1,658</b>		<b>320</b>

\* The overall figures show total persons (not visits), who receive prevention services in different organizations/regions.

## Rapid testing for HIV and STI

Oblast	HIV tests	Positive results	STI tests	Positive results	Screening for TB	Positive results	TB diagnostics
Donetsk	33,849	313	6,253	929	17,534	1,765	1,046
Luhansk	10,633	185	1,839	447	7,580	980	931



Clients highly appreciate it that they are not left alone in this difficult situation, and that prevention services continue to be provided, as there is no one else out there, except for employees of HIV-service organizations, to do anything about their needs. Quotes taken from conversations with clients:

*"Thanks so much for not leaving us alone"*

*"No one here cares one bit about us, except for the organization"*

*"But for the NGO staff, we wouldn't know how to survive"*



## PROJECT ACTIVITIES IN THE ANNEXED CRIMEA

There are three partner organizations in Crimea that continue delivering services related to HIV and STI prevention as well as early TB detection in the most vulnerable populations: CF "Nadiya ta Poriatunok," NGO "Youth Center for Women's Initiatives," and NGO "Tvoia Peremoha."

In 2015, **11,090 PWID**, **2,688 SW**, and **1,175 MSM** were provided with the minimum package of services within the Crimean prevention projects. **7,478 clients** accessed services for early TB detection. **499 persons** received positive screening results and were referred to local health care providers. Nine of them were diagnosed with TB. **8,648 clients** were tested for HIV using rapid diagnostic tests, **79 PWID** and **2 SW** got positive test results. The percentage of clients who turned to AIDS centers for confirmatory HIV testing when their rapid HIV tests came back positive was 88%. 68 PWID were registered with AIDS centers for monitoring and follow-up.

Given the situation in the Crimea, consumable materials (syringes, condoms, lubricants, rapid test systems, etc.) for prevention activities are purchased by the Crimean partner organizations. Alliance provided necessary technical support and advice for their capacity building in the field of procurement through competitive bidding processes. In the course of 2015, Alliance representatives made two monitoring visits to the Crimean NGOs. Technical support and expert assistance were provided during the visits. In addition, the service quality assessment was performed, and prevention project data reported by the NGOs for the Crimean Peninsula were verified.

# SUPPORT OF OST PATIENTS – FORCED MIGRANTS FROM CRIMEA AND SEVASTOPOL AND IDPS FROM THE AREAS OF MILITARY CONFLICT IN EASTERN UKRAINE

## The goal of the Project:

Ensuring a continuum of services related to opioid substitution therapy, HIV and TB treatment for OST patients from the Crimea, Sevastopol and the areas affected by the military conflict in eastern Ukraine. If required, such services may be provided as assessment and diagnosis of opiate dependence, identifying the dosage of OST drugs, diagnosis of HIV/TB (for patients arriving without previous test results), additional medical testing, examination and treatment prescribed by medical doctors as clinically indicated.

From the very beginning, the project was aimed not only at allowing patients to continue life-saving treatment and supporting them in the first months after relocation (with coverage of accommodation expenses for project participants, distribution of food and hygiene packages, round-the-clock social support by regional project coordinators), but also was to facilitate their integration into local communities (legal paperwork to receive social benefits, in particular for child care, disability benefits, employment assistance, etc.).

## KEY ACHIEVEMENTS:

- **212 persons in 8 regions** of Ukraine reached with project efforts as of the end of 2015. Out of them: 118 clients from military conflict areas of the Luhansk oblast, 84 – from military conflict areas of the Donetsk oblast, and 10 – from the Crimea.
- Thanks to access to the services offered, **94%** project participants were registered as forced migrants, **42%** – provided with permanent or temporary employment, **19%** – provided with pensions (disability benefits), **5%** – provided with government child support payments, with children enrolled in preschool or school programs, etc.



CLIENTS OF THE PROJECT  
IN DNIPROPETROVSK

- The project expanded to cover **14 cities** (17 OST sites) in 8 regions. For the first time, the project included 7 sites located in the Ukrainian-controlled areas of Luhansk and Donetsk oblasts (including the new site in the city of Rubizhne (Luhansk oblast), which is expected to start operating after having the premises renovated and the necessary equipment acquired). The sites described above are among the most in-demand sites for forced migrants, accounting for **46%** of all project clients. Thanks to collaboration with the Departments of Health of the Luhansk and Donetsk oblasts, arrangements have been put in place to accommodate additional numbers of patients arriving from the areas of military conflict. These departments have issued directives to the effect that OST drugs should be redistributed between the region's service delivery sites, which are provided with appropriate supplies on a regular basis. The service sites of the Luhansk oblast have made arrangements for a seven- or ten-day supply of OST drugs to be dispensed to patients on prescription or right at the OST sites. In the Donetsk oblast, the approval process for the same arrangement is currently underway.
- Nearly **150 patients** provided with OST (without support from the designated projects) at the new places of residence (or after returning to their homes in the areas where active hostilities ended). If need be, treatment for HIV and TB is also provided.
- Since 2015, the practice has been to provide technical assistance and support for interior renovations and equipment acquisition for OST sites that operate within the Ukrainian-controlled areas of the Donetsk and Luhansk oblasts. Currently, the equipment has been purchased, the premises of the service delivery sites in Sloviansk, Kramatorsk, and Mariupol renovated, preparations for renovations in Lysychansk and Rubizhne completed.

## Financial Support:

*International Renaissance Foundation (until March 2015);*

*Pompidou Group of the Council of Europe (February – May 2015);*

*The Global Fund to Fight AIDS, Tuberculosis and Malaria (June 2015 – June 2016)*

## Alliance Funding:

≈ US\$ 750,000



# STORIES OF PROJECT CLIENTS



*"Originally, we come from Horlivka. We joined the substitution treatment program right before the war broke out. We were quite satisfied with things, and life was beginning to fall into place. We found jobs and even started to save up money. Just when our parents began to think things were going well for us, the war broke out, the shelling and all that. At first, we got by one way or another as long as we had enough medications, but when the supplies ran out, we were at a loss for what to do. We decided to move to the Ukrainian-controlled territory. How we got there is a separate story. All under our own steam, without travel permission documents... It was such a long journey, but now we're doing fine. Before the war, there were 350 clients at the OST site back in Horlivka, now the program is shut down, some people are already dead – their bodies started to break down on them, with overdoses and all..."*

**Volodymyr and Olena, OST patients, now living in Sloviansk**



*"I'm from Luhansk, and I've been on opioid substitution therapy since 2009. Until that time things were dismal. I had multiple previous convictions, run-ins with the police. Once I started on treatment, things began to improve. Everything was just great – the job, the family... I started a business. But when all that started to happen over here, we saw which way things were headed. The smarter ones packed up and left right away. They started to cut back on the dosage for us. Then the city was under siege, and all inbound shipments of medical supplies were halted. A lot of people left but I had a sick mother to look after. She needed my help and I stayed there the whole time. The site was working but it was a bumpy ride. When the doses were cut down to a minimum, I realized it was time to leave. That's how I made it to Dnipropetrovsk.*

*I had no job for six months, getting by on working for low wages here and there. Then I got to meet the director of a local community-based organization. At first I helped them out as a volunteer – designing a website, supporting their pages on social networks, taking pictures... Later on, a vacancy for the position of a social worker opened up at the site. Now I work with this organization. I like helping other people.*

*I'd like to stay here. Back in the LPR, life is no good. My family, my mother and sister, live there, but there's no place for me... Working as a social worker is a low-paying job, but it's still a job, so I'm planning to stay here. Life goes on."*

**Ruslan, OST patient, now living in Dnipropetrovsk**



*"We knew they were running out of the medications, but things had worked out fine until one day when they gathered us all together and announced that the site was closing down. The person on the hotline said we could relocate so I contacted the project coordinator and later moved to Kramatorsk. I like it here. They rented a convenient apartment for me, and are always there for us when we need help. You might not believe me but, even though this may look like an ordinary town to you, I get the feeling that the sun is brighter out here and it shines differently, or I don't know... I feel sorry for those who decided to stay back there. People understand they were wrong, but not everyone can summon up the courage to relocate. I was lucky..."*

**Oleksandr, OST patient,  
now living in Kramatorsk**

*"I was probably the first among the patients who relocated. On April 14, 2014 I came to Dnipropetrovsk. I come from Feodosia, which is in Crimea. When the talks just started spreading about possible OST problems and dosage decrease, I understood that one can hardly expect the things to improve, so I bought a ticket and went to Dnipropetrovsk. I rented a room and found a job. There was no program operating back then; later Alliance's assistance became available. I had an advantage and I was able to find a job – I am a teacher of English, I have many students and can organize my daily schedule in a convenient way. I brought my child from the Crimea, he goes to school. I got registered as an IDP and receive single mother's allowance... I am grateful to Alliance, they helped me a lot.*

*Those who remained in the Crimea are facing hard times. The survivors relapsed into street drug use, I actually do not know any people who managed to abstain. There were 75 patients at the Feodosia site prior to its closure, eight of them died, fate of others is unknown. I am trying to set up my life here. The program really helped me, I'll carry on. Everything is going to be alright..."*

**Irina, now lives  
in Dnipropetrovsk**



# ACCESS TO TESTING FOR VULNERABLE POPULATIONS

## KEY ACHIEVEMENTS:

### Activities:

- **24 trainings** for social workers and psychologists of civil society organizations, with **586 participants**;
- **14 trainings** to prepare specialists in innovative interventions implemented by Alliance:
  - Support of Clients during Rapid Testing for HIV, Viral Hepatitis, and STIs through Social Workers' Assistance as Part of Harm Reduction Projects (11 trainings);
  - Training Case Managers for Increased Access to HIV Treatment for KPs as Part of Harm Reduction Projects (3 trainings).
- 7 advance trainings for the staff of HIV prevention projects:
  - Counseling of PWID and SW on Sexual and Reproductive Health Issues in Harm Reduction Projects;
  - Infectious Diseases. Specifics and Prevention for Vulnerable Groups;
  - Safe Sex: Open Discussion;
  - Psychological First Aid for Acute Stress and Posttraumatic Stress Disorders;
  - Outreach Work with Hard-To-Reach Populations;
  - Developing Counseling Skills in Social and Outreach Workers.
- 3 trainings in organizational capacity of NGOs:
  - School of Leadership for Regional Community Leaders;
  - Fundraising for NGOs. Project Development. Dialogue with Donors;
  - NGO Project Management.





PARTICIPANTS OF THE TRAINING "SUPPORT OF CLIENTS DURING RAPID TESTING FOR HIV, VIRAL HEPATITIS, AND STI THROUGH SOCIAL WORKERS' ASSISTANCE AS PART OF HARM REDUCTION PROJECTS"

Based on the training results:

- Participants delivered 31 mini trainings for 241 staff members of their NGOs;
- Two training modules released: "Delivery of Prevention Services in Counseling Populations Vulnerable to HIV" and "Sexual and Reproductive Health of Women and Men Who Use Drugs or Engage in Commercial Sex"
- Classes on counseling developed for online platform [www.aidslessons.org.ua](http://www.aidslessons.org.ua)

## Financial Support:

*Civil Society Organization "The Initiative Center to Support Social Action "Ednannia", with technical support from the RESPOND Project*

## Implementation Period:

*February 1 – August 31, 2015*

## Alliance Funding:

*\$ 100,000*

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

## Financial Support:

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

## The goal of the Project:

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 identify data collection, project resource management, key partnership and strategic information gaps with a view to filling key national and regional needs.

## KEY ACHIEVEMENTS:

## Implementation Period:

*September 30, 2012 – March 31, 2018*

## Alliance Funding:

**\$7,499,769**

### 1. Strengthening collaboration among key partners:

- Project meetings held with partners to strengthen M&E coordination with stakeholders, ensuring better coordination of key partners' efforts and work activities for greater impact on the HIV epidemic.

### 2. Building M&E capacity of professional staff and decision makers:

- Two training events conducted with a focus on data collection and data analysis, visualization and application, as well as training and briefing on HIV/AIDS regional-level data triangulation projects, a workshop on the basic principles of data quality assessment at the regional level, and the international training program in data quality assurance.
- A multi-modular training program launched to address HIV/AIDS research aspects. The program is targeted at professional staff interested in implementing their own research initiatives.
- Three training events conducted as part of the study module titled "Basic Course for Researchers Focusing on HIV/AIDS Research Issues" (52 regional- and national-level specialists, 18 of whom continued training as part of the 2-4 study modules).
- The training program focusing on STI-related issues expanded, support provided to 18 participants training in national-level data collection as part of the twelve-week online course provided by the Washington University (Seattle, USA): "The Principles of STI&HIV Research."



THE INTERNATIONAL MISSION TO ASSESS DATA QUALITY IN VINNYTSIA OBLAST AIDS CENTER: EXPERTS OF THE WHO COLLABORATING CENTRE FOR HIV SURVEILLANCE (ZAGREB); UNIVERSITY OF CALIFORNIA (SAN FRANCISCO), UKRAINIAN CENTER FOR SOCIALLY DANGEROUS DISEASE CONTROL OF THE MOH OF UKRAINE, ALL-UKRAINIAN NETWORK OF PLWH, METIDA PROJECT (ALLIANCE FOR PUBLIC HEALTH)

- The training course on HIV/AIDS monitoring and evaluation for social programs and projects implemented as part of Master's Programs sponsored by the Poltavets School of Social Work and the School of Public Health at the National University of Kyiv-Mohyla Academy.
- All-Ukrainian Forum "Monitoring and Evaluation (M&E) Capacity Building in Health and Social Services: a New Call to the Higher Education System in Ukraine" conducted to roll out and promote M&E training courses as part of the diploma- and post-diploma training framework.
- Glossary of HIV/AIDS Epidemiological and Surveillance Terms developed and published in order to standardize the interpretation and usage of basic epidemiology terms in Ukrainian and Russian.
- The Road to Results: Designing and Conducting Effective Development Evaluations (World Bank Training Series) by Linda G. Morra Imas, Ray C. Rist, translated into Ukrainian and published.

### 3. Support of research and activities for improved data application:

- Regional HIV/AIDS data triangulation projects continued in five oblasts of Ukraine: Kyiv, Mykolaiv, Cherkasy, Odesa, and Lviv.
- Efforts for developing Epidemic Model Projections for HIV/AIDS supported in 7 oblasts of Ukraine: Odesa, Mykolaiv, Kherson, Lviv, Cherkasy, Volyn, and Chernihiv, based on the use of the AEM (AIDS Epidemic Model).
- The first two-year cohort study among PWID in Ukraine completed – data obtained related to the effective components of PWID-targeted prevention programs in Ukraine.





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

## Key Project Objectives:

- **Design and deliver gender-sensitive prevention service models.** Two interventions should be developed and tested as part of the project's efforts. The interventions should be based on a gender-sensitive approach to key harm reduction and OST services, as well as quality control strategies and mechanisms for client engagement and retention in the projects.
- **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 people who inject drugs and their sexual partners.** Efforts shall be focused on designing a framework for development of further professional skills and competencies, training program and study materials, training modules and an electronic resource for distance learning. Social workers and doctors will be involved in the training process. To ensure that the professional development framework is consistent and sustainable, all materials shall be certified and aligned with the programs of higher education institutions and interregional information resource centers.
- **Ensure sustainable gender-sensitive approaches to harm reduction programs, and social and medical services for people who inject drugs.** Positive project experience must be integrated into the national HIV program, HIV prevention and treatment projects, national standards for social and medical service delivery, specialist training programs, etc.

## KEY ACHIEVEMENTS:

- A collaboration agreement and a joint work plan for project implementation were signed with the Ministry of Social Policy of Ukraine. As part of this arrangement and the plan, professional development courses will be offered. In addition, a supervisory framework for social workers, outreach workers, and psychologists will be designed and implemented, as well as methodological guidelines and other materials developed to mainstream gender-sensitive approaches into programming efforts.

## Financial Support:

*Expertise France 5%  
Initiative*

## Implementation Period:

*March 15, 2015 –  
March 14, 2018*

## Alliance Funding:

€994,275





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

**Project Target Group:** Children and young people aged 10 to 18 years who use psychoactive substances (PAS) and injectable drugs, as well as their sexual partners.

**The goal of the Project** is to promote health and wellbeing of young drug users in Ukraine.

## KEY ACHIEVEMENTS:

- **Participatory site assessment conducted** in order to develop and deliver high-quality harm reduction services for this target group in six cities of Ukraine: Kyiv, Kharkiv, Odesa, Poltava, Kryvyi Rih, and Sloviansk:
  - **610 adolescents** who use PAS and injecting drugs provided with harm reduction services;
  - **585 adolescents** who use PAS and injecting drugs provided with access to condoms;
  - **191 adolescents** who use PAS and injecting drugs reached with voluntary counseling and testing services;
  - **60 specialists** of NGOs and offices of children's services acquired knowledge and practical skills related to methodology for and organization of high-quality harm reduction services for young users of PAS and injecting drugs.
- An advocacy video created with the title "**Losted Childhood**", which was shown at the strategic meeting of the Eurasian Network of People Who Use Drugs (Tbilisi, Georgia) and the International Harm Reduction Conference (Kuala Lumpur, Malaysia).

## Financial Support:

*Elton John  
AIDS Foundation*

## Implementation Period:

*January 1, 2015 –  
December 31, 2017*

## Alliance Funding:

*£787,776*



**"Losted Childhood"** is a documentary produced by Alliance for Public Health. The video is featuring young people who use drugs in Ukraine. They share their stories looking back at their past and talk about their drug use initiation. We see the consequences of adolescents using drugs having no access to prevention programs.

With this video, we would like to draw public attention to the importance of ensuring sustainability of HIV prevention programs among children and adolescents at risk, especially among those who use psychoactive substances. This video demonstrates the existence of a big gap in time between the start of risky behaviors and initiation of harm reduction services delivered to young people with drug dependence.

# BROADER INTRODUCTION OF EFFECTIVE HIV PREVENTION STRATEGIES TARGETING POPULATIONS AT MOST RISK IN THE ENPI-EAST REGION

**The goal of the Project** is to summarize the best national and international practices in the form of Comprehensive Essential Service Packages for all most-at-risk populations (PWID, SW, MSM). These Packages shall serve as tools for further coordination between community organizations and governments to ensure higher effectiveness and sustainable national responses to the HIV/AIDS epidemic.

## KEY ACHIEVEMENTS:

- Guidelines were prepared and published on how to develop standard operating procedures (standards of service delivery) for HIV prevention, treatment, care and support programs among PWID, SW and MSM. The guidelines are targeted at people working in harm reduction projects in post-Soviet countries. Recommendations were developed for staff members of civil society organizations as well as other experts of the Eastern Partnership, who work in HIV/TB area. In the publications, authors offer their recommendations on formation of an integrated package of services for members of vulnerable groups and a tool to calculate the cost of such services to facilitate more effective response to the HIV/TB epidemics at the country level in the Eastern Partnership region.
- Based on the results of the regional workshop dedicated to discussion of the mechanisms to support sustainability of medical and social services for populations vulnerable to HIV in the countries of Eastern Europe and Central Asia, a review of best practices in ensuring the stable work of HIV-service NGOs using various sources of funding was prepared. This publication is for specialists working in harm reduction projects in post-Soviet countries, officers of civil-society organizations and government agencies as well as all types of organizations which are involved in HIV prevention and treatment activities in concentrated epidemics. The authors describe various approaches to financing social services, provided by civil-society organizations in different countries of the world and also study the best practices in implementing the mechanisms of funding for HIV prevention, treatment, care and support as well as support of people living with HIV/AIDS in the countries of Eastern Europe and Central Asia.

## Financial Support:

*European Union,  
Thematic Programme  
'Investing in People'*

## Implementation Period:

*2012–2015*

## Funding Received from EU:

*€998,602*







DURING THE ANNUAL ADVOCACY CAMPAIGN ON OCCASION OF THE WORLD HEPATITIS DAY, ALLIANCE TESTED 4,367 MEMBERS OF THE MILITARY PERSONNEL WHO TOOK PART IN WAR OPERATIONS IN EASTERN UKRAINE IN 23 CITIES OF UKRAINE

## Financial Support:

*International Renaissance Foundation, The Open Society Foundations, Levi Straus Foundation*

## Implementation Period:

*International Renaissance Foundation: October 1, 2014 – April 12, 2016;*

*The Open Society Foundations: October 1, 2014 – October 1, 2015;*

*Levi Straus Foundation: September 1, 2014 – September 1, 2016.*

## Alliance Funding:

*International Renaissance Foundation: UAH 674,484;*

*The Open Society Foundations: \$15,000;*

*Levi Straus Foundation: \$100,000.*

# ADVOCACY PROJECTS FOR EXPANDING ACCESS TO HCV TREATMENT FOR VULNERABLE POPULATIONS IN UKRAINE

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.

**The goal of the Project** is to increase access to HCV diagnostics and treatment in Ukraine.







TESTING CAMPAIGN FOR  
THE MILITARY AND SECURITY  
PERSONNEL

*"In July 2014, my son got tested for the virus during a health check-up as part of the military draft procedure, and was found to be HCV negative. Four months later, after suffering severe shell shock near the town of Zolote, he came back home alive. But while he was in the hospital, he was diagnosed with acute HCV infection. He said there was a lot of blood around him; the wounded were being carried away. There was no way to protect oneself, no disinfectants to use, and even no water. But now, even a few hundred kilometers away from the armed conflict area, if there's no access to timely and effective treatment, HCV can kill him."*

***Liubov Strubchevska,  
mother of a 31-year-old trooper  
from the 128th brigade, living in the Vinnytsia oblast***

The results of the tests and the sociological survey prompted the Ministry of Defense to strengthen preventive measures on the ground in order to reduce the risk of transmission of socially dangerous diseases. In 2015, upon official request from the Ministry of Defense, Alliance delivered 2,000 HBV saliva test kits free of charge, as well as over 2,500 awareness raising materials and flyers that explain the major routes of transmission, and related diagnosis and treatment options for viral hepatitis.

## 2015 ADVOCACY CAMPAIGN: WAR IN EASTERN UKRAINE AGGRAVATING THE EPIDEMIC SITUATION

**On July 28**, on the World Hepatitis Day, **the first campaign** was launched **for HCV testing among armed forces, security, and law enforcement personnel involved in the military operations in eastern Ukraine**. The campaign was initiated by Alliance for Public Health and the Ministry of Defense of Ukraine in cooperation with TNS, a firm of independent experts. The tests were conducted on the premises of 68 military hospitals, army units, and other facilities located in Kyiv and across 23 oblasts. A total of **4,367 Ukrainian armed forces personnel and National Guard troopers/Ministry of the interior personnel were tested**.

Due to a significant number of wounded service members, poor sanitary conditions, and the severe social and economic problems encountered by many Ukrainians living in eastern Ukraine, **there is a much higher risk for the increase in the spread of viral hepatitis epidemic in Ukraine**. Personnel mobilized for service are not screened for HCV based on the applicable regulations. In addition, there are essentially no preventive measures in place in the areas of ongoing military operations to protect against viral infections.

*"I've known about my diagnosis since 2006, so the problem of HCV infection in the area of military operations is something I can well relate to. I'd been in the armed conflict zone from day one up to December 2014, and I can see that this issue is of critical urgency – people who arrive on the scene are not aware of being infected, because no one is testing them. The theater of operations is a high-risk zone, where people get wounded. You might come into direct contact with contaminated blood, so the risk of infection is very high. Infection prevention controls in military hospitals are very effective, but they are essentially non-existent in the field settings. The first thing to do is to educate people about what the disease is all about, how to fight it, where to turn to for help, where to get tested, and how to go about dealing with it."*

**Oleksii Dmytrashkivskiy,**  
**former spokesman of the Military Headquarters**

The results obtained during the testing campaign were depressing: almost **4%** of the military personnel were found to be positive for HCV! The average rate of positive test results recorded at the sites of the Ministry of Defense exceeded **5%**, while, at the Central Military Medical Clinical Hospital in Kyiv, this indicator reached as high as **10%**!

The testing was conducted in parallel with sociological studies among 3,500 respondents led by independent experts from TNS. The research identified alarming trends in risky behaviors among the defenders of Ukraine. Specifically, **21%** of all those polled had tattoos done, over 60% reported not using a condom during their last sexual encounter, while 18% service personnel had sexual intercourses with casual sexual partners.

However, the risks of infection are associated not only with getting tattoos or medical procedures. In the area of fighting, when people get wounded or have to help those wounded, it is sometimes impossible to avoid contact with other people's blood.

# SCALING UP ACCESSIBLE AND EFFECTIVE HCV TREATMENT THROUGH COMMUNITY-BASED TREATMENT MODELS FOR MOST VULNERABLE POPULATIONS IN THE RESOURCE-CONSTRAINED UKRAINE

**The goal of the Project** is 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, including Sofosbuvir.

## KEY ACHIEVEMENTS:

- As part of the project, **320** patients enrolled in HCV treatment using Sofosbuvir, which **exceeds the planned target** for this period by **28%**. **96%** of all project participants are HIV-positive, **90%** of them are receiving ART. **81%** are injecting drug users, **6%** are OST clients.
- Sustained virological response (12 weeks) achieved in **90%** patients who completed the full course of treatment.
- More treatment courses made available through the use of pegylated interferon resourced from the government program, which accounts for **74%** of the overall number of treatment courses offered.
- For increased adherence to therapy and better treatment outcomes, case management provided for members of most-at-risk populations who receive HCV treatment.
- To reduce patient costs related to laboratory diagnostics, hepatitis C RNA quantitative testing services were covered by the project.

## Financial Support:

*The Global Fund to Fight AIDS, Tuberculosis and Malaria and Private/Corporate Donors*

## Implementation Period:

*April 1, 2015 – October 31, 2016*

## Alliance Funding:

*\$1,685,821*



IN 2015, FIRST PATIENTS  
STARTED THEIR TREATMENT  
WITH SOFOSBUVIR



- To ensure treatment monitoring and evaluation, the Register of Patients was implemented as part of the project. This tool is designed to track patients' medical details on a monthly basis. The data are presented in a depersonalized format, broken down by health care provider, which subsequently facilitates the generalized analysis of project key performance indicators.
- On September 8–9, 2015, the International Project Committee held a meeting attended by prominent international experts from Europe and the USA. In addition, a forum was held with a focus on developing HCV treatment programs in Ukraine. This constructive dialogue between international and national experts identified key focus areas for further development of, among other things, the Alliance's HCV treatment project, and the changes needed within the national response framework to halt and reverse the epidemic of hepatitis C.
- Alliance implemented an innovative HCV treatment project based on the use of Sofosbuvir. It facilitated integration of Sofosbuvir into the National Clinical Protocol for the Treatment of HCV, as well as the inclusion of Sofosbuvir into the MoH's Purchasing Plan as part of the 2016 National Program for Prevention and Treatment of Viral Hepatitis.

# RESEARCH PROJECT “IMPROVING TREATMENT ENGAGEMENT AND ADHERENCE FOR PEOPLE WHO INJECT DRUGS IN UKRAINE”

## The goal of the Project:

Key Populations Implementation Science (KPIS) is an initiative focused on building evidence on how to improve program delivery and increase coverage of core services for key populations (KP). The study “Improving Treatment Engagement and Adherence for People Who Inject Drugs in Ukraine” plans to evaluate effectiveness, barriers and costs of the two strategies, CITI and MAT, with regard to the outcomes along HIV care and treatment cascade for PWID in Ukraine.

## Aims of the study:

- To test the effectiveness of two strategies, CITI and MAT on HIV care enrollment and ART enrollment compared to Standard Care.
- To assess client-related and provider-related barriers to HIV care enrollment and ART enrollment and retention for PWID.
- To determine unit cost per participant allowing for disaggregation of cost components along the cascade of ART outcomes.

In 2015 preparatory work was mainly done, with the main activities starting in 2016.

## 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:

*2015–2017*

## Alliance Funding:

*\$1.8 million*

# IMPROVING CAPACITY OF CSO TO HAVE MEANINGFUL INVOLVEMENT IN TB EPIDEMIC RESPONSE

## Financial Support:

Deutsche Gesellschaft  
für Internationale  
Zusammenarbeit (GIZ)

**The goal of the Project:** strengthening the capacity of civil society actors in 11 countries of Eastern Europe & Central Asia (EECA) to participate in Global Fund processes in the area of TB/Multidrug-Resistant (MDR)-TB and empowering civil society organizations (CSOs) through developing a comprehensive training module on TB response in Ukraine and the WHO European region.

## KEY ACHIEVEMENTS:

## Implementation Period:

March 15, 2014 –  
March 15, 2015  
(extended to June 31, 2015,  
with no cost extension)

## Alliance Funding:

€100,000

- Developing and publishing a comprehensive training module on TB response in Ukraine and the WHO European region.
- Based on the module, two three-day trainings were conducted on TB and advocacy issues for Ukrainian CSOs working with TB as well as two-day training for EECA CSOs (Georgia).
- Operating research “Assessment of CSO capacity to participate in response to the TB epidemic in Ukraine” was conducted to identify and evaluate basic qualitative and quantitative indicators for analysis of CSO capacity in response to the TB epidemic in Ukraine; to identify key barriers that impede CSOs providing TB services to their clients; to identify destinations for capacity building of CSOs.
- Technical support to develop the capacity of CSOs within the project.

## Key recommendations of the operating research:

All CSOs planning to implement the TB component should be provided with the technical assistance and training on the following matters:

- health care TB system in Ukraine;
- implementation of the new TB diagnostics methods and transition to outpatient treatment form;
- infection control measures;
- CSO operation under the deficiency of resources (with lacking or limited funding and donor support);
- NGO possibilities in the field of human rights and advocacy.



# TB IN EASTERN EUROPE AND CENTRAL ASIA PROJECT ON STRENGTHENING HEALTH SYSTEMS FOR EFFECTIVE TB AND DRUG RESISTANT (DR)-TB CARE (TB-REP)

Grant Agreement between the Global Fund and the Center for Health Policy Research (PAS Center, Moldova) was signed in early September 2015 with the support from the WHO Regional Office for Europe. Together with the TB Europe Coalition, Alliance for Public Health is one of the key partners in delivering this Project.

**The goal of the Project** is 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 TB models of care.

## KEY FOCUS AREAS:

- Develop effective TB control strategies through strengthening health systems.
- Design and analyze modern patient-centered service delivery models for TB patients.
- Analyze and integrate sustainable funding models into the TB programming framework.
- Collect and disseminate best advocacy practices within the WHO European Region.

One of the project components is to provide TB advocacy support for CSOs. With a view to meeting this objective, a call for proposals was announced in November 2015. Project proposals were to address the issues relevant to organizing sustainable advocacy efforts for a transition to outpatient TB care strategies for key TB-affected populations. Ten winners from among representatives from EECA countries were identified through a competitive selection process.

Together with the TB Europe Coalition, Alliance is responsible for providing overall technical support to CSO-led projects, as well as advocacy coordination, monitoring and sharing of best advocacy practices in the EECA region.

## Financial Support:

*The Global Fund to Fight  
AIDS, Tuberculosis and  
Malaria with support  
from the WHO Regional  
Office for Europe*

## Implementation Period:

*2016–2018, Grant  
Agreement signed  
in September 2015*

## Total Grant Amount:

*\$6,051,191*

## Alliance Funding:

*\$375,000*

# EXPANDING MEDICATION-ASSISTED THERAPY (MAT) IN UKRAINE

## Key Project Objectives:

- To assess barriers and facilitators to entry to and retention in MAT programs.
- To implement and evaluate an evidence-based intervention aimed at process improvement at selected OST sites in order to increase access to and retention in OST programs.
- To pilot extended release naltrexone (Vivitrol®) as a new MAT strategy.

## KEY ACHIEVEMENTS:

- Two articles published in international peer-reviewed journals: "Bureaucracy & Beliefs: Assessing the Barriers to Accessing Opioid Substitution Therapy by People Who Inject Drugs in Ukraine" and "In Their Own Voices: Breaking the Vicious Cycle of Addiction, Treatment and Criminal Justice Among People Who Inject Drugs in Ukraine," as part of assessing barriers and facilitators to entry to and retention in MAT programs. In addition, data related to such barriers and facilitators were presented to the representatives from international NGOs, MoH, chief substance abuse specialists and OST site administrators.
- Representatives from 39 OST sites acquired knowledge and skills needed to generate process improvements through rapid-cycle change. In addition, three meetings with change leaders were held to roll out process quality improvement projects. The projects incorporated new strategies for increasing OST-patient enrollment and retention:
  - Streamlining patient flow;
  - Screening and treatment for concomitant conditions (HIV, HCV, mental disorders);
  - Peer-to-peer counseling;
  - Home care;
  - Dispensing drugs on prescription;
  - Advocacy and dispelling myths;
  - Improving medication dispensing models (hours of service, OST drugs in liquid form).



NIATX-RCM TRAINING,  
FEBRUARY 2016:  
"APPROACHING  
THE GOAL WITH SMALL  
STEPS BUT JET SPEED"

- Pilot research study launched, based on the use of extended release naltrexone (Vivitrol®) in order to increase access to MAT programs using this medication in Ukrainian health care facilities:

- 90 patients enrolled in the project;
- 7 patients already received their 12th injection of Vivitrol®;
- Three-month retention rate for patients – nearly 70%.

## Patient Story

*"As a patient, I've been in the project since March 2015, and I successfully completed treatment in January 2016. This allowed me to get Vivitrol free of charge, which started a positive change in my life. The social worker did his utmost to help me, and showed me what it's like to be someone who believes in his cause. He is a caring person when it comes to his clients, and he goes all out to deliver the help. At the time when I joined in the project, he was the only person around who treated me this way..."*

*"I'm absolutely sure that Vivitrol is effective as an addiction treatment drug. Increased access to this treatment can turn around the lives of many people with substance abuse issues, who are unable to stop taking drugs at the moment."*

**Alina, Kyiv, Age 28**

## Financial Support:

*National Institute on Drug Abuse (USA) in partnership with the Yale School of Medicine*

## Implementation Period:

2012–2017

## Alliance Funding:

\$1,057,289



# THE ALLIANCE CENTRE ON HIV, HEPATITIS C AND DRUG USE

The Alliance Centre was established in 2015 as a part of the network of five expert Centres of the International HIV/AIDS Alliance (UK), hosted by Alliance Linking Organizations. They offer products, convene power and technical leadership to make further steps to ending AIDS.

## KEY ACHIEVEMENTS:

### Brand development and product portfolio development:

- Alliance Centre was launched during IHRC 2015 in Kuala Lumpur, Malaysia. During the reception Alliance Centre's products and services were showcased, such as Unite to Eliminate HepC global advocacy campaign, SyrEx Cloud data tracking app, and Harm Reduction Academy.
- Alliance family brand development was led and completed by Alliance Centre Ukraine. The branding was implemented in 4 countries.
- Implementing a new training approach – Harm Reduction Academy. First three HRA modules were presented in Kuala Lumpur to the potential students, donors and other target groups. The initiative presented received a positive feedback from all the stakeholders; 85 people from 8 countries submitted their applications before the end of 2015. 15 students are getting the scholarship from the key organizations (Global Fund, Open Society Foundations). Module 1 was conducted in early March in Kyiv, Ukraine.



TRAINING ACTIVITIES AT  
THE HARM REDUCTION  
ACADEMY

## Policy and Advocacy:

- Major support to the development of the global toolkit DUIT – a detailed guidance for PWID to support the WHO 2014 KP guidelines. Technical input was provided to the sections on NSP, OST, HTC, SRH, ART, IEC, Condoms, OD Prevention, Viral Hepatitis. A workshop finalizing the tool was attended and further work underway to improve the guide by Harm Reduction International Conference in Kuala Lumpur.
- The Alliance Harm Reduction Planning meeting in New Delhi, India, December 2-3, 2015, was organized to discuss strategic and operational priorities for the Alliance family harm reduction work in 2016-2020 in view of the strategic funding provided by the Dutch government. The meeting participants from China, India, Indonesia, Kenya, Malaysia, Myanmar, Senegal, as well as UK and Ukraine reflected on Alliance harm reduction programming; learned about BUZA SRHR funding opportunity, shared and analysed learning from CAHR and Link Up, with a particular focus on the overlap programming area of work with adolescents who use drugs and developed programme plan, indicators and budget for 2016 to ensure continuity in selected countries.

## Financial Support:

*International HIV/AIDS  
Alliance (UK)*

## Implementation Period:

*2014–2017*

## Alliance Funding:

*\$930,000*

- To seek the development of the KP targets Alliance Centre members attended a range of UNAIDS meetings on setting KP universal access targets during which came with the proposition of KP targets.
- Alliance Centre's Senior Advocacy and Policy Officer Ludmila Maistat as WHO STAC member actively participated in development of WHO Global Strategy on Viral Hepatitis for 2016-2021. Alliance Linking Organizations were involved in reviewing the Strategy draft and giving a consolidated feedback on it.
- The Unite to Eliminated HepC campaign was developed and launched. The Campaign was designed around common messages and hashtag **#EliminateHepC** to engage online audience through the social media platform Facebook – and calls to unite all stakeholders to advocate for more affordable and accessible hepatitis C testing and treatment. Campaign has reached almost 20 k 'likes' from **45** countries around the World on its Facebook Page since its launch in July 2015. The total post reach: **6,585,171** people.

## Resource mobilization for harm reduction:

- Alliance Centre together with Alliance Secretariat and Alliance India Hub collaborated to secure funding for harm reduction in 2016-2020 through BUZA support.
- The required funding was secured for the second stage of Community Action on Harm Reduction project.
- The Alliance Centre has started cooperation development with the Private Sector: a number of companies were reached and the cooperation potential discussed and defined for further cultivation.



# COMMUNITY ACTION ON HARM REDUCTION (CAHR)

## Objectives of the Project:

- 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 programmes is increased and shared.

## KEY ACHIEVEMENTS:

- The project reached to over 15.1 thousand PWID 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), linked to broader health infrastructure services.
- A total of 58 thousand beneficiaries were reached, allowing the broader family, community and professional support for behaviour change and improved health for people who inject drugs.

## Areas of project activities in individual countries:

- covering the gaps (in Kenya KANCO focused on the areas not covered by any harm reduction programmes – those in the Central and Western Kenya; likewise in Indonesia Rumah Cemara reached out to Batam island to prevent HIV and STIs with local PWID).
- piloting and developing systematic improvements in existing services that can extrapolate to the broader scale (the case in China, that worked on improving MMT program to deliver take-home doses of methadone).

## Financial Support:

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

## Implementation Period:

*2011–2015*

## Countries:

*China, India, Indonesia,  
Kenya, Malaysia and  
Myanmar*

## Alliance Funding:

*\$760,024*

- additionality to reinforce the access to and impact of the smaller package of interventions (the case for India offering add-up services to the harm reduction basic package offered by the government of India through technical interventions with NGOs).
- piloting services that were not offered or with populations that were not reached earlier (prison project in Malaysia and community rehabilitation options in China).
- developing structural linkages in challenges across the border (in Myanmar CAHR worked alongside India-Myanmar and China-Myanmar borders to provide the continuum of services to PWID-regular border crossers).

*The project achieved significant success in generating behavioral changes in PWID reducing the risks of HIV. The end-of-project evaluation conducted in 2015 confirmed achievement of one of the most important behavior changes sought by the CAHR program, i.e. reduction in the usage of used needles/syringes. As a result of distribution of consumables (sterile injecting equipment in particular) and awareness-raising materials by CAHR implementers, there was an average increase of 8.6 percentage points in the number of PWID using a clean, i.e. sterile, needle/syringe the last time they injected, rising from 81.5% to 90.1% over the duration of the program, with support to the fledgling national efforts to introduce an NSP in Kenya as well as the reported reduction in the usage of “used” needles/syringes during the last 30 days from an average of 21.7% at the start of CAHR implementation to an average of 10.3% in 2015.*

## Comparison of the data on HIV testing and treatment in PWID at baseline and end-of-project for CAHR sites in India, Indonesia, Kenya and Malaysia combined

HIV TTR Cascade Step	Baseline (2011)		End of Project (2015)	
Number of PWID	100%	765	100%	1,284
PWID accessing VCT	68%	522	78%	1,001
PWID self reported as HIV-positive	34%	177	29%	290
PWID registered for ART	29%	50	54%	157

*The challenges still remain in achieving standards in safer sexual behaviour as well as access to ART for PWID. Despite the developments, the level of access is still not sufficient and has to be significantly increased. Other challenges in 2015 were related to transition of some elements of the program to the local funding and bringing them to scale. In countries like India even the existing level of governmental support to harm reduction has been challenged by the right-wing government not to mention scale up of interventions; in Indonesia, Myanmar and Kenya the service delivery strongly relies on the Global Fund grants and grants of other international donors. Malaysian government that has been most dedicated to resourcing national harm reduction nationally is still challenged with providing the necessary level of access to ART for PWID.*

*The experience of CAHR has shown that working on service delivery and improvements and providing the necessary data to support this work (both through research and routine monitoring) is a strong argument in expanding the service reach. More effort is needed to develop the necessary level of ownership of harm reduction interventions with the national governments.*



# REGIONAL TECHNICAL SUPPORT HUB FOR EASTERN EUROPE AND CENTRAL ASIA (RTSH IN EECA)

## Financial Support:

*various donors and self-financing*

## Implementation Period:

*since 2009*

## Countries:

*37 countries of the world*

## KEY ACHIEVEMENTS:

- 2,374 technical support (TS) days in 37 countries, including 6 new countries: Egypt, Eritrea, Thailand, the Solomon Islands, Ivory Coast and Burkina Faso.
- RTSH in EECA launched and developed a new direction of activity – lead in national scale epidemiological surveys (bio-behavioral, cohort and other types of surveys):
  - “Integrated Bio-Behavioral Survey Among People Who Inject Drugs” (METIDA project);
  - “A Study of Networks, Recruitment and HIV Risks among People Who Inject Drugs” (Research for Yale University);
  - “Modes of HIV Transmission in Ukraine” (MOT, the first qualitative part); two first rounds of “National Immunization Campaign against Poliomyelitis in Ukraine” (WHO).
- 55 trainings aimed at the capacity building in the sphere of monitoring and response to HIV/AIDS epidemics.
- RTSH in EECA has been actively involved in capacity building of CCM (Country Coordinating Mechanisms) Eligibility Performance Assessment in a number of countries.
- RTSH in EECA successfully organized and facilitated National Civil Society Forum in the Kyrgyz Republic within Community, Rights and Gender special initiative in the EECA region. Specific focus was made on understanding the situation regarding community mobilization in Kyrgyzstan and on the process for the development of both community-based organizations of people who inject drugs and their role in maximizing response to HIV epidemic.
- On the regional level RTSH in EECA was selected for hosting and implementing **Regional Platform** (CRG GF Initiative).

**In 2015 Regional Civil Society and Community Support, Communication and Coordination Platform (Regional Platform, RP) with a focus on Community, Rights and Gender (CRG) issues in the area of HIV/AIDS, Tuberculosis and Malaria was launched.** The implementation of this project was started on the basis of Hub hosted by LLC “Alliance Ukraine Consultancy” (RTSH in EECA), in consortium with Alliance for Public Health, the Eurasian Harm Reduction Network (EHRN) and the East Europe and Central Asia Union of PLWH (ECUO).

The Regional platform initiative is aimed to support and strengthen civil society and community engagement at all levels of the Global Fund processes and in particular, in the areas of Community, Rights and Gender. The unique EECA Consortium is strengthened, supported and functions in collaboration with the main Technical Partners: Eurasian Network of People who Use Drugs (ENPUD), Sex Workers' Rights Advocacy Network (SWAN), Eurasian Coalition on Male Health (ECOM) and TB Europe Coalition. The main outcome of the Regional Platform is that it has brought together key community networks and TA providers acting in the EECA region. They are acting as partners united by one common goal – to raise awareness, increase capacity and engagement of communities in the region in terms of the GF processes, TA provision and fighting AIDS and TB in the region.

# APPENDICES



# APPENDIX 1. FINANCIAL PERFORMANCE

## FINANCIAL PERFORMANCE OF ALLIANCE FOR PUBLIC HEALTH IN 2015

Table 1. Funding Contributions in 2015

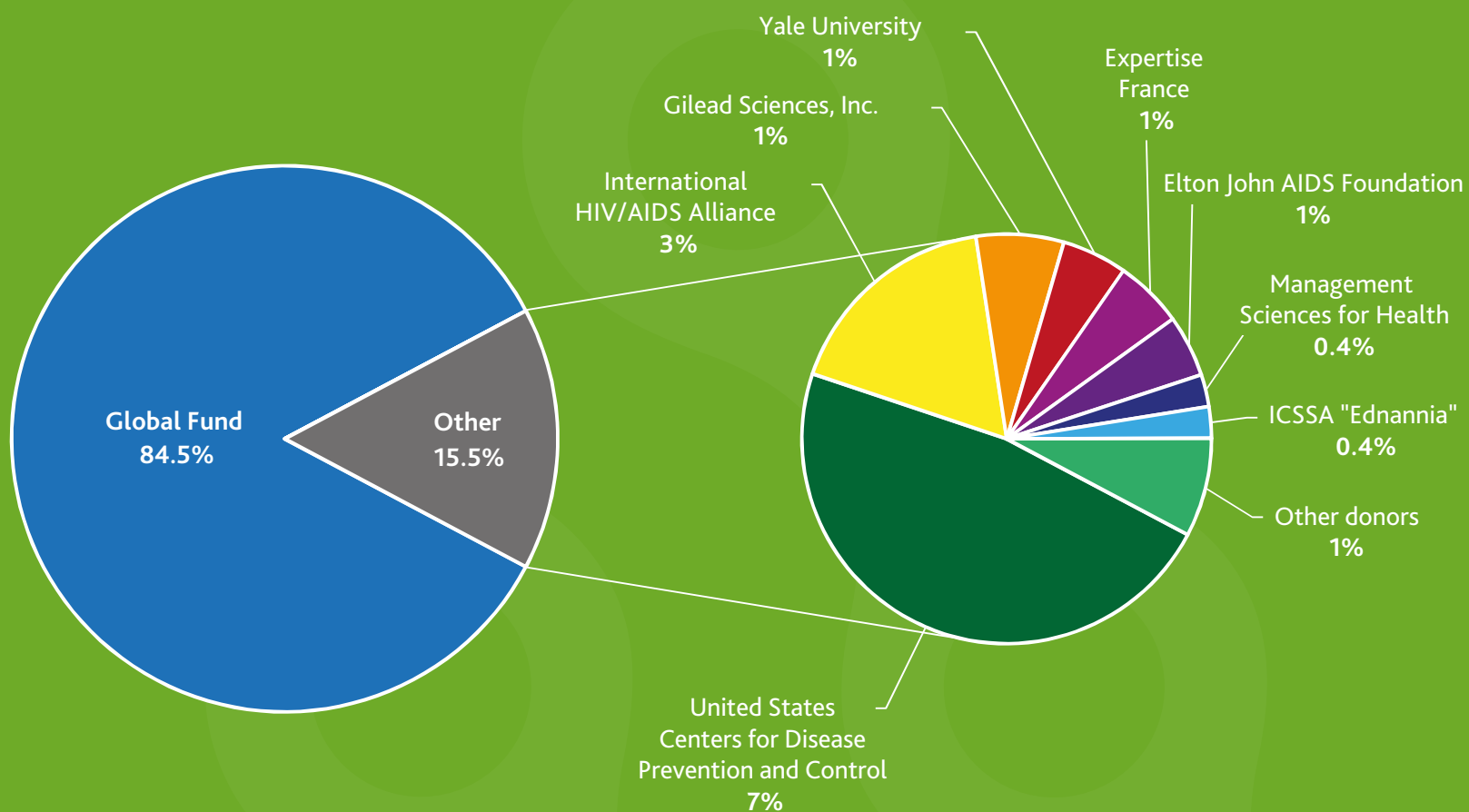
Donor (Project)	Financial Contributions	
	Thousand UAH*	Share (%)
Global Fund ( <i>Investing for Impact against Tuberculosis and HIV</i> )	520,234	84.5
United States Centers for Disease Prevention and Control ( <i>Engaging Local Indigenous Organizations in Developing HIV/AIDS Monitoring and Evaluation</i> )	45,288	7.4
International HIV/AIDS Alliance ( <i>Technical Support Hub in Ukraine; CAHR; Innovation Fund; Alliance Centre</i> )	16,652	2.7
Gilead Sciences, Inc. ( <i>Scaling up accessible and effective HCV treatment through community-based treatment model for most vulnerable populations in Ukraine</i> )	6,614	1.1
Yale University ( <i>Expanding Medication Assisted Therapy (MAT) in Ukraine</i> )	4,913	0.8
Expertise France ( <i>Strengthening the national strategy to work with key affected populations and vulnerable groups. Considering gender aspects when implementing, monitoring and managing Global Fund grants</i> )	5,159	0.8
Elton John AIDS Foundation ( <i>Harm Reduction for Children and Young People Who Use Drugs in Ukraine</i> )	4,668	0.8
Management Sciences for Health ( <i>Improving technical and organizational capacities for providing HIV/AIDS services in Ukraine</i> )	2,422	0.4
The Initiative Center to Support Social Action "Ednannia" ( <i>Improving technical and organizational capacities for providing HIV/AIDS services in Ukraine</i> )	2,370	0.4
Other donors**	7,453	1.2
<b>Total</b>	<b>615,772</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 2.1 MILLION



Diagram 1. Funding Contributions in 2015



**Table 2. Budget performance in 2015**

Donor (Project)	Planned Expenditures (Thousand UAH)	Funds Utilized (Thousand UAH)	Performance (%)
Global Fund ( <i>Investing for Impact against Tuberculosis and HIV</i> )	850,781	773,955	91
United States Centers for Disease Prevention and Control ( <i>Engaging Local Indigenous Organizations in Developing HIV/AIDS Monitoring and Evaluation</i> )	49,773	44,774	90
International HIV/AIDS Alliance ( <i>Technical Support Hub in Ukraine; CAHR; Innovation Fund; Alliance Centre</i> )	18,116	16,130	89
Yale University ( <i>Expanding Medication Assisted Therapy (MAT) in Ukraine</i> )	5,125	5,263	103
Elton John AIDS Foundation ( <i>Harm Reduction for Children and Young People Who Use Drugs in Ukraine</i> )	8,208	4,074	50
European Commission ( <i>Large-scale implementation of the effective HIV prevention strategies among vulnerable populations in Eastern Europe</i> )	4,603	3,504	76
Gilead Sciences, Inc. ( <i>Scaling up accessible and effective HCV treatment through community-based treatment model for most vulnerable populations in Ukraine</i> )	8,936	3,603	40
The Initiative Center to Support Social Action "Ednannia" ( <i>Improving technical and organizational capacities for providing HIV/AIDS services in Ukraine</i> )	2,370	2,370	100
Other donors*	10,917	8,099	74
<b>Total</b>	<b>958,831</b>	<b>861,771</b>	<b>90</b>

\* PROJECTS WITH FUNDING  
BELOW UAH 2.1 MILLION

Diagram 2. Breakdown of Expenditures by Categories in 2015

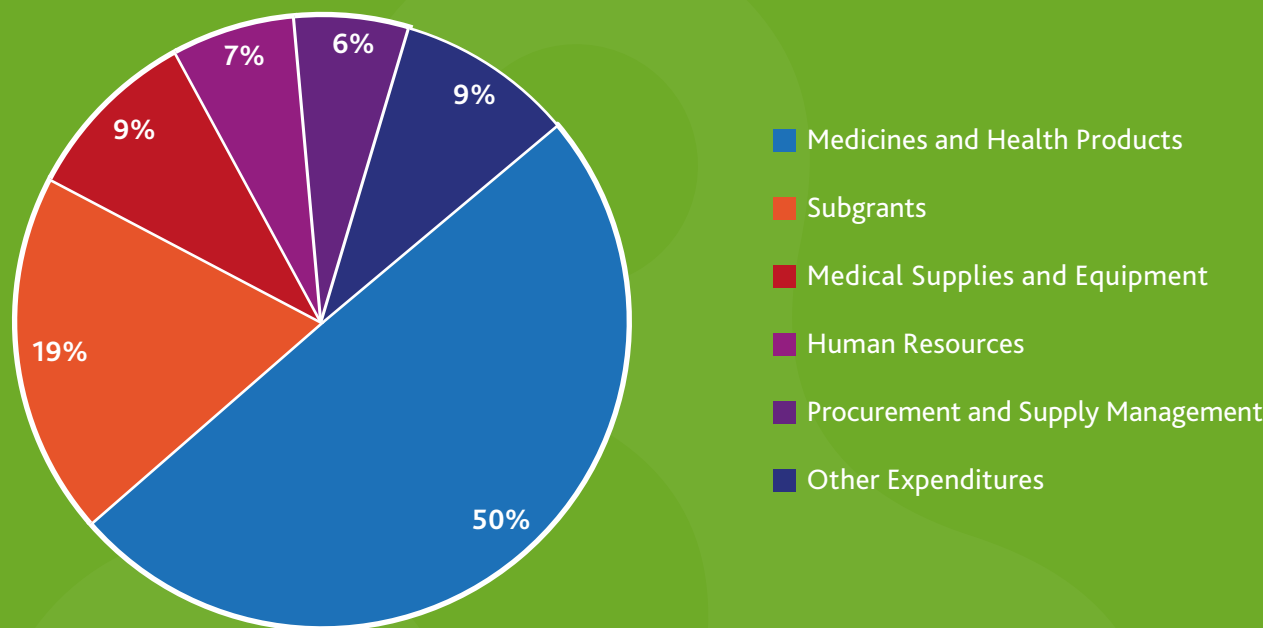
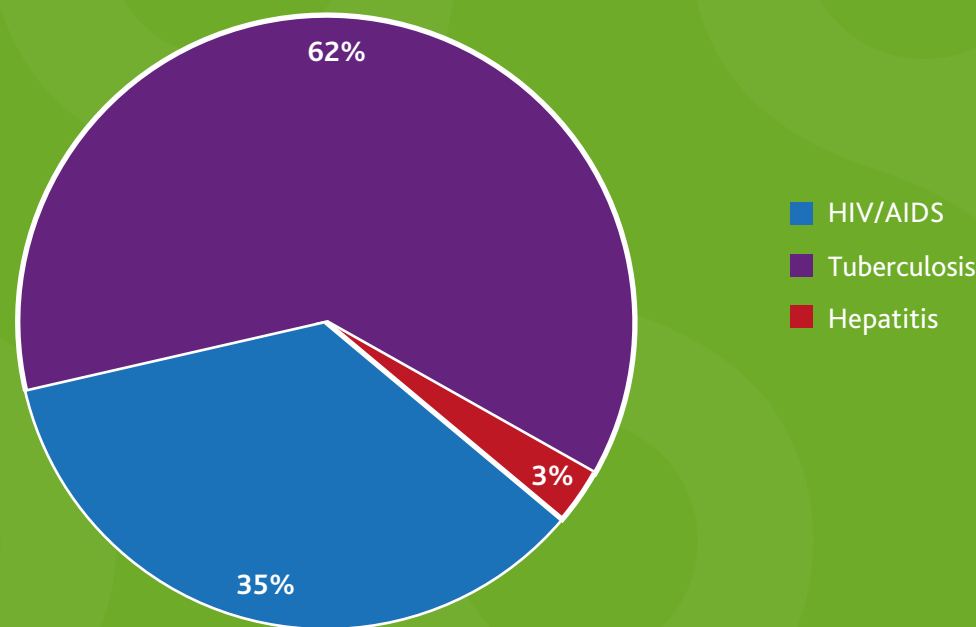


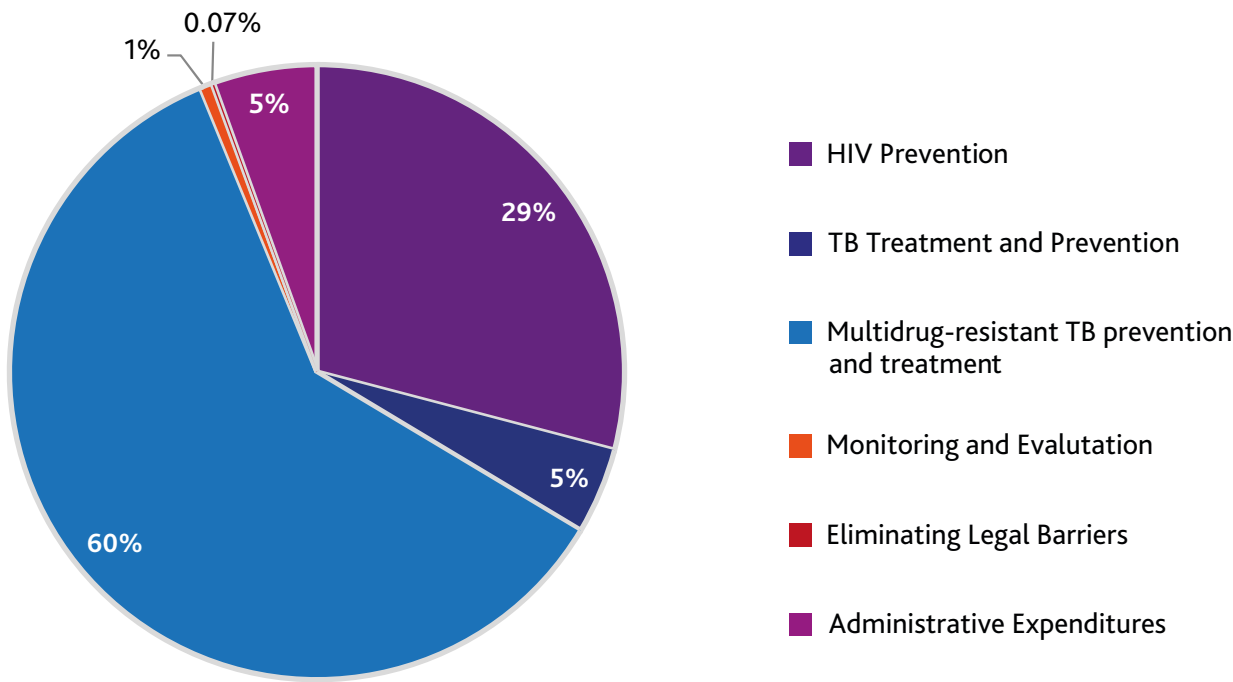
Diagram 3. Breakdown of Expenditures by Type of Disease in 2015



**Table 3. Budget Performance for Global Fund Program**  
**“Investing for Impact against Tuberculosis and HIV” in 2015**

Primary Program Objective	Planned Expenditures (Thousand UAH)	Funds Utilized (Thousand UAH)	Performance (%)
HIV Prevention	261,740	225,150	86
TB Treatment and Prevention	31,853	34,915	110
Multidrug-resistant TB prevention and treatment	499,953	466,414	93
Monitoring and Evalutation	5,787	4,942	85
Eliminating Legal Barriers	1,278	532	42
Administrative Expenditures	50,171	42,003	84
<b>Total</b>	<b>850,781</b>	<b>773,955</b>	<b>91</b>

**Diagram 4. Breakdown of Expenditures for Program**  
**“Investing for Impact against Tuberculosis and HIV” in 2015**





# APPENDIX 2.

## CONSOLIDATED FINANCIAL STATEMENTS

**International Charitable Foundation  
“ALLIANCE FOR PUBLIC HEALTH”**

**Consolidated Financial Statements  
for the Year Ended 31 December 2015**

## INTERNATIONAL CHARITABLE FOUNDATION “ALLIANCE FOR PUBLIC HEALTH”

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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 2015

---

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-Ukraine Consultancy” (hereinafter collectively referred to as the “Organization”) as of 31 December 2015, the consolidated results of its operations, cash flows, and changes in equity for the year then ended, in accordance with Ukrainian Accounting Standards (“UAS”).

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

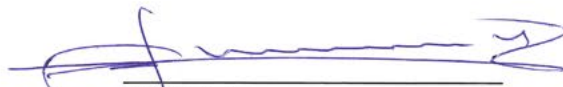
- Properly selecting and applying accounting policies;
- Presenting information, including accounting policies, in a manner that provides relevant, reliable, comparable, and understandable information;
- Providing additional disclosures when compliance with the specific requirements in UAS are insufficient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

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 UAS;
- Maintaining statutory accounting records in compliance with the Ukrainian legislation and UAS;
- Taking such steps as are reasonably available to them to safeguard the assets of the Organization; and
- Detecting and preventing fraud and other irregularities.

The consolidated financial statements for the year ended 31 December 2015 were authorized for issue by the Organization’s management on 18 May 2016.

On behalf of the Organization’s management:



Klopikov, A.,  
Executive Director



Nosatska, O.  
Chief Accountant

## INDEPENDENT AUDITOR'S REPORT

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

We have audited the accompanying consolidated financial statements of International Charitable Foundation "Alliance for Public Health" and its wholly owned subsidiary LLC "Alliance-Ukraine Consultancy" (hereinafter collectively referred to as the "Organization"), which comprise the consolidated balance sheet (consolidated statement of financial position) as of 31 December 2015, 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 a summary of significant accounting policies and other explanatory information (collectively, the "consolidated financial statements").

#### *Management's responsibility for the consolidated financial statements*

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with Ukrainian Accounting Standards 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.

#### *Auditor's responsibility*

Our responsibility is to express an opinion on these consolidated financial statements based on our audit. We conducted our audit in accordance with International Standards on Auditing. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Organization's preparation and fair presentation of the consolidated financial statements 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. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

#### *Opinion*

In our opinion, the consolidated financial statements present fairly, in all material respects, the consolidated financial position of International Charitable Foundation "Alliance for Public Health" and its wholly owned subsidiary LLC "Alliance-Ukraine Consultancy" as of 31 December 2015 and their consolidated financial performance and consolidated cash flows for the year then ended in accordance with Ukrainian Accounting Standards.

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*Emphasis of matter*

We draw your attention to Explanatory Note 2 to the consolidated financial statements. The impact of the continuing economic crisis and political turmoil in Ukraine and their final resolution are unpredictable and may adversely affect the Ukrainian economy and the operations of the Organization. Our opinion is not qualified in respect of this matter.

*Deloitte & Touche*

18 May 2016

Certified Auditor

Auditor's Certificate # 006964

Issued by the Audit Chamber of Ukraine on 27 September 2012  
on the Basis of Resolution of the Audit Chamber of Ukraine # 257/2, valid until 27 September 2017

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




Oles Shevchenko

# INTERNATIONAL CHARITABLE FOUNDATION "ALLIANCE FOR PUBLIC HEALTH"

## CONSOLIDATED BALANCE SHEET (CONSOLIDATED STATEMENT OF FINANCIAL POSITION) AS OF 31 DECEMBER 2015

(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	181	615
Historical cost	1001	2,526	2,982
Accumulated amortization	1002	(2,345)	(2,367)
Capital investments in progress	1005	3,215	2,289
Property and equipment	1010	7,171	9,939
Historical cost	1011	12,154	17,872
Accumulated depreciation	1012	(4,983)	(7,933)
<b>Total on Section I</b>	<b>1095</b>	<b>10,567</b>	<b>12,843</b>
<b>II. Current assets</b>			
Inventories	1100	85,089	345,694
Production inventories	1101	85,089	345,694
Accounts receivable for products, goods, works, and services	1125	-	192
Accounts receivable on settlements:			
Advances issued	1130	39,892	15,464
With the state budget	1135	16	-
Other current accounts receivable	1155	2,044	6,560
Cash and cash equivalents	1165	264,520	138,365
Prepaid expenses	1170	2,534	3,879
Other current assets	1190	137	192
<b>Total on Section II</b>	<b>1195</b>	<b>394,232</b>	<b>510,346</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>404,799</b>	<b>523,189</b>
<b>I. Equity</b>			
Retained earnings	1420	69,753	185,123
<b>Total on Section I</b>	<b>1495</b>	<b>69,753</b>	<b>185,123</b>
<b>II. Non-current liabilities and provisions</b>			
Special purpose funding	1525	319,892	310,746
<b>Total on Section II</b>	<b>1595</b>	<b>319,892</b>	<b>310,746</b>
<b>III. Current liabilities and provisions</b>			
Current accounts payable for:			
Goods, works, services	1615	1,312	12,408
Settlements with the state budget	1620	407	456
Including income taxes	1621	196	211
Settlements on insurance	1625	-	77
Staff costs	1630	70	68
Current provisions	1660	1,598	2,306
Deferred income	1665	11,453	11,627
Other current liabilities	1690	314	378
<b>Total on Section III</b>	<b>1695</b>	<b>15,154</b>	<b>27,320</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>404,799</b>	<b>523,189</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 2015 (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	20,104	10,529
Cost of products sold (goods, works, services)	2050	(20,960)	(10,214)
<b>Gross:</b>			
<b>Profit</b>	<b>2090</b>	<b>-</b>	<b>315</b>
<b>Loss</b>	<b>2095</b>	<b>(856)</b>	<b>-</b>
Other operating income	2120	946,256	416,201
Administrative expenses	2130	(57,503)	(52,372)
Other operating expense	2180	(772,991)	(315,842)
<b>Financial results from operating activities:</b>			
<b>Profit</b>	<b>2190</b>	<b>114,906</b>	<b>48,302</b>
Other finance income	2220	-	23
Other income	2240	876	-
Other expense	2270	(5)	(28)
<b>Financial result before tax:</b>			
<b>Profit</b>	<b>2290</b>	<b>115,777</b>	<b>48,297</b>
Income tax expense	2300	(407)	(260)
<b>Net financial result:</b>			
<b>Profit</b>	<b>2350</b>	<b>115,370</b>	<b>48,037</b>

### II. COMPREHENSIVE INCOME

Item	Line code	Reporting period	Similar period of the prior year
1	2	3	4
Other comprehensive income before tax	2450	-	-
Income taxes attributable to other comprehensive income	2455	-	-
Other comprehensive income after tax	2460	-	-
<b>Comprehensive income (total of lines 2350, 2355, and 2460)</b>	<b>2465</b>	<b>115,370</b>	<b>48,037</b>
<b>Net profit (loss) attributable to:</b>			
Owners of the Parent	2470	115,370	48,037
Non-controlling interest	2475	-	-
<b>Comprehensive income attributable to:</b>			
Owners of the Parent	2480	115,370	48,037
Non-controlling interest	2485	-	-

# INTERNATIONAL CHARITABLE FOUNDATION "ALLIANCE FOR PUBLIC HEALTH"


## CONSOLIDATED STATEMENT OF FINANCIAL RESULTS (CONSOLIDATED STATEMENT OF COMPREHENSIVE INCOME) FOR THE YEAR ENDED 31 DECEMBER 2015 (in Ukrainian Hryvnias and in thousands)


### III. ELEMENTS OF OPERATING EXPENSE

Item	Line code	Reporting period	Similar period of the prior year
1	2	3	4
Materials	2500	333,229	105,876
Staff costs	2505	37,894	32,968
Social charges	2510	6,709	8,472
Depreciation and amortization	2515	3,113	983
Other operating expenses	2520	449,549	230,129
<b>Total</b>	<b>2550</b>	<b>830,494</b>	<b>378,428</b>

### 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 2015 (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>			
<b>Cash inflows from:</b>			
Sales of products (goods, works, services)	3000	20,933	12,465
Return of taxes and duties	3005	-	627
Special purpose funding	3010	616,062	558,528
Other proceeds	3095	3,003	6,455
Cash outflows on payments for: Goods (works, services)	3100	(660,177)	(275,726)
Staff costs	3105	(31,772)	(27,770)
Social charges	3110	(6,277)	(9,474)
Liabilities on taxes and duties	3115	(8,494)	(6,165)
Other payments	3190	(161,849)	(135,741)
<b>Net cash flow from operating activities</b>	<b>3195</b>	<b>(228,571)</b>	<b>123,199</b>
<b>II. Cash flows from investing activities</b>			
Proceeds on interest received	3215	-	23
Other proceeds	3250	-	1,257
Non-current assets	3260	(5,392)	(5,272)
<b>Net cash flow from investing activities</b>	<b>3295</b>	<b>(5,392)</b>	<b>(3,992)</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>(233,963)</b>	<b>119,207</b>
Cash balance at the beginning of the year	3405	264,520	98,648
Effect of changes in foreign exchange rates on the cash balance	3410	107,808	46,665
Cash balance at the end of the year	3415	138,365	264,520


  
Kiepirov, A.,  
Executive Director

  
Nosatska, O.,  
Chief Accountant

# INTERNATIONAL CHARITABLE FOUNDATION "ALLIANCE FOR PUBLIC HEALTH"

## CONSOLIDATED STATEMENT OF EQUITY FOR THE YEARS ENDED 31 DECEMBER 2015 AND 2014 (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 year</b>	4000	-	-	-	-	21,716	21,716
Adjusted balance at the beginning of the prior year	4095	-	-	-	-	21,716	21,716
Net profit for the prior period	4100	-	-	-	-	48,037	48,037
Other comprehensive income for the prior period	4110	-	-	-	-	-	-
Total changes in equity	4295	-	-	-	-	48,037	48,037
Balance at the end of the prior year	4300	-	-	-	-	69,753	69,753
Adjusted balance at the beginning of the year	4095	-	-	-	-	69,753	69,753
Net profit for the reporting period	4100	-	-	-	-	115,370	115,370
Other comprehensive income for the reporting period	4110	-	-	-	-	-	-
Total changes in equity	4295	-	-	-	-	115,370	115,370
<b>Balance at the end of the year</b>	4300	-	-	-	-	185,123	185,123

  
Klepikov, 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 2015

(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	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	-	-	-	-	-	-	-	-	-	-	-	-	-
	060	-	-	-	-	-	-	-	-	-	-	-	-	-
Other intangible assets	070	2,526	2,345	549	-	-	93	93	115	-	-	-	2,982	2,367
<b>Total</b>	<b>080</b>	<b>2,526</b>	<b>2,345</b>	<b>549</b>	-	-	<b>93</b>	<b>93</b>	<b>115</b>	-	-	-	<b>2,982</b>	<b>2,367</b>
Goodwill	090	-	-	-	-	-	-	-	-	-	-	-	-	-
From line 080 column 14													(081)	2,519
													(082)	-
													(083)	463
From line 080 column 5													(084)	86
From line 080 column 15													(085)	2,367

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

# INTERNATIONAL CHARITABLE FOUNDATION "ALLIANCE FOR PUBLIC HEALTH"

NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 DECEMBER 2015 (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	Impairment losses	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
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	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Machinery and equipment	130	5,209	3,751	555	-	-	31	31	1,145	-	-	-	5,733	4,865	-	-	-	-
Vehicles	140	4,801	7	4,184	-	-	-	-	1,167	-	-	-	8,985	1,174	-	-	-	-
Tools, devices, and fixtures (furniture)	150	940	21	690	-	-	5	2	346	-	-	-	1,625	365	-	-	-	-
Livestock	160	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Perennial plants	170	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other fixed assets	180	459	459	-	-	-	14	14	-	-	-	-	445	445	-	-	-	-
Library stock	190	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Low-value non-current tangible assets	200	717	717	340	-	-	1	1	340	-	-	-	1,056	1,056	-	-	-	-
Temporary constructions	210	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Natural resources	220	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Returnable containers	230	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Leased items	240	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other non-current tangible assets	250	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	260	12,154	4,983	5,769	-	-	51	48	2,998	-	-	-	17,872	7,933	-	-	-	-



## INTERNATIONAL CHARITABLE FOUNDATION "ALLIANCE FOR PUBLIC HEALTH"

### NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2015 (CONTINUED) (in Ukrainian Hryvnias and in thousands)

#### II. Property and equipment (Continued)

	Cost of property and equipment for which there is a restriction of ownership rights in accordance with the effective legislation	(261)	-
From line 260 column 14	Cost of property and equipment pledged as collateral	(262)	-
	Net book value of temporarily idle assets (conservation, reconstruction, etc.)	(263)	-
	Historical (revalued) cost of fully depreciated property and equipment	(264)	4,323
	Leased property and equipment of integral property complexes	(2641)	-
From line 260 column 8	Cost of property and equipment decommissioned for sale	(265)	-
	Net book value of property and equipment disposed as a result of extraordinary events	(2651)	-
From line 260 column 5	Cost of property equipment acquired by using special purpose financing	(266)	5,643
	Cost of property and equipment received under operating Leases	(267)	9,855
From line 260 column 15	Accumulated depreciation of property and equipment with restricted ownership rights	(268)	-
From line 105 column 14	Cost of investment property measured at fair value	(269)	-

#### 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	3,353	2,068
Acquisition (construction) of other non-current tangible assets	300	1,269	-
Acquisition (creation) of intangible assets	310	769	221
Acquisition (cultivation) of non-current biological assets	320	-	-
Other	330	-	-
<b>Total</b>	<b>340</b>	<b>5,391</b>	<b>2,289</b>

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

# INTERNATIONAL CHARITABLE FOUNDATION "ALLIANCE FOR PUBLIC HEALTH"

## NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2015 (CONTINUED) (in Ukrainian Hryvnias and in thousands)

### 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	-	3,318
Operating foreign exchange difference	450	284,119	171,826
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	662,137	597,847
Including:			
Charges to provision for doubtful debt	491	X	-
Non-productive expense and losses	492	X	-
<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	-	-

# INTERNATIONAL CHARITABLE FOUNDATION "ALLIANCE FOR PUBLIC HEALTH"

## NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2015 (CONTINUED) (in Ukrainian Hryvnias and in thousands)

### V. Income and expense (Continued)

Item	Line code	Income	Expense
1	2	3	4
<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	876	-
Assets received free of charge	610	-	X
Write-off of non-current assets	620	X	5
Other income and expense	630	-	-

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	138,365
Other accounts with banks (letters of credit, checks)	660	-
Cash in transit	670	-
Cash equivalents	680	-
<b>Total</b>	<b>690</b>	<b>138,365</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 2015 (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				
1	2	3	4	5	6	7	8	9
Provision for unused vacations	710	1,598	708	-	-	-	-	2,306
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	662	-	-	(182)	(25)	-	455
<b>Total</b>	<b>780</b>	<b>2,260</b>	<b>708</b>	<b>-</b>	<b>(182)</b>	<b>(25)</b>	<b>-</b>	<b>2,761</b>



# INTERNATIONAL CHARITABLE FOUNDATION "ALLIANCE FOR PUBLIC HEALTH"

## NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2015 (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	-	-	-
Purchased semi-finished products and component parts	810	-	-	-
Fuel	820	-	-	-
Containers and packaging inventory	830	-	-	-
Construction materials	840	-	-	-
Spare parts	850	169	-	-
Agricultural materials	860	-	-	-
Current biological assets	870	-	-	-
Low-value items	880	344,406	-	-
Work in progress	890	1,119	-	-
Finished goods	900	-	-	-
Merchandise	910	-	-	-
<b>Total</b>	<b>920</b>	<b>345,694</b>	<b>-</b>	<b>-</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 maturities		
1	2	3	Up to 12 months	From 12 to 18 months	From 18 to 36 months
			4	5	6
Accounts receivable for goods, works, services	940	192	192	-	-
Other current accounts receivable	950	6,560	6,560	-	-

Bad debts written off in the reporting year	(951)	182
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	-
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 FOR THE YEAR ENDED 31 DECEMBER 2015 (CONTINUED) (in Ukrainian Hryvnias and in thousands)

### XI. Construction contracts

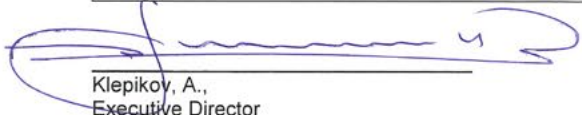
Item	Line code	Amount
1	2	3
Income from construction contracts during the reporting year	1110	-
Accounts payable and receivable at the end of the reporting year:		
Gross by customers	1120	-
Gross to customers	1130	-
Advances received	1140	-
Amount of funds in transit at the year end	1150	-
Cost of works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

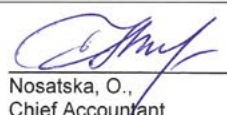
### XII. Income taxes

Item	Line code	Amount
1	2	3
Current income tax	1210	407
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	407
Including:		
Current income tax	1241	407
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	3,113
Used during the year – Total	1310	3,113
Including for:		
Construction	1311	-
Acquisition (construction) and improvement of property and equipment	1312	3,113
Including machinery and equipment	1313	555
Acquisition (construction) of intangible assets	1314	-
Repayment of borrowings received for capital investments	1315	-
	1316	-
	1317	-

  
Klepikoy, 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 2015

*(in Ukrainian Hryvnias and in thousands, unless otherwise indicated)*

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#### 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-Ukraine Consultancy" registered in Kyiv, Ukraine (collectively referred to as the "Organization").

The Alliance's principal activities are as follows:

- 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;
- Reduce the spread of the HIV, tuberculosis, hepatitis C (HCV), and other problems related to health care.

The core business of the wholly owned subsidiary, LLC "Alliance-Ukraine Consultancy", is rendering consulting services on fighting HIV infection and AIDS to its customers and International HIV/AIDS Alliance (United Kingdom).

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 (hereinafter, the "Global Fund") directly to the Organization and is used to fund the Program "Investing for Impact against Tuberculosis and HIV" (hereafter, the "Program") in accordance with the grant agreement entered into under # UKR-C-AUA-613 dated 23 February 2015. Total funds under this agreement amounts to USD 68,799 thousand (equivalent of UAH 1,651,224 thousand as of 31 December 2015), with the period of implementation from 1 January 2015 to 31 December 2017. During the year ended 31 December 2015, the Organization received USD 22,881 thousand (equivalent of UAH 549 160 thousand of 31 December 2015) 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.

## INTERNATIONAL CHARITABLE FOUNDATION "ALLIANCE FOR PUBLIC HEALTH"

### EXPLANATORY NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2015

*(in Ukrainian Hryvnias and in thousands, unless otherwise indicated)*

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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 2015 was 130.

In September 2012, the Organization signed a grant agreement with the Center for Disease Control and Prevention, USA, 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" for the period from 30 September 2012 to 31 March 2018. The total amount of funding under the Project was USD 5,000 thousand (equivalent of UAH 120,004 thousand as of 31 December 2015).

During the year ended 31 December 2015, the Organization was also financed by other donors.

During 2015 year, the Organization employed on average 59 persons (2014: 79 persons). During the years ended 31 December 2015 and 2014, the Organization also used the services of 229 and 381 part-time employees under civil contracts, respectively.

The registered office of the Organization is located at: 5 Dilova Str., Bldg. 10a, Floor 9, Kyiv, 03680, Ukraine.

## 2. OPERATING ENVIRONMENT

In 2015, the political situation in Ukraine continued to be in a turmoil. The armed conflict with separatists continued in certain parts of Luhanska and Donetsk regions, and the terms of the peaceful resolution of the conflict as foreseen by the Minsk agreements were violated many times.

In 2015, the Ukrainian economy continued going through a recession, gross domestic product contracted by 10% (2014: 7%), and an annual inflation rate reached 43% (2014: 25%). Unfavorable conditions in the external markets that are important for Ukraine were influencing further devaluation of the Ukrainian Hryvnia against foreign currencies. The Ukrainian companies and banks continued to suffer from lack of funding from domestic and international financial markets.

In early 2015, the Government of Ukraine agreed with the IMF a four-year program for USD 17.5 billion loan aimed at supporting the economic stabilization of Ukraine. The program defines economic reforms that must be undertaken by the Government of Ukraine to reinstate a sustainable economic growth in the mid-term perspective.

In 2015, political and economic relationships between Ukraine and the Russian Federation remained strained which led to a significant reduction in trade and economic cooperation. On 1 January 2016, a free-trade element of Ukraine's association agreement with the European Union is coming into force. In late 2015, the Russian Federation denounced the free trade zone agreement with Ukraine and further trade restrictions were announced by both countries.

Stabilization of the economic and political situation depends, to a large extent, upon the ability of the Ukrainian Government to continue reforms and the efforts of the NBU to further stabilize the banking sector, as well as upon the ability of the Ukrainian economy in general to respond adequately to changing markets. Nevertheless, further economic and political developments, as well as the impact of the above factors on the Organization and its sub-recipients and contractors are currently difficult to predict.



## INTERNATIONAL CHARITABLE FOUNDATION “ALLIANCE FOR PUBLIC HEALTH”

### EXPLANATORY NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2015

(in Ukrainian Hryvnias and in thousands, unless otherwise indicated)

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#### 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 (“UAS”), 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.

The accompanying consolidated financial statements were prepared as of 31 December 2015 and cover the period from 1 January 2015 to 31 December 2015 and the period from 1 January 2014 to 31 December 2014 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-Ukraine 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.

## INTERNATIONAL CHARITABLE FOUNDATION “ALLIANCE FOR PUBLIC HEALTH”

### EXPLANATORY NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2015

(in Ukrainian Hryvnias and in thousands, unless otherwise indicated)

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

	Years
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 in use

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.

Recoverable amount is the higher of fair value, less costs to sell, and value in use. Where carrying values exceed the estimated recoverable amount, assets are written down to their recoverable amount, and impairment loss is recognized in the respective period and is included in expense.

Where an impairment loss subsequently reverses, the carrying amount of the asset is increased to the revised estimate of its recoverable amount, but so that the increased amount does not exceed the carrying amount that would have been determined had no impairment loss been recognized for the asset in prior years.

**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.

## INTERNATIONAL CHARITABLE FOUNDATION “ALLIANCE FOR PUBLIC HEALTH”

### EXPLANATORY NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2015

*(in Ukrainian Hryvnias and in thousands, unless otherwise indicated)*

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

**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 inappropriate use of advances by sub-recipients and the funds provided to sub-recipients and placed with insolvent banks.

**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 program activities in accordance with the 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 program activities were carried in accordance with the terms of the 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 and accrued provision for employee vacations. 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 received 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 the section of "Non-current Liabilities and Provisions".

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**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-Ukraine Consultancy” and comprises predominantly payment for the services rendered by external suppliers.

**Financial instruments** – Financial instruments are initially measured at their actual cost which consists of the fair value of assets, liabilities, or equity instruments provided or received in exchange of the respective financial instrument and expense directly attributable to acquisition or disposal of the financial instrument (fees, mandatory duties, and payments for the transfer of financial instruments, etc.). At each subsequent balance sheet date upon recognition, financial assets are measured at their fair values, and financial liabilities are measured at amortized cost.

**Revenue recognition** – Revenue of the Organization is attributable to its subsidiary, LLC “Alliance-Ukraine 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.

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 not 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.



## INTERNATIONAL CHARITABLE FOUNDATION "ALLIANCE FOR PUBLIC HEALTH"

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The relevant exchange rates were as follows:

	As of 31 December 2015	Average exchange rate for 2015	As of 31 December 2014	Average exchange rate for 2014
UAH/USD	24.0007	21.8447	15.7686	11.8867
UAH/EUR	26.2231	24.2287	19.2329	15.7159
UAH/GBP	35.5332	33.4042	24.5255	19.5375

**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-Ukraine 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 2015 and 2014 and, thus, they were not recognized in the consolidated financial statements.

**Use of estimates and assumptions** – The preparation of the financial statements under UAS requires that management of the Organization make 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.

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, cash and cash equivalents represented by balances on current accounts with banks were as follows:

	31 December 2015	31 December 2014
USD-denominated cash	127,287	256,606
UAH-denominated cash	3,541	5,269
EUR-denominated cash	2,910	1,831
GBP-denominated cash	4,627	814
<b>Total</b>	<b>138,365</b>	<b>264,520</b>

## INTERNATIONAL CHARITABLE FOUNDATION "ALLIANCE FOR PUBLIC HEALTH"

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(in Ukrainian Hryvnias and in thousands, unless otherwise indicated)

Almost all cash of the Organization (92% of the consolidated cash amount) was placed by the Organization in a domestic bank with a credit rating provided by the international agency Fitch Ratings at the level of "C" as of 31 December 2015 (31 December 2014: "B-").

#### 5. OTHER CURRENT ACCOUNTS RECEIVABLE

As of 31 December 2015 and 2014, other current accounts receivable were represented by the balances of advances issued by the Organization to the sub-recipients that receive financing from the Organization funded by the Global Fund and other donors in the amount of UAH6,309 thousand and UAH 1,473 thousand, respectively, as well as other accounts receivable in the amount of UAH 251 thousand and UAH 571 thousand, respectively. Those amounts of advances issued are net of the provision for doubtful debts on the advances to sub-recipients amounting to UAH 455 thousand and UAH 631 thousand as of 31 December 2015 and 2014, respectively, as well as the provision for doubtful debts on the other accounts receivable amounting to nil and UAH 31 thousand as of 31 December 2015 and 2014, respectively.

Movements in the provision for doubtful debts were as follows:

	2015	2014
Balance at the beginning of the year	662	421
(Decrease)/increase in the provision for doubtful debts	(25)	241
Amounts written off during the year	(182)	-
Balance at the end of the year	455	662

#### 6. CAPITAL INVESTMENTS IN PROGRESS

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.

As of 31 December 2014, capital investments in progress included vehicles with the historical cost of UAH 2,710 thousand, as well as medical and other equipment at the cost of UAH 505 thousand. During the year ended 31 December 2015, the Organization transferred the mobile medical centers and equipment to sub-recipients for temporary use.

#### 7. OTHER OPERATING INCOME

Other operating income for the years ended 31 December 2015 and 2014 were as follows:

	2015	2014
Income on current assets received free of charge (at the cost of special purpose funds)	662,137	322,456
Gain on operating translation differences	284,119	90,693
Other	-	3,052
Total	946,256	416,201

## INTERNATIONAL CHARITABLE FOUNDATION "ALLIANCE FOR PUBLIC HEALTH"

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#### 8. OTHER OPERATING EXPENSE

Other operating expense for the years ended 31 December 2015 and 2014 were as follows:

	2015	2014
Purchase of inventories	330,492	104,974
Losses on operating translation differences	171,826	107,431
Expenses of sub-recipients under the Program contracts	146,872	44,514
Costs of services	104,120	43,932
Other	19,681	14,991
<b>Total</b>	<b>772,991</b>	<b>315,842</b>

For the year ended 31 December 2015 costs of services included costs of services of individual entrepreneurs in amount of UAH 12,661 thousand, attracted by the Organization on the regular basis. Quantity of such entrepreneurs of the Organization as at 31 December 2014 and 2015 was equal to 46 and 32 persons, respectively.

#### 9. OTHER EXPENSES

Other expenses included in cash flows from operating activities for the years ended 31 December 2015 and 2014 were as follows:

	2015	2014
Funds issued to sub-recipients	(152,773)	(109,451)
Return of the funds unused to donors	(5,364)	(23,458)
Other	(3,712)	(2,832)
<b>Total</b>	<b>(161,849)</b>	<b>(135,741)</b>

#### 10. RELATED PARTY TRANSACTIONS

The only related party transactions during the years ended 31 December 2015 and 2014 were current remuneration payments to the Organization's key management personnel and their close family members that were the Organization's employees.

For the year ended 31 December 2015, total remuneration to the Organization's key management personnel was included in administrative expenses and amounted to UAH 12,004 thousand (for the year ended 31 December 2014: UAH 5,369 thousand).

As of 31 December 2015, the Organization had no significant obligations on key management remuneration.

## INTERNATIONAL CHARITABLE FOUNDATION "ALLIANCE FOR PUBLIC HEALTH"

### EXPLANATORY NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2015

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#### 11. CONTINGENCIES AND CONTRACTUAL COMMITMENTS

**Taxation** – The Alliance is a non-profit organization 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 implementing certain reforms in the tax system of Ukraine. Currently, it is not clear what specific measures will be undertaken within these reforms, nor what overall impact they will have on the tax environment in general and on the tax standing of the Organization in particular. 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 2015 and 2014, the Organization had the following commitments under non-cancelable agreements:

	31 December 2015	31 December 2014
Drugs and pharmaceutical products	287,765	132,982
Health care goods and medical equipment	17,975	29,424
Other	390	5,999
<b>Total</b>	<b>306,130</b>	<b>168,405</b>

#### 12. RISK MANAGEMENT POLICIES

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

	31 December 2015	31 December 2014
<b>Financial assets</b>		
Cash and cash equivalents	138,365	264,520
Accounts receivable for products, goods, works, and services	192	-
<b>Total financial assets</b>	<b>138,557</b>	<b>264,520</b>
<b>Financial liabilities</b>		
Current accounts payable for goods, works, services	12,408	1,312
Current provisions for employee vacations	2,308	1,598
Current accounts payable on settlements with the state budget	456	-
Current accounts payable on insurance settlements	77	-
Current accounts payable on staff costs	68	70
<b>Total financial liabilities</b>	<b>15,315</b>	<b>2,980</b>



## INTERNATIONAL CHARITABLE FOUNDATION “ALLIANCE FOR PUBLIC HEALTH”

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(in Ukrainian Hryvnias and in thousands, unless otherwise indicated)

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 exposures, and 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 a grant agreement, thus, causing loss to the Organization.

This risk is mainly attributable to other current accounts receivable represented by advances issued to sub-recipients. The amounts are recorded in the consolidated financial statements net of provision for inappropriate use of advances by sub-recipients and from placement of cash by sub-recipients with insolvent banks. This 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. The Organization is by 97% financed by foreign donors and customers. 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 is devalued and, vice versa, 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 2015 and 2014 were as follows:

	31 December 2015			31 December 2014		
	USD	EUR	GBP	USD	EUR	GBP
<b>Assets</b>						
Cash and cash equivalents	127,287	2,910	4,627	256,606	1,831	814
Accounts receivable for products, goods, works, services: at net realizable value	192	-	-	-	-	-
Accounts receivable on advances issued	168	5,171	-	-	-	-
<b>Total assets</b>	<b>127,647</b>	<b>8,081</b>	<b>4,627</b>	<b>256,606</b>	<b>1,831</b>	<b>814</b>
<b>Liabilities</b>						
Current accounts payable for goods, works, services	9,455	1,235	-	-	548	-
Other current liabilities	378	-	-	-	-	-
<b>Total liabilities</b>	<b>9,833</b>	<b>1,235</b>	<b>-</b>	<b>-</b>	<b>548</b>	<b>-</b>
<b>Net currency position</b>	<b>117,814</b>	<b>6,846</b>	<b>4,627</b>	<b>256,606</b>	<b>1,283</b>	<b>814</b>

## INTERNATIONAL CHARITABLE FOUNDATION “ALLIANCE FOR PUBLIC HEALTH”

### EXPLANATORY NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2015

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The following table details the Organization's sensitivity to weakening of UAH against USD, EUR, and GBP by 50%. 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 2015			31 December 2014		
	USD	EUR	GBP	USD	EUR	GBP
Profit	58,907	3,423	2,314	128,303	642	407

**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 2015 and 2014, 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 2015, funding provided by the Global Fund amounted to 85% (for the year ended 31 December 2014: 94%) of all donations received by the Organization. To manage this concentration risk, the Organization seeks for obtaining additional financing from other donors. During the year ended 31 December 2015, the Alliance succeeded in attracting funds of the donors with which it had not cooperated before, in particular:

- Expertise France 5% Initiative;
- Non-governmental Organization “Ednannia: Initiative Center to Support Social Action”, under technical support of the RESPOND Project;
- European Council – Co-operation Group to Combat Drug Abuse and Illicit Trafficking in Drugs, Pompidou Group;
- Elton John AIDS Foundation;
- Gilead Sciences Inc.

### 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 2015 and 2014, 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.

## INTERNATIONAL CHARITABLE FOUNDATION "ALLIANCE FOR PUBLIC HEALTH"

### EXPLANATORY NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2015

*(in Ukrainian Hryvnias and in thousands, unless otherwise indicated)*

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#### 14. SUBSEQUENT EVENTS

In March 2016, the funding under the Program "Investing for Impact against Tuberculosis and HIV" funded by the Global Fund for the period to 31 December 2017 was decreased from USD 68,799 thousand (equivalent of UAH 1,651,224 thousand as of 31 December 2015) to USD 66,269 thousand (equivalent of UAH 1,590,502 thousand as of 31 December 2015). In addition, the balance of funds unused as of 31 December 2014 under the Global Fund Programs of Round 9 "Reducing the Tuberculosis Burden in Ukraine through Expanding and Enhancing Access to High Quality Tuberculosis Services" and Round 10 "Building a Sustainable System of Comprehensive Services on HIV Prevention, Treatment, Care and Support for Most-at-Risk Populations and People Living with HIV/AIDS in Ukraine" in the amount of USD 15,639 thousand (equivalent of UAH 375,347 thousand as of 31 December 2015) was transferred as advance under the Program "Investing for Impact against Tuberculosis and HIV". Thus, total funding under the Program until 31 December 2017 amounted to USD 81,908 thousand (equivalent of UAH 1,965,849 thousand as of 31 December 2015).

In March 2016, the amount of funding under 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" funded by the Centers for Disease Control and Prevention ("CDC") for the year ended 31 March 2016 was increased by USD 100 thousand and amounted to USD 1,550 thousand (equivalent of UAH 37,201 thousand as of 31 December 2015).

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

These consolidated financial statements were approved by management and authorized for issue on 18 May 2016.

# APPENDIX 3.

## KEY OUTCOMES OF ALLIANCE PROGRAM ACTIVITIES IN 2015

### Members of Key Populations Reached with the Minimum Package of Prevention Services in 2015, *Unique Clients*

Oblast/Region	PWID		SW			MSM		Other*	
	M	F	M	F	T	M	T	M	F
AR Crimea	5,453	2,146		1,943		605			
Vinnitsia oblast	1,755	459		471		425			
Volyn oblast	1,539	270		456		346			
Dnipropetrovsk oblast	22,715	10,044		3,056		2,861	4	398	273
Donetsk oblast	22,245	7,625	2	1,805		1,143		96	86
Zhytomyr oblast	2,444	829		705		200		1	
Zakarpattia oblast	721	171		288					
Zaporizhia oblast	3,677	1,145	1	917		2,268	1	4	18
Ivano-Frankivsk oblast	998	198		423		148		24	5
Kyiv oblast	7,193	2,119	10	327	1	361		35	14
Kirovohrad oblast	3,230	827		483		411			
Lunahsk oblast	6,706	2,775		857				2	
Lviv oblast	4,373	1,002		1,645		1,341		5	6
Mykolaiv oblast	4,872	2,464	4	2,783		1,593			
Odesa oblast	19,846	7,926		4,781		2,518	35	368	386
Poltava oblast	3,179	1,050		275		361		3	8
Rivne oblast	2,074	805		518		439			
Sumy oblast	4,019	916	1	1,117		417			
Ternopil oblast	909	330		385		390		14	1
Kharkiv oblast	8,355	2,217		3,422		1,796		118	30
Kherson oblast	4,023	1,169		503		692	1	68	26
Khmelnyskyi oblast	2,822	967		774					
Cherkasy oblast	6,803	2,164		1,174		800		1	1
Chernihiv oblast	2,213	838				312			1
Chernivtsi oblast	2,070	1,016		896		764		23	5
Kyiv	18,185	6,237	75	6,596	137	12,610		185	100
Sevastopol	2,488	1,015		746		570			1
<b>Total</b>	<b>155,351</b>	<b>57,466</b>	<b>93</b>	<b>36,712</b>	<b>138</b>	<b>32,918</b>	<b>41</b>	<b>1,344</b>	<b>961</b>

\*PARTNERS OF PWID,  
CLOSE FAMILY OR FRIENDS  
OF THE MEMBERS OF KEY  
POPULATIONS, PEOPLE WHO  
USE NON-INJECTING DRUGS

M – MALE

F – FEMALE

T – TRANSGENDER



## Consumables Distributed in 2015

Oblast/Region	Male Condoms	Female Condoms (Femidoms)	Syringes/Needles
AR Crimea	290,293		767,457
Vinnysia oblast	166,985	292	275,393
Volyn oblast	121,569	1,400	161,890
Dnipropetrovsk oblast	1,580,049	6,000	2,562,037
Donetsk oblast	1,022,902	7,608	2,551,501
Zhytomyr oblast	258,510	1,000	302,578
Zakarpattia oblast	72,734	1,000	67,868
Zaporizhia oblast	340,203	1,695	382,534
Ivano-Frankivsk oblast	95,607	951	127,119
Kyiv oblast	200,664		486,435
Kirovohrad oblast	265,956		574,240
Lunahsk oblast	294,854	2,230	872,990
Lviv oblast	384,304	1,000	328,911
Mykolaiv oblast	953,398		709,812
Odesa oblast	1,537,804	1,165	2,543,776
Poltava oblast	169,894	1,000	361,557
Rivne oblast	213,769	1,540	142,038
Sumy oblast	385,499	2,000	527,090
Ternopil oblast	74,644	915	86,588
Kharkiv oblast	803,441		823,800
Kherson oblast	204,171		532,833
Khmelnyskyi oblast	220,875		353,602
Cherkasy oblast	651,646	7,619	947,606
Chernihiv oblast	70,245	376	285,216
Chernivtsi oblast	167,360		250,367
Kyiv	2,990,631	3,060	2,194,428
Sevastopol	149,191		219,545
<b>Total</b>	<b>13,687,198</b>	<b>40,851</b>	<b>19,439,211</b>

## Total Clients Tested with HIV Rapid Tests in 2015

Oblast/Region	PWID		SW		MSM		Other	
	Clients Tested	Positive Results	Clients Tested	Positive Results	Clients Tested	Positive Results	Clients Tested	Positive Results
AR Crimea	4,174	57	1,094	2	318			
Vinnitsia oblast	1,950	5	341	1	385	4		
Volyn oblast	966	13	387		298	4		
Dnipropetrovsk oblast	21,818	1,079	2,630	57	2,694	19	203	9
Donetsk oblast	24,021	278	1,479	22	980	12	3	
Zhytomyr oblast	2,272	25	533	1	161	1	2	
Zakarpattia oblast	431		143	1				
Zaporizhia oblast	3,146	56	511	8	1,402	7	21	
Ivano-Frankivsk oblast	601	33	172	1	121	7	1	
Kyiv oblast	6,224	275	276	5	337	2		
Kirovohrad oblast	3,357	11	423	1	378	3		
Lunahsk oblast	7,149	165	577	18			1	
Lviv oblast	3,686	117	1,100	5	1,078	47	3	
Mykolaiv oblast	5,411	89	1,979	7	1,087	1		
Odesa oblast	15,989	258	3,896	12	1,740	39	319	
Poltava oblast	2,459	58	192	3	336		15	
Rivne oblast	2,292	7	396	3	394			
Sumy oblast	3,198	28	968	1	402			
Ternopil oblast	808	5	305		249	7	8	
Kharkiv oblast	8,015	179	2,753	5	1,370	25		
Kherson oblast	3,202	16	320	4	466	4	94	
Khmelnyskyi oblast	2,923	14	602	2				
Cherkasy oblast	6,624	58	1,093		721	3		
Chernihiv oblast	1,910	40			287	1		
Chernivtsi oblast	1,863	5	300	1	683	9		
Kyiv	17,727	421	5,056	50	9,938	91	57	1
Sevastopol	2,442	22	361		262			
<b>Total</b>	<b>149,473</b>	<b>3,313</b>	<b>27,568</b>	<b>209</b>	<b>25,802</b>	<b>286</b>	<b>727</b>	<b>10</b>

## Screening Tests among Members of Populations Vulnerable to HIV for Sexually Transmitted Infections (Syphilis, Gonorrhea, Chlamydia, HBV and HCV) in 2015

Oblast/Region	PWID		SW		MSM		Other*	
	Clients Tested	Positive Results	Clients Tested	Positive Results	Clients Tested	Positive Results	Clients Tested	Positive Results
AR Crimea	1,057	80	1,581	23	129			
Vinnitsia oblast	340	31	280		100	1		
Volyn oblast	198	29	397	12	131	2		
Dnipropetrovsk oblast	3,770	468	2,761	43	842	1		
Donetsk oblast	4,476	906	1,477	23	300			
Zhytomyr oblast	443	20	698				1	
Zakarpattia oblast	70	2	190	4				
Zaporizhia oblast	820	293	491	44	418		9	
Ivano-Frankivsk oblast	131	69	276	9	100	4	2	
Kyiv oblast	922	396	249	3	60		1	
Kirovohrad oblast	723	139	497	29	90			
Lunahsk oblast	1,198	432	640	15			1	
Lviv oblast	805	78	1,196	55	274			
Mykolaiv oblast	939	218	1,546	41	370	2		
Odesa oblast	3,406	293	4,161	158	695	24	70	2
Poltava oblast	978	365	294	16	68		9	3
Rivne oblast	634	96	340		90			
Sumy oblast	520	143	956	1	115			
Ternopil oblast	333	115	256	10	135	8	10	5
Kharkiv oblast	1,354	358	2,598	36	325	5		
Kherson oblast	525	81	372	10	95			
Khmelnyskyi oblast	520	36	710	12				
Cherkasy oblast	1,576	124	1,300	5	229			
Chernihiv oblast	374	69			65			
Chernivtsi oblast	326	92	315	1	220	7		
Kyiv	3,335	1,129	5,138	87	3,006	39	100	6
Sevastopol	344	89	561	45	230	15		
<b>Total</b>	<b>30,117</b>	<b>6,151</b>	<b>29,280</b>	<b>682</b>	<b>8,087</b>	<b>108</b>	<b>203</b>	<b>16</b>

## Early TB Detection Among Key Vulnerable Populations (PWID, SW, MSM, Roma, Homeless People, Former Prisoners) in 2015, *Unique Clients*

Oblast/Region	Clients Screened for TB Based on Survey Questions	Clients with Positive TB Screening Results	Clients Who Received TB Diagnostic Services	Clients Diagnosed with TB	Clients Who Started TB Treatment
AR Crimea	4,694	154	58	9	8
Vinnitsia oblast	2,726	453	443	2	
Volyn oblast	629	5	5	1	1
Dnipropetrovsk oblast	19,083	1,733	1,375	87	81
Donetsk oblast	17,534	1,765	1,046	51	44
Zhytomyr oblast	3,258	306	300	2	2
Zakarpattia oblast	1,761	498	519	36	36
Zaporizhia oblast	4,543	665	590	7	7
Ivano-Frankivsk oblast	628	281	194	2	2
Kyiv oblast	4,560	922	789	50	42
Kirovohrad oblast	3,397	657	583	3	3
Lunahsk oblast	7,580	980	931	22	21
Lviv oblast	3,743	559	240	3	3
Mykolaiv oblast	7,039	561	544	24	22
Odesa oblast	18,305	946	870	143	141
Poltava oblast	3,800	1,057	890	29	27
Rivne oblast	1,733	235	235	1	
Sumy oblast	3,847	885	850	16	2
Ternopil oblast	557				
Kharkiv oblast	10,693	815	727	11	8
Kherson oblast	3,857	806	805	10	10
Khmelnyskyi oblast	2,014	49	46		
Cherkasy oblast	5,869	550	545	10	10
Chernihiv oblast	1,547	203	203	3	3
Chernivtsi oblast	2,231	231	219	13	1
Kyiv	23,661	2,215	1,734	27	15
Sevastopol	2,788	345			
<b>Total</b>	<b>157,668</b>	<b>17,824</b>	<b>14,705</b>	<b>562</b>	<b>489</b>



# APPENDIX 4.

## LIST OF GRANTEES AND IMPLEMENTERS OF ALLIANCE PROJECTS IN 2015

### Consolidated Data on the Grant Agreements of Alliance, 2015

N	Name of NGO	Donor program (*)	Region
1	CF "Insight"	GF	Cherkasy region
2	CF "Volia" ("Liberty")	GF	Cherkasy region
3	Regional NGO "Information and Counseling Center for Families and Individuals "Dialog" ("Dialogue")	GF	Cherkasy region
4	CF "Vid Sertsia do Sertsia" ("From Heart to Heart")	GF	Cherkasy region
5	Cherkasy regional Branch of Charitable Organization "All-Ukrainian Network of PLWH"	GF	Cherkasy region
6	NGO "Resocialization Center for Chemically Dependent People "VEDIS"	GF	Chernihiv region
7	Chernihiv Regional NGO "Vidrodzhennia Natsii" ("Revival of Nation")	GF	Chernihiv region
8	Chernihiv regional Branch of Charitable Organization "All-Ukrainian Network of PLWH"	GF	Chernihiv region
9	CF "Nova Simya" ("New Family")	GF	Chernivtsi region
10	Chernivtsi Regional NGO "Liudy Bukovyny" ("People of Bukovyna")	GF	Chernivtsi region
11	CF "Public Health", Kryvyi Rih	GF	Dnipropetrovsk region
12	CF "Virtus"	GF	Dnipropetrovsk region
13	NGO "Doroha Zhyttia Dnipro" ("Way of Life Dnipro")	GF	Dnipropetrovsk region
14	NGO "Drevo Zhyttia" ("Tree of Life")	GF	Dnipropetrovsk region
15	NGO "Family Support Center"	GF	Dnipropetrovsk region
16	Dniprodzerzhynsk City CF "Impulse"	GF	Dnipropetrovsk region

Total amount of projects	Total amount of commitments (UAH)	Total Funding Provided to Recipients/ Implementing Partners (UAH)	Commitments (USD)	Funding Provided (USD)
1	1,911,355	1,816,620	\$92,641	\$78,282
1	1,033,180	993,016	\$50,914	\$43,642
1	600,144	546,787	\$30,354	\$23,775
1	1,267,562	1,188,489	\$64,519	\$52,476
1	231,583	231,583	\$11,456	\$10,375
1	512,738	442,875	\$23,851	\$19,622
1	623,667	623,667	\$32,217	\$27,646
1	501,859	501,859	\$24,026	\$22,238
1	1,353,769	1,344,820	\$67,642	\$59,054
1	373,607	373,607	\$18,679	\$16,548
1	3,373,385	3,214,442	\$171,485	\$140,991
1	1,994,231	1,985,785	\$100,569	\$89,462
1	4,429,816	4,337,572	\$221,877	\$194,653
1	1,736,225	1,590,341	\$87,018	\$71,224
1	1,145,572	1,072,104	\$58,145	\$48,219
1	881,354	836,071	\$45,717	\$37,606

*Table "Consolidated  
Data on the Grant  
Agreements of  
Alliance, 2015"  
(continued)*

N	Name of NGO	Donor program (*)	Region
17	Dnipropetrovsk Regional NGO "Perehrestia" ("Crossroad")	GF	Dnipropetrovsk region
18	Zhovti Vody City CF "Promin" ("Ray")	GF	Dnipropetrovsk region
19	Kyvyi Rih regional Branch of Charitable Organization "All-Ukrainian Network of PLWH"	GF	Dnipropetrovsk region
20	Municipal Community Center for Drug Dependent People "Maibutnie bez SNIDu" ("Future without AIDS")	GF	Dnipropetrovsk region
21	CO "Svitanok" ("Dawn")	GF	Donetsk region
22	NGO "Donbas Without Drugs"	GF	Donetsk region
23	NGO "Istok" ("Egress")	GF	Donetsk region
24	Horlivka NGO "Linia Zhyttia" ("Life Line")	GF	Donetsk region
25	NGO "Mariupol Youth Union"	GF	Donetsk region
26	NGO "Union Amicus"	GF	Donetsk region
27	Donetsk Regional Society for Assistance to HIV-Infected People	GF	Donetsk region
28	Donetsk Regional CF "Oberih" ("Amulet")	GF	Donetsk region
29	Sloviansk City NGO "Nasha Dopomoha" ("Our Help")	GF	Donetsk region
30	CF Rehabilitation Center for Drug Users "Zahid Shans"	GF	Ivano-Frankivsk region
31	Kharkiv regional Branch of Charitable Organization "All-Ukrainian Network of PLWH"	GF	Kharkiv region
32	Kharkiv City CF "Blago" ("Good")	GF	Kharkiv region
33	Kharkiv City CF "Nadiya Ye" ("There is Hope")	GF	Kharkiv region
34	Kharkiv Regional CF "Parus" ("Sail")	GF	Kharkiv region
35	Kherson Regional CF "Mangust"	GF	Kherson region
36	Khmelnyskyi Regional Association for Assistance with Drug Dependence Problems & AIDS "Victoria"	GF	Khmelnyskyi region
37	Khmelnyskyi regional Branch of Charitable Organization "All-Ukrainian Network of PLWH"	GF	Khmelnyskyi region
38	Kirovohrad regional Branch of Charitable Organization "All-Ukrainian Network of PLWH"	GF	Kirovohrad region

Total amount of projects	Total amount of commitments (UAH)	Total Funding Provided to Recipients/ Implementing Partners (UAH)	Commitments (USD)	Funding Provided (USD)
1	602,270	602,211	\$30,584	\$27,075
1	814,524	811,962	\$41,247	\$35,836
1	532,563	528,565	\$26,783	\$23,447
1	685,126	679,207	\$34,365	\$30,494
1	1,135,807	1,135,807	\$56,941	\$50,613
1	1,699,455	1,503,608	\$107,775	\$66,746
1	291,283	287,904	\$14,731	\$12,780
1	2,684,415	2,683,873	\$134,844	\$118,261
1	978,529	953,362	\$49,460	\$41,710
1	1,797,341	1,774,822	\$90,777	\$78,571
1	1,193,796	1,192,533	\$59,560	\$52,638
1	2,636,843	2,623,097	\$132,167	\$118,583
1	2,107,623	2,091,006	\$112,144	\$92,077
1	1,261,128	1,260,494	\$66,677	\$55,894
1	1,158,941	1,158,941	\$57,504	\$51,756
1	2,693,584	2,678,282	\$137,597	\$117,432
1	211,772	210,400	\$11,281	\$9,428
1	2,478,486	2,460,828	\$126,170	\$109,811
1	2,683,904	2,680,430	\$132,639	\$118,600
1	1,533,273	1,529,687	\$78,412	\$67,730
1	960,326	960,326	\$50,295	\$43,139
1	857,420	857,420	\$41,484	\$37,992

*Table "Consolidated  
Data on the Grant  
Agreements of  
Alliance, 2015"  
(continued)*

N	Name of NGO	Donor program (*)	Region
39	CF "Povernennia do Zhyttia" ("Coming back to Life")	GF	Kirovohrad region
40	Charitable Fund "Drop in Center"	GF	Kyiv city
41	AUCO "All-Ukrainian Public Health Association"	GF	Kyiv city
42	All-Ukrainian Charitable Organization "Convictus Ukraine"	GF	Kyiv city
43	Ukrainian Institute on Public Health Policy	CDC	Kyiv city
44	NGO "Gay Alliance"	GF	Kyiv city
45	NGO "Club "Eney"	GF	Kyiv city
46	NGO "Center for Psychosocial Rehabilitation for Chemically Dependent Youth "Step by Step"	GF	Kyiv city
47	Kyiv Regional CF "Nadiya ta Dovira" ("Hope and Trust")	GF	Kyiv city
48	International Charitable Organization "Roma Women's Fund "Chirikli"	GF	Kyiv city
49	International CF "Vertikal"	GF	Kyiv city
50	CO "Dopomozhy zhyttiu" ("Help Life")	GF	Kyiv region
51	The National Red Cross Committee	GF	Kyiv region
52	CO "Obrii" ("Horizon")	GF	Luhansk region
53	Luhansk ACO "All-Ukrainian Network of PLWH"	GF	Luhansk region
54	CF "Avante"	GF	Lviv region
55	CF "SALUS"	GF	Lviv region
56	Pershotravensk City CF "Zdorova Natsiya" ("Healthy Nation")	GF	Mykolayiv region
57	NGO "LGBT Association "LIGA"	GF	Mykolayiv region
58	Mykolaiv Association of HIV-Infected People "Chas Zhyttia" ("Time of Life")	GF	Mykolayiv region
59	Mykolaiv City CF "Vykhid" ("Way Out")	GF	Mykolayiv region
60	Mykolaiv City CF "Unitus"	GF	Mykolayiv region
61	CF "Veselka" ("Rainbow")	GF	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	1,709,121	1,698,488	\$88,257	\$74,857
1	1,285,847	1,278,689	\$66,486	\$56,726
1	1,417,325	1,249,568	\$71,037	\$52,247
1	4,965,944	4,835,625	\$253,064	\$213,591
1	4,338,300	2,611,875	\$184,991	\$123,434
1	2,952,122	2,828,734	\$149,029	\$127,451
1	2,955,294	2,953,722	\$154,970	\$132,247
1	2,870,538	2,702,290	\$143,163	\$119,198
1	262,624	262,624	\$12,503	\$12,171
1	396,677	396,677	\$19,620	\$18,071
1	6,842,152	6,668,987	\$371,623	\$295,448
1	269,955	269,955	\$13,385	\$12,064
1	28,206,108	28,206,108	\$1,663,533	\$1,253,395
1	895,635	884,948	\$45,156	\$38,852
1	2,153,667	1,978,029	\$142,929	\$88,031
1	276,746	276,746	\$14,473	\$12,519
1	3,418,153	3,417,585	\$174,523	\$148,663
1	371,016	368,813	\$18,796	\$16,581
1	403,993	402,728	\$21,619	\$17,775
1	1,906,447	1,901,679	\$94,406	\$86,316
1	1,662,409	1,581,873	\$82,759	\$71,072
1	2,042,612	1,967,992	\$102,548	\$86,845
1	863,257	863,257	\$45,553	\$38,374

*Table "Consolidated  
Data on the Grant  
Agreements of  
Alliance, 2015"  
(continued)*

N	Name of NGO	Donor program (*)	Region
62	Community-Based Youth Organization "Klub Vzaiemodopomohy "Zhyttia+" ("Peer Support Club "Life+")	GF	Odesa region
63	NGO "Era Myloserdiia" ("Era of Mercy")	GF	Odesa region
64	NGO "Youth Development Center"	GF	Odesa region
65	Community-Based Movement "Vira, Nadiya, Lubov" ("Faith, Hope, Love")	GF	Odesa region
66	Youth-Based NGO "Youth Community Movement "Partner"	GF	Odesa region
67	Odesa CF for Rehabilitation and Social Adaptation of Homeless People "Shliakh do Domu" ("The Way Home")	GF	Odesa region
68	Charitable Association for HIV/AIDS Patients "Svitlo Nadii" ("Light of Hope")	GF	Poltava region
69	CF "Public Health", Poltava	GF	Poltava region
70	Rivne Regional CF "Maibutnie bez SNIDu" ("Future without AIDS")	GF	Rivne region
71	CF "Krok Nazustrich" ("Step Forward")	GF	Sumy region
72	Sumy Regional Youth NGO "Club for Resocialization of Chemically Dependent People "SHANS" ("CHANCE")	GF	Sumy region
73	Sumy regional branch of the Network of PLWH	GF	Sumy region
74	NGO "The Center for Spiritual and Psychological Support "Dzherela" ("Springs")	GF	Ternopil region
75	Ternopil Regional CO "Nadiya Plus Zhyttia" ("Hope Plus Life")	GF	Ternopil region
76	NGO "Resocialization Center for Chemically Dependent People "Nezalezhnist" ("Independence")	GF	Vinnytsya region
77	Volyn Regional CF "Shans" ("Chance")	GF	Volyn region
78	Zakarpattia Regional CF "Rada Zhyttia" ("Council of Life")	GF	Zakarpattia region
79	CF "Vse Mozhlyvo" ("Everything is Possible")	GF	Zaporizhia region
80	CF "Spodivannia" ("Hope")	GF	Zaporizhia region

Total amount of projects	Total amount of commitments (UAH)	Total Funding Provided to Recipients/ Implementing Partners (UAH)	Commitments (USD)	Funding Provided (USD)
1	285,943	283,537	\$14,264	\$12,513
1	715,237	655,463	\$35,120	\$29,451
1	2,342,721	2,336,718	\$113,405	\$103,222
1	2,248,059	2,176,606	\$114,894	\$96,737
1	674,545	667,142	\$34,147	\$29,389
1	5,550,367	5,342,952	\$281,506	\$235,804
1	3,007,783	2,950,433	\$150,148	\$134,401
1	465,790	441,407	\$23,410	\$19,306
1	1,951,464	1,939,014	\$102,325	\$85,342
1	1,316,235	1,307,546	\$65,841	\$57,623
1	1,442,765	1,437,624	\$71,408	\$63,185
1	111,698	111,215	\$5,584	\$4,968
1	871,887	871,167	\$43,130	\$38,634
1	171,178	171,100	\$9,916	\$7,878
1	2,302,520	2,272,870	\$113,854	\$99,997
1	1,375,373	1,375,320	\$67,953	\$61,111
1	258,905	246,097	\$12,701	\$10,696
1	690,553	684,116	\$34,952	\$30,277
1	1,468,156	1,400,032	\$73,244	\$62,310

Table "Consolidated  
Data on the Grant  
Agreements of  
Alliance, 2015"  
(continued)

N	Name of NGO	Donor program (*)	Region
81	CO "Club "Future"	GF	Zaporizhia region
82	Zaporizhia regional Branch of Charitable Organization "All-Ukrainian Network of PLWH"	GF	Zaporizhia region
83	Zaporizhia Regional CF "Gender Z"	GF	Zaporizhia region
84	Zhytomyr Regional NGO "Perspektyva" ("Perspective")	GF	Zhytomyr region
85	Novohrad-Volynskyi CF "Nekhai Tvoie Sertse Byetsia" ("Let Your Heart Beat")	GF	Zhytomyr region
Total amount of unutilized funds under grant agreements of previous years, returned in 2015			
Total:			

\* 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"

Total amount of projects	Total amount of commitments (UAH)	Total Funding Provided to Recipients/ Implementing Partners (UAH)	Commitments (USD)	Funding Provided (USD)
1	77,467	77,467	\$3,898	\$3,544
1	879,465	879,465	\$44,022	\$38,951
1	434,449	434,449	\$22,015	\$19,348
1	2,096,541	2,077,024	\$101,436	\$91,892
1	306,787	306,702	\$15,266	\$13,913
		<b>-134,055</b>		<b>-7,380</b>
	<b>156,480,283</b>	<b>151,682,801</b>	<b>8,183,407</b>	<b>6,735,464</b>



# APPENDIX 5.

## TOTAL COST OF DELIVERED MEDICINES AND HEALTH PRODUCTS BY REGIONS IN 2015, UAH

Region	Rapid tests combi	Other equipment and materials	Syringes, needles and wipes	Laboratory diagnostics: equipment and materials
AR Crimea	64,544.38	9,158.04	39.49	
Vinnysia oblast	63,035.57	41,235.46	228,761.5	577,840.73
Volyn oblast	59,934.09	42,805.92	141,966.79	91,129.62
Dnipropetrovsk oblast	186,015.45	153,027.21	2,764,862.21	844,436.13
Donetsk oblast	87,595.97	154,746.64	5,542,087.51	213,209.79
Zhytomyr oblast	59,934.09	42,969.09	368,613.25	263,999.74
Zakarpattia oblast	41,492.83	37,761.79	59,776.59	4,081.24
Zaporizhia oblast	41,492.83	72,373.28	524,828.98	407,981.71
Ivano-Frankivsk oblast	64,544.4	44,114.07	115,398.4	165,799.26
Kyiv oblast		33,804.25		150,035.84
Kirovohrad oblast	69,154.72	43,973.09	631,099.77	143,818.44
Luhansk oblast	41,492.83	103,618.23	1,594,985.28	237,456.11
Lviv oblast	73,765.03	46,275.86	807,431.54	28,248.27
Mykolaiv oblast	73,765.03	85,208.75	849,674.39	368,889.6
Odesa oblast	373,292.82	48,351.59	2,855,458.25	891,370
Poltava oblast	46,103.15	76,678.16	402,821.52	342,688.13
Rivne oblast	64,544.4	44,806.82	167,975.41	1,143
Sumy oblast	41,492.83	38,303.87	418,060.62	
Ternopil oblast	69,154.72	77,948.22	83,358.9	
Kharkiv oblast	50,713.46	73,956.47	1,243,863.23	173,637.17
Kherson oblast	73,765.03	117,700.69	441,457.6	215,760.73
Khmelnyskyi oblast	69,154.72	46,963.77	471,231.48	3,735.94
Cherkasy oblast	87,595.98	48,933.31	1,367,286.9	215,082.43
Chernihiv oblast	69,154.72	52,633.48	203,653.24	4,616.74
Kyiv	192,375.85	97,358.43	3,956,491.45	1,292,105.51
Sevastopol	78,375.34	11,844.54	39.49	
Chernivtsi oblast	41,492.83	37,779.55	298,229.16	140,384.94
<b>Total</b>	<b>2,183,983.07</b>	<b>1,684,330.58</b>	<b>25,539,452.95</b>	<b>6,777,451.07</b>

Rapid tests for STIs and components	TB medicines	TB diagnostics: equipment and consumables	Rapid tests for HCV	Rapid tests for HIV
6,818.46	5,919,821.26	870,574.08	5,822.67	47,935.97
2,179.81	8,392,130.31	577,949.18	1,153.39	30,916.6
79,633.85	36,119,767.45	2,201,207.96	52,286.48	481,987.23
73,944.74	33,301,567.09	534,657.39	98,720.35	643,677.49
21,870.59	9,656,636.42	876,078.16	6,655.32	54,818.03
5,001.49	11,630,959.31	1,178,569.46	1,153.39	10,486.41
23,034.06	11,589,911.8	1,517,217.72	9,918.25	93,736.67
6,798.31	5,390,043.38	1,119,015.35	2,177.28	17,558.79
	7,586,418.29	958,841.12		
15,153.22	5,085,796.18	608,859.25	11,003.88	80,670.75
11,094.68	3,161,696.53		50,994.85	349,897.48
38,986.6	7,964,769.58	1,250,376.27	13,563.63	119,820.93
23,886.61	10,894,714.18	1,623,933.97	11,901.81	157,048.59
127,952.55	19,188,060.72	1,302,592.2	55,087.17	438,464.95
6,207.03	7,123,623.72	1,193,102.84	5,822.67	55,795.28
	3,595,764.85	874,310.28	1,023.9	50,179.2
27,388.44	4,702,362.63	922,230.12	9,121.69	77,097.97
8,033.24	2,200,101.81	764,001.52		12,339.38
76,117.09	13,733,566.69	1,563,529.37	22,075.52	204,825.8
11,939.51	10,362,024.93	1,786,209.64	8,894.35	60,475.28
19,680.31	4,906,825.34	785,842.81	8,894.35	67,547.66
39,255.18	4,193,800.86	874,310.28	20,922.13	160,269.09
	6,894,835.5	761,532.12	2,368.51	250,728.63
250,932.63	8,143,363.26	1,490,184.13	72,678.65	58,184.46
				724,348.59
15,902.14	6,718,318.04	741,558.94	5,631.44	
<b>891,810.54</b>	<b>248,456,880.13</b>	<b>26,376,684.16</b>	<b>477,871.68</b>	<b>4,248,811.23</b>

*Table continued  
on pp. 128-129*

*Table on  
pp. 126-127  
continued*

Region	Medicines for HCV treatment	Rapid tests for HBV	Disinfectant	Condoms and lubricants
AR Crimea				
Vinnitsia oblast	1,378,316.91	700.45	324	137,822.33
Volyn oblast				161,886.53
Dnipropetrovsk oblast	629,596.75	6,304.02	19,440	1,423,354.27
Donetsk oblast	1,090.61	6,614.4	7,380	1,100,521.44
Zhytomyr oblast	20,027.5	1,400.9	3,600	222,162.13
Zakarpattia oblast		437.78		60,532.8
Zaporizhia oblast	20,027.51	1,313.34		384,699.04
Ivano-Frankivsk oblast	982,204.9	612.89		84,518.44
Kyiv oblast				
Kirovohrad oblast	10,013.75	1,225.79	648	237,775.98
Luhansk oblast		1,051.28	14,220	288,877.08
Lviv oblast	20,027.51	2,801.8		425,854.04
Mykolaiv oblast	253,333.05	5,846.66	1,296	938,487.98
Odesa oblast	20,027.51	9,543.62		1,762,618.51
Poltava oblast	1,011,023.44	350.22	3,600	105,233.95
Rivne oblast	209,656.71			146,824.69
Sumy oblast	208,979.29	2,188.9		340,280.44
Ternopil oblast		700.45		53,272.99
Kharkiv oblast	721,424.07	5,691.14	1,800	581,316
Kherson oblast	29,842.96	788		193,091.44
Khmelnyskyi oblast		1,663.57	324	241,963.18
Cherkasy oblast	10,013.75	3,064.46	8,460	577,405.76
Chernihiv oblast			15,454.6	25,122.83
Kyiv	4,383,020.55	39,431.99	154,154.5	5,216,303.64
Sevastopol	4,383,020.55	39,431.99	154,154.5	5,216,303.64
Chernivtsi oblast		788	694.8	270,992.38
<b>Total</b>	<b>9,908,626.77</b>	<b>92,519.66</b>	<b>231,395.9</b>	<b>14,980,917.87</b>

Other medicines	OST drugs	Rapid pregnancy tests	Repair and construction works	Total
				73,741.91
55,206.6	666,587.55			10,000,803.54
17,524.87	289,928.84			9,809,505.95
94,206.96	2,336,340.19	472.13		47,392,938.29
212,181.97	274,174.19		166,953.31	42,419,122.89
12,349.25	529,195.82			12,140,310.29
19,131.03	68,935.8			13,118,319.92
70,013.4	760,680.77			15,517,229.36
21,230.38	480,145.45			8,494,161.3
31,992.28	325,558.89			9,086,650.67
34,606.71	480,774.8			7,454,574.33
11,445.98	217,065.21		83,476.66	6,167,372.2
31,388.21	456,950.68			11,280,259.95
18,721.94	1,053,820.31			16,360,528.87
97,967.52	625,317.07	434.36		27,796,538.84
25,806.92	1,110,969.2			11,509,826.23
1,070.13	286,221.77			5,443,521.16
13,995.13	701,404.76			7,502,906.69
5,040.95	234,497.47			3,508,449.65
102,258.98	462,510.17			19,017,285.16
147,311.36	444,564.84			13,893,826.36
20,797.55	746,023.23			7,390,647.91
25,704.4	418,591.76			8,050,696.29
6,028.88	320,705.09			8,606,834.34
3,138,288.77	2,636,972.4			31,788,010.35
3,138,288.77	2,636,972.4			90,259.37
22,214.51	195,086.61			8,547,257.8
<b>4,236,484.68</b>	<b>16,123,022.87</b>	<b>906.49</b>	<b>250,429.97</b>	<b>362,461,579.62</b>

### List of Key Publications Released in 2015

## Stress: Diagnostics and Support

This brief handbook is designed to help NGO specialists, both psychologists and, first and foremost, managers and social/outreach workers in providing basic information on how to recognize the first signs of stress in the organization's employees and clients, as well as how to provide first aid, how to motivate clients in a stressful situation, or get timely access to qualified professionals.

## Glossary of HIV/AIDS Epidemiological Surveillance Terms

This resource is designed to assist HIV/AIDS specialists in their daily work by adapting and standardizing the interpretation and usage of basic epidemiology terms and concepts in Ukrainian in accordance with international standards.





## Applicable Regulatory Documents

This collection of key regulatory documents covers the areas relevant to opioid substitution therapy as of December 2015.



## Case Management in Work with Prisoners for Probation Service Officers

These methodological guidelines on case management in facilities supervised by the Inspectorate for Criminal Offenses and Penalties were developed on the initiative of Svitlo Nadii (Light of Hope) Charitable Organization drawing on the Alliance's previous experience and best practices in case management. The publication relies on the hands-on experience of social workers and experts in services for vulnerable populations from across different regions of Ukraine, who have invested massive effort during the last few years into developing an effective mechanism for dealing with social and other problems in order to improve clients' quality of life and prevent negative behavior. This resource is intended for probation officers, volunteers and community activists seeking access to educational work with offenders, as well as for other government agency personnel.



## Gender and Harm Reduction

This publication contains information on the theory of gender, common stereotypes and myths about clients that exist within community-based organizations, as well as the way in which these stereotypes impact the approaches to service delivery. Also, new light is shed on the concepts of gender mainstreaming and gender-sensitive interventions, and how they can be integrated into harm reduction projects.



## Delivery of Prevention Services in Counseling Populations Vulnerable to HIV: Training Module

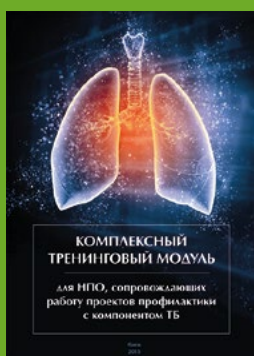
This module is designed with a focus on the provision of technical support and training for employees of organizations and projects working in HIV prevention with different groups of clients. The module covers four key thematic areas: HIV prevention strategies for key populations; counseling for key populations; specific aspects related to risky behavior and prevention strategies; the sexual and reproductive health of populations vulnerable to HIV.





## Sexual and Reproductive Health of Women and Men Who Use Drugs or Engage in Commercial Sex: Training Module

This module is designed to offer methodological guidance for trainers and project managers working in HIV prevention with vulnerable populations. It provides information on training employees in how to develop strategies and programs intended to promote and protect sexual and reproductive health, as well as on related counseling.



## Training Module for NGOs Implementing Prevention Projects with TB Component

This module is designed for trainers and directors of non-governmental organizations to train social workers and project managers responsible for early TB detection and support of TB patients at the outpatient stage of treatment.

## PUBLICATIONS FOR KEY POPULATIONS

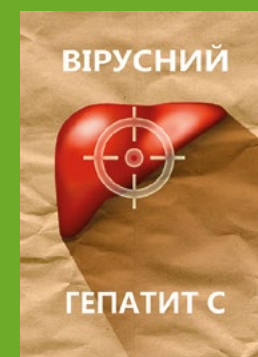


## HIV Test: Fast, Reliable, Safe

This illustrated brochure explains in a step-by-step manner the procedure of assisted HIV testing, which is currently implemented by our NGOs. Each step is illustrated with easy-to-follow photos.

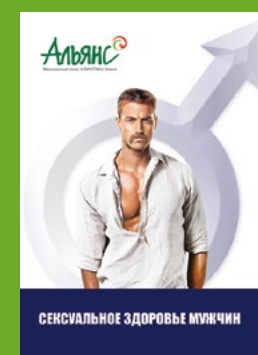
## Viral Hepatitis C

This small (pocket-sized) booklet covers key facts about Viral Hepatitis C, including infection risks and the need to get tested. The booklet was used during the testing campaign that targeted military forces personnel in the summer of 2015.



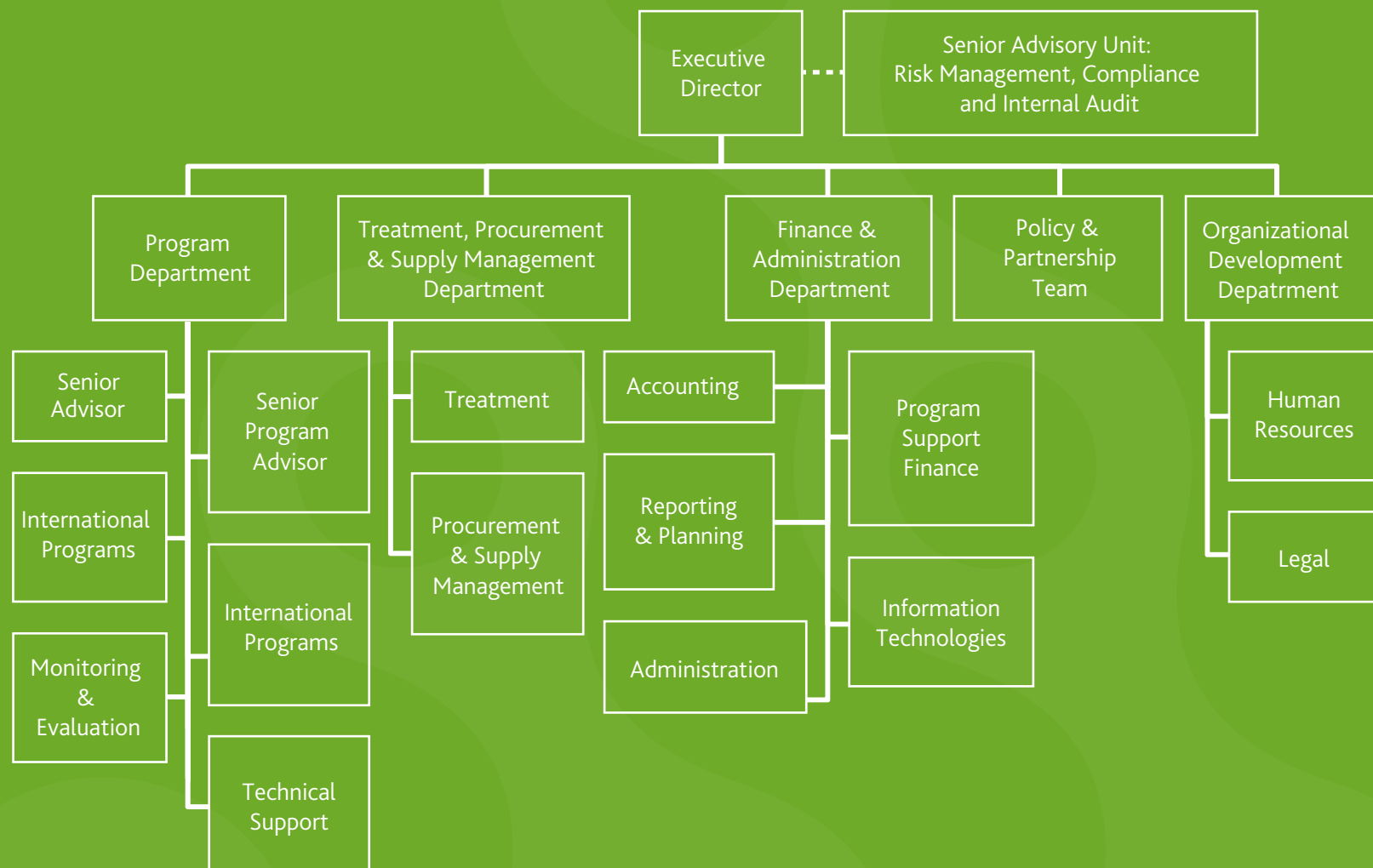
## Men's Sexual Health

This booklet, designed first and foremost with people who inject drugs in mind, sheds light on basic male sexual and reproductive health topics. It offers information about common sexually transmitted infections and ways to prevent them. It also explains the potential harm that drug use causes to the male reproductive function. This resource also covers common sexual dysfunctions that may arise due to drug abuse, OST, and ART.



# APPENDIX 7.

## ORGANIZATION STRUCTURE OF ICF “ALLIANCE FOR PUBLIC HEALTH”



# 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

Anya 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



## STAFF AND CONSULTANTS

\* AS OF  
DECEMBER 31, 2015

### DIRECTORATE

1	Andriy Klepikov	Executive Director
2	Pavlo Smyrnov	Deputy Executive Director: Program
3	Vyacheslav Chumakov	Finance Director
4	Viktoriya Obozna-Petrova	Organizational Development Director/Head of HR
5	Sergiy Filippovych	Director: Treatment, Procurement & Supply Management
6	Vyacheslav Kushakov	Senior Advisor
7	Tetyana Deshko	Associate Director: International Technical Support Hub/ Project Director: CAHR
8	Pavlo Skala	Associate Director: Policy & Partnership/ Senior Program Manager: Policy & Advocacy
9	Olga Varetska	Associate Director: Strategic Information, Monitoring and Evaluation

### Personal Assistants

1	Anastasia Bondarenko	Personal Assistant to Executive Director
2	Anna Medvedenko	Personal Assistant to Director: Treatment, Procurement and Supply Management
3	Maryna Piskorska	Personal Assistant to Deputy Executive Director: Program

### Senior Advisory Unit: Risk Management, Compliance and Internal Audit

1	Artem Liudogovskyi	Advisor: Risk Management, Compliance and Internal Audit
---	--------------------	---

## Policy and Partnership Team

1	Lyudmyla Maistat	Senior Program Manager: Viral Hepatitis
2	Myroslava Andrushchenko	Program Manager: Knowledge Sharing
3	Anna Oliynyk	Translator
4	Natalia Kravchenko	Officer Policy and Partnership

## PROGRAM DEPARTMENT

1	Olena Purick	Senior Program Advisor
2	Volodymyr Chura	Head of Regional Programs
3	Lyudmyla Shurpach	Head of Regional Programs
4	Iryna Zharuk	Project Manager
5	Anton Basenko	Senior Program Officer: National Programs

## International Technical Support HUB

1	Maryna Braga	Senior Manager: International Technical Support
2	Vlada Rabinova	Manager of Regional Technical Support Hub
3	Nonna Gurina	Senior Marketing Officer
4	Evgeniy Kushnir	Project Officer: International Programs

## Monitoring & Evaluation Team

1	Tetyana Mykhalchuk	Senior Program Manager: M&E and Donor Reporting
2	Lesya Khmel	Project Manager: Data Quality
3	Olga Cheshun	Program Officer: Reporting & Planning

## M&E-related Technical Assistance and Improved Data Application in HIV (METIDA) Project Team

1	Tetyana Salyuk	Project Director: METIDA
2	Maria Samko	Senior Project Manager: Capacity Building and Surveillance
3	Yana Sazonova	Senior Program Officer: Research & Field Analysis
4	Liudmyla Khomych	Project Officer: Studies and Evaluations
5	Nadiia Klymenko	Project Assistant
6	Kateryna Uvarkina	Program Assistant: Monitoring & Evaluation (Maternity Leave)

## PORT Project

1	Olga Denisiuk	Project Manager
2	Kateryna Slobodianiuk	Senior Project Officer
3	Anna Tyshkevich	Senior Project Officer
4	Olga Kharlashkina	Project Finance Officer
5	Dina Bodenchuk	Project Finance Officer

## Grant Management Unit

1	Viktor Isakov	Head of Grant Management
2	Olga Dolechek	Senior Program Officer
3	Anna Salnikova	Senior Program Officer
4	Olga Khryshchuk	Senior Program Officer
5	Nadiya Yangol	Senior Program Officer
6	Kristina Popova	Program Officer

7	Khrystyna Vilyura	Program Officer
8	Myroslava Filippovych	Program Assistant: Field Programs
9	Yulia Khomidova	Program Assistant: Field Programs (Maternity Leave)

## Technical Support

1	Lyudmila Shulga	Head of Technical Support
2	Elena German	Technical Support Manager
3	Maryna Varban	Program Manager: Technical Support Resources Development
4	Kateryna Yaremenko	Project Officer: Gender Sensitive Programs
5	Anna Dergausova	Project Assistant

## TREATMENT, PROCUREMENT AND SUPPLY MANAGEMENT DEPARTMENT

### Procurement and Supply Management Team

1	Vitaliy Velikiy	Head of Team: Procurement and Supply Management
2	Anna Garusovska	Senior Procurement Officer
3	Denis Pustovit	Senior Logistics Officer
4	Eduard Kovalev	Procurement Officer
5	Artem Kremen	Procurement Officer
6	Mykola Malyarchuk	Procurement Officer
7	Tatiana Diachuk	Procurement Officer (Maternity Leave)
8	Yulia Lisova	Procurement Officer (Maternity Leave)

## Treatment Team

1	Tetyana Barnard	Project Manager: Viral Hepatitis
2	Olga Burgay	Program Manager: Treatment
3	Aliona Mazhnaya	Project Manager: Research
4	Evgenia Gelyukh	Program Manager: HIV/Tuberculosis
5	Julia Makarenko	Project Officer: Research and Analysis
6	Natalia Kamenska	Senior Program Officer: TB/HIV
7	Victor Kolomiets	Senior Program Officer: Substitution Treatment
8	Ganna Eremina	Project Officer
9	Dina Marunko	Project Assistant

## ORGANIZATIONAL DEVELOPMENT DEPARTMENT

### Human Resources Team

1	Oksana Rybchak	Human Resources Manager
2	Ganna Goncharenko	Senior Human Resources Officer
3	Maksym Prodan	Human Resources Officer

### Legal Team

1	Ihor Voytenko	Head of Legal Team
2	Oleksiy Sverdlov	Legal Officer



## Finance and Administration Department

1	Kristina Bubnova	Financial Controller
---	------------------	----------------------

## Accounting Team

1	Olena Nosatska	Chief Accountant
2	Alla Ruban	Deputy Chief Accountant
3	Alla Kravets	Senior Accountant
4	Olena Yatskova	Senior Accountant/Accountant
5	Olga Chemiya	Accountant

## Administration Team

1	Kseniya Dordyuk	Administration Officer
2	Olga Bilous	Administration Officer
3	Alyona Vinaryeva	Administration Officer (Maternity Leave)
4	Mykhaylo Yakovlev	Household Manager
5	Valeriy Sheremet	Secretary
6	Valentina Valter	Secretary
7	Valentyna Glazko	Cleaner
8	Svitlana Shevchenko	Housekeeper
9	Antonina Tkacheva	Cleaner
10	Vasyl Setter	Driver

## Information Technologies

1	Alexander Zavarzin	Head of Information Technologies
2	Sergey Goncharenko	IT Infrastructure Manager
3	Igor Zelenskiy	Data Manager

## Reporting and Planning

1	Kateryna Boiko	Finance Manager
2	Iryna Kozhemyachenko	Finance Manager
3	Yuriy Zozulynskiy	Senior Finance Officer

## Program Support Finance

1	Olga Zozulynska	Head of Program Support Finance
2	Nataliya Morozova	Finance Manager
3	Kateryna Tytovska	Finance Manager
4	Olesya Lesnikova	Senior Finance Officer
6	Oksana Yatsko	Senior Finance Officer
7	Olena Yatsura	Senior Finance Officer
8	Ksenya Omelyanenko	Finance Officer
9	Oleksiy Voronin	Finance Officer

## NOTES

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# IMPACTING THE EPIDEMICS – SUPPORTING COMMUNITIES



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