International HIV/AIDS Alliance

Альянс
International HIV/AIDS Alliance in Ukraine

Supporting community action on AIDS

Civil society leads national response

Final report: Overcoming the HIV/AIDS Epidemic in Ukraine, funded by The Global Fund (2004-2009)

The Global Fund to Fight AIDS, Tuberculosis and Malaria Round 1 grant financed the programme ***Overcoming HIV/AIDS Epidemics in Ukraine*** from March 2004 to March 2009. The grant totalled US$98 million over five years. The Principal Recipient of the grant was the International HIV/AIDS Alliance.

In this report, the Programme Overcoming HIV/AIDS Epidemics in Ukraine is referred to as ***the Global Fund supported programme*** *or the* ***Programme.***

The term **the Alliance** and what it refers to

The International HIV/AIDS Alliance (the Alliance) is a global partnership of nationally based organisations working to support community action on AIDS in over 40 countries worldwide.

The International HIV/AIDS Alliance in Ukraine (Alliance Ukraine) is an international charitable foundation that is part of the Alliance family. For most of the duration of the implementation of the Programme, Alliance Ukraine was a country office. Today it is an independent organisation that is part of the Global Alliance Partnership.

Throughout this report, **the Alliance** stands for both Alliance Ukraine and the secretariat of the International HIV/AIDS Alliance. Where it is necessary to distinguish between the two, they are referred to as:

- **the Alliance Secretariat** (the secretariat run from offices based in the UK, the US and Belgium)
- **Alliance Ukraine** (the International HIV/AIDS Alliance in Ukraine, based in Kyiv).

For other abbreviations and terms, please see the glossary on page 6.

This report is also available in Ukrainian and Russian. Further copies can be ordered from Alliance Ukraine.

ISBN 1-905055-62-5

Published: September 2009

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Cover pictures: Social worker and client in Donetsk region, Ukraine

Appearance in the photographs in this publication is no indication of sexuality or status.

Civil society leads national response

Final report: Overcoming the HIV/AIDS Epidemic in Ukraine, funded by The Global Fund (2004-2009)

Foreword

Early in 2004, shortly after I started my new job as executive director at the International HIV/AIDS Alliance, the senior management team faced a momentous and difficult decision. We were asked by the Global Fund Secretariat to assume the role of Principal Recipient of its Round 1 grant in Ukraine. Our decision would have serious implications for the Alliance and direct consequences for hundreds of thousands of people affected by HIV and AIDS in Ukraine.

Through effective collaboration with all major stakeholders, and with grassroots organisations at the forefront, the Alliance demonstrated that civil society can lead an effective national response.

The Global Fund had suspended its grant to the country, and we realised that achieving the Programme agreed by the Country Coordinating Mechanism would be extremely challenging. It would go beyond our mandate and stretch staff capacity and expertise to the limit. But I felt that the alternative wasn't an option. If the Alliance didn't step in, it would mean that the hopes of a nation, along with the opportunity to scale up the national programme to address the rapidly growing HIV epidemic, would be lost.

Five years later, I am very proud of what the Alliance, our partners and the Ukraine government have achieved. The Alliance was one of the first Global Fund civil-society Principal Recipients. Through effective collaboration with all major stakeholders, and with grassroots organisations at the forefront, the Alliance demonstrated that civil society can lead an effective national response. The Alliance's leadership of the Programme in Ukraine has led to a fundamental shift in the national response to the HIV epidemic, creating a culture of increased openness, accountability and confidence.

Our joint efforts are beginning to show some encouraging results. For a second year running, AIDS morbidity is declining. In 2008 there were 4% fewer newly reported AIDS cases than in the previous year. There were also fewer newly reported HIV cases among people who inject drugs.

I would like to say a huge heartfelt thank you to all the many people whose efforts, expertise and dedication have contributed to the success of the Global Fund supported programme.

Alvaro Bermejo

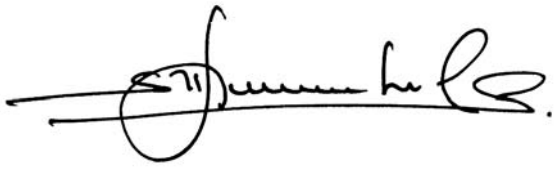
This report looks back over five years of intensive work and development. It also looks ahead to the future of the HIV and AIDS response in Ukraine. It offers inspirational examples of work that has made a lasting impact on the epidemic and has brought us a step closer to the Alliance vision of a world in which people do not die of AIDS.

The Global Fund supported programme was implemented by a wide range of Ukrainian stakeholders who worked alongside the Alliance. These included the National AIDS Centre, the All-Ukrainian Network of People Living with HIV/AIDS (referred to here as the PLHA Network), the Ministry of Health, the Committee on Counteraction of HIV/AIDS and Other Socially Dangerous Diseases, the Ministry of Education and Science, the Ministry of Family, Youth and Sport, the State Penitentiary Department, more than 200 governmental and non-governmental implementing partners, and more than 400 clinics and medical facilities.

I am glad to acknowledge the role of broader stakeholders – particularly highlighting the notable role of the United States Agency for International Development (USAID) in the programme successes, the vital role of UNAIDS in overall programme coordination and oversight, the critical role of the World Health Organization (WHO) in providing technical support – particularly for scaling-up of ARV treatment – as well as the essential role of the Program for Appropriate Technology in Health (PATH) in the programme implementation, especially during its first phase.

A huge number of individuals and organisations have played a part in realising the Programme in Ukraine. This report is a celebration of all their hard work, dedication, ideas and achievements.

A huge number of individuals and organisations have played a part in implementing the Programme in Ukraine. This report is a celebration of all their hard work, dedication, ideas and achievements. In five years the Programme has made some astonishing achievements. It established an unprecedented level of partnership and collaboration both within the country and abroad. Along the way it has also encountered some obstacles, not all of which have yet been overcome. There is still a lot to do, but in the meantime it is important to acknowledge our collective step forward.



Andriy Klepikov

Contents

Glossary

AIDS Acquired immune deficiency syndrome

ART Antiretroviral therapy

ARV Antiretroviral

CCM Country Coordinating Mechanism (set up for The Global Fund to Fight AIDS, Tuberculosis and Malaria)

CND Commission on Narcotic Drugs

Commodities Condoms, lubricants and other HIV prevention products.

Community Commonly used to indicate the daily-life setting of most people's experience of HIV and AIDS. In case of concentrated epidemic, community could network people with similar behaviour, identity or social problems

Comprehensive External Evaluation The Comprehensive External Evaluation of the national AIDS response in Ukraine is an evaluation of the national response to HIV/AIDS requested by the NCC. It was facilitated by UNAIDS and conducted by a team of 32 independent international experts from 2007 to 2008

The full report is available at: www.un.org.ua/files/20090522_ee_en_5.pdf

Global Fund, The (GF) This refers to The Global Fund to Fight AIDS, Tuberculosis and Malaria, an international financing institution. To date, it has committed US$ 15.6 billion in 140 countries to support large-scale prevention, treatment and care programs against the three diseases

Harm reduction Harm reduction includes activities such as the provision of sterile needles to drug users, and lubricants for men who have sex with men

HIV Human immunodeficiency virus

IDA International Dispensary Association

M&E Monitoring and evaluation

MoH Ministry of Health of Ukraine

MSF Medecins Sans Frontières

NCC National Coordination Council for the Prevention of HIV/AIDS

NGO Non-governmental organisation

OSI Open Society Institute

PATH Program for Appropriate Technology in Health

PDI Peer-driven intervention

PLHA People Living with HIV/AIDS

PLHA Network, The This refers to the All-Ukrainian Network of People Living with HIV/AIDS

PMTCT Prevention of mother-to-child transmission

PR Principal Recipient (body that receives Global Fund money)

PSA Participatory site assessment

PSM Procurement and supply management

SMT Substitution maintenance therapy

STI Sexually transmitted infection

Three Ones principles, The These are the principles for the coordination of national AIDS responses. On 25 April 2004 there was a high-level meeting co-hosted by UNAIDS, the United Kingdom and the United States, at which key donors reaffirmed their commitment to strengthening national AIDS responses led by the affected countries themselves. The participants endorsed the following three principles, to achieve the most effective and efficient use of resources, and to ensure rapid action and results-based management:

- one agreed HIV/AIDS action framework that provides the basis for coordinating the work of all partners
- one national AIDS coordinating authority, with a broad-based multisectoral mandate
- one agreed country-level monitoring and evaluation system[1]

TB Tuberculosis

SUNRISE Scaling up the National Response to HIV/AIDS through Information and Services — program supported by USAID in Ukraine in 2004 for 5 years implementation period with further extension

UIPHP Ukrainian Institute of Public Health Policy

UNAIDS Joint United Nations Programme on HIV/AIDS

UNDP United Nations Development Programme

UNGASS United Nations General Assembly Special Session on HIV/AIDS

UNICEF United Nations Children's Fund

UNODC United Nations Office on Drugs and Crime

USAID United States Agency for International Development

VCT Voluntary counselling and testing

WHO World Health Organization

1 The original wording is available at: www.unaids.org/en/CountryResponses/MakingTheMoneyWork/ThreeOnes/default.asp.

Executive summary

The Alliance takes the lead in Ukraine

When the International HIV/AIDS Alliance (the Alliance) began work in Ukraine in 2000, the country was facing a fast-growing epidemic that was concentrated within communities of people who use drugs, commercial sex workers and men who have sex with men.

The Alliance was asked to become the temporary steward of The Global Fund to Fight AIDS, Tuberculosis and Malaria Round 1 grant Overcoming the HIV/AIDS Epidemic in Ukraine referred to here as the Programme in February 2004. Prior to that, Alliance Ukraine had been a sub-recipient of two principal recipients – the Ukrainian Ministry of Health and the United Nations Development Programme (UNDP). By accepting the stewardship role, the Alliance became one of the first civil-society organisations to become a sole Principal Recipient with overall responsibility for implementing the Programme.

This leadership role has had a profound impact on the Alliance. As well as providing technical and financial support, the Alliance also had to directly implement some areas of the Programme at national level. The Alliance was well positioned to take up the challenge, with its experience of supporting communities worldwide and its focus on championing the rights of vulnerable people most affected by HIV.

Development of civil society

One of the Alliance's major contributions to the Global Fund supported programme was to strengthen civil society. The Alliance supported the development of the All-Ukrainian Network of People Living with HIV/AIDS (referred to here as the PLHA Network) and 150 new and existing non-governmental organisations (NGOs). These local organisations in turn provided services, a voice and a platform for those affected by HIV. With relationships already established, these NGOs were best placed to work with marginalised populations. By mobilising additional capacity they also improved the quality of grant implementation.

Successes of the Programme

The Global Fund supported programme included the rapid scale-up of antiretroviral therapy (ART), a comprehensive package of care, support and prevention services for most-at-risk populations, and the roll-out of substitution maintenance therapy. The most significant results are as follows:

- By the end of September 2008, 6,070 people, including 911 children, had received ART through the Programme.
- In 2008, 80% of pregnant women living with HIV had received treatment to prevent mother-to-child transmission through the Global Fund supported programme (up from 35% in 2003).
- As of 31 March 2009, 214,103 people who inject drugs accessed HIV prevention services.

The Programme exceeded the vast majority of its targets, demonstrating that an NGO with experience of community mobilisation and work through partnerships can effectively make a difference in a national response.

Forming the major part of the national response to HIV and AIDS, the Global Fund supported programme has had a significant impact on the epidemic as follows:

- The absolute number of new HIV cases per 100,000 tests had decreased from 632.8 in 2006 to 590.2 in 2008.

- After ten years of consistent growth, the number of new cases of HIV among people who use drugs started to decrease in 2007 from 7,127 in 2006 to 7,009 in 2008.
- As a result of intensive scale-up of antiretroviral therapy, for the past three years the AIDS morbidity rate has been declining consistently from 4,729 in 2006 to 4,386 in 2008.
- Between 2004 and 2008, the AIDS mortality growth rate dropped from 38% to 8%.

Effective partnerships

An important achievement of the Programme has been the development of effective partnerships right across the statutory and private sectors and civil society. Good communication lines and coordination with stakeholders laid the foundations for positive collaboration from the outset. State AIDS centres and NGOs are working together to operate a well-developed referral system. A partnership with the Ministry of Education and Science has brought life skills-based education into schools. This HIV prevention programme represents a dramatic shift away from traditional methods of teaching. Partnerships have been cemented and formalised between the key implementers of programmes at local level too.

The UNGASS country reports

The 2006 and 2008 national UNGASS reports[2] are another example of good collaboration, and represent a significant success in developing monitoring and evaluation (M&E) systems. The reports were the result of well coordinated efforts between the Ukrainian National AIDS Centre at the Ministry of Health, national state authorities, the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the Alliance. They include profound analysis of the national response to the HIV and AIDS epidemic, based on national indicators that were gathered in national research and then reviewed and approved by the relevant public agencies. They were acknowledged as being among the best and most comprehensive UNGASS country reports worldwide.

Improving access to health care

Apart from M&E, the Alliance introduced vital innovations based on business principles and performance-based funding. Introducing new methods of procurement enabled the Alliance to buy approved medicines rapidly, and at dramatically reduced costs. ART is now much more viable for the state, and this has allowed for a major expansion of treatment. In its new national programme for 2009–2013, the government has set a national target to provide ART to 80% of those who need it by the end of the five-year period.[3]

Policy work and concerted advocacy efforts by Alliance Ukraine, the PLHA Network and their partners have secured major gains for the Programme. Well-organised campaigns resulted in the government decision to take over responsibility for administering ART and remove barriers to rolling out substitution maintenance therapy.

2 The UN General Assembly Special Session (UNGASS) Declaration of Commitment on HIV/AIDS, in 2001, commits countries to certain goals and to regular reports on progress towards achieving them. Ukraine country progress reports are available at: http://data.unaids.org/pub/Report/2006/2006_country_progress_report_ukraine_en.pdf and http://data.unaids.org/pub/Report/2008/ukraine_2008_country_progress_report_en.pdf

3 An informal source suggests that there will be 100,000 people in need of ART in Ukraine. This implies that ART provision has to be scaled up to serve 80,000 people by 2013.

The Programme has helped to strengthen the country's health systems, making HIV and AIDS care provision and other areas of health care more accessible, accountable, universal and affordable. This work has included developing treatment protocols, training and ongoing mentorship programmes for medical staff, and introducing innovative treatment structures, such as multi-disciplinary teams providing comprehensive care.

Accountability and responsiveness

The Alliance is keen that programmes financed by the Global Fund become nationally owned and that the governments in question become accountable for their performance, so it accelerated the process of developing its country office in Ukraine into an organisation independent from the Alliance Secretariat.

The civil-society leadership of the Global Fund supported programme conducted regular stakeholder meetings, submitted reports to the National Coordination Council for the Prevention of HIV/AIDS, participated in expert working groups and reviews, involved vulnerable communities, and ensured transparency in the process of developing Programme work plans and budgets. This has led to a fundamental shift in the national response to the HIV and AIDS epidemic and in wider society, creating a culture of increased openness, accountability and confidence.

This has enabled the subsequent programme, funded by the Round 6 HIV grant of the Global Fund, of which Alliance Ukraine is a co-Principle Recipient, to be even more responsive to the needs and concerns of communities, with its own independent governing board made up of known experts and stakeholders.

Achievements and challenges ahead

A comprehensive external evaluation of the national AIDS response in Ukraine (referred to here as the Comprehensive External Evaluation)[4] was conducted in late 2007 and early 2008. It acknowledged that one of the strongest determinants of grant performance was the direct, timely technical support provided by the Alliance Secretariat. At the end of five years Alliance Ukraine has grown into one of the leading entities in the national response to HIV and AIDS, and the Alliance Secretariat has demonstrated its ability to implement activities on a vast scale.

These are significant achievements, but there is still much work to do to address the challenges that remain. The next five years will need to see more efforts to ensure the long-term sustainability of the entire national response and more government ownership. A unified coordinating mechanism will be needed to act as a forum for setting strategies and providing oversight.

4 The Comprehensive external evaluation of the national AIDS response in Ukraine was requested by the National Coordination Council and coordinated by UNAIDS. It is available at: www.un.org.ua/files/20090522_ee_en_5.pdf

Key end-of-programme achievements

Antiretroviral therapy scaled up:

- 6,070 people, including 911 children, received antiretroviral therapy through the Programme by the end of September 2008.
- 9,875 pregnant women living with HIV and 9,748 children received medical treatment to prevent mother-to-child transmission. As a result, by September 2008 mother-to-child transmission rate had fallen from 10% in 2003 to 7%.

Substitution maintenance therapy rolled out:

- More than 2,600 drug dependent people in 26 regions of Ukraine were receiving substitution maintenance therapy by the end of the Global Fund supported programme. This includes 1,800 people who receive methadone-based substitution maintenance therapy.

HIV prevention programmes accessed by:

- 214,103 people who inject drugs as of 31 March 2009
- 36,656 women involved in commercial sex work as of 31 March 2009
- 20,779 men who have sex with men as of 31 March 2009
- 62,833 prison inmates as of 31 March 2009.

Key education activities:

- HIV prevention programmes under the general school curriculum reached 3 million pupils.
- More than 13,000 teachers received professional training at postgraduate education institutes.

An event "Touch the Sky" for children with HIV organised by Alliance-Ukraine and the Belgian Embassy, with the support of international charitable organisations and businesses, May 2007. Photo: Alliance-Ukraine

1 Introduction

This report introduces the Global Fund supported programme in Ukraine. It highlights the major achievements and lessons learned during implementation of the Round 1 grant.

Purpose of the report

The Alliance was the Principal Recipient for the programme 'Overcoming the HIV/AIDS epidemic in Ukraine' (referred to in this report as the Global Fund supported programme' or 'the Programme'), funded by the Round 1 HIV grant of The Global Fund to Fight AIDS, Tuberculosis and Malaria (The Global Fund). This Programme ran from March 2004 to March 2009, with a budget of US$98 million over five years. It shaped the national response to HIV and AIDS in Ukraine, and was the largest single-country programme within the Alliance.

A comprehensive external evaluation of the national AIDS response in Ukraine included an in-depth analysis of the national response to HIV and AIDS, and of the Programme, together with a set of recommendations. However, it did not provide a section consolidating the review of the Programme, nor did it examine the impact of appointing a Principal Recipient from civil society on the style of implementation, the culture of health and social care in Ukraine, and on the wider community systems.

So, the purpose of this report is to share the achievements, challenges and lessons learned from implementing the Programme. It highlights the relevance and effectiveness of different interventions and activities, and presents some of these as case studies. It complements the comprehensive external evaluation by providing a review of the Programme from the perspective of a non-governmental Principal Recipient.

The Alliance's involvement in the Programme has been intense and instructive. The lessons offered by the Programme are already being used to enhance the design and performance of the programme funded by the Global Fund's Round 6 HIV grant and the 2009-2013 National Programme for the Prevention of HIV-infection, Treatment, Care and Support for People living with HIV and AIDS Patients. Further, the experiences shared in this report can contribute to programme design and implementation around the world.

The report includes four sections

This introduction describes the purpose of the report.

Section 2 describes the history of the epidemic in Ukraine and the context of the Programme. It includes a description of Alliance Ukraine's previous involvement in the national response, and introduces its work with the Global Fund.

Section 3 summarises the results achieved over the life of the Global Fund grant, and introduces case studies to share successful and innovative interventions. It looks at four related areas: scaling up services to reach marginalised populations, the role of civil society in the national response, building effective partnerships across sectors, and innovative interventions leading to major successes in prevention, monitoring, evaluation and procurement.

Section 4 highlights some of the challenges that face the Programme and indicate how the Alliance has tried to address these.

Annexes to the report include the targets and results, financial information, the list of partners involved in implementation, and additional information to support the case studies.

Red Ribbon of HIV/AIDS Monument in Kyiv. Photo: Natalia Kravchuk

2 History and background

Ukraine and the HIV epidemic

Ukraine is the second largest country in Europe[5] and the fifth most populated country in Europe[6]. It shares borders with Poland, Slovakia, Hungary, Romania, Moldova, the Russian Federation and Belarus. The population is mostly urban (68%), and adult literacy is at almost 100%[7]. General unemployment is relatively low, at 6.8%, and has not changed significantly in spite of the global economic recession[8].

HIV Prevalence Rate in Ukraine
(as of July, 2009 by 100 000 population)

Ukraine is experiencing one of the fastest growing HIV epidemics in the world. It is estimated that 1.6% of Ukrainians aged between 15 and 49 are living with HIV[9]. While more than 122,000 adults and children are registered with HIV[10], the actual number of people living with HIV/AIDS (PLHA) is estimated by WHO to be at around 440,000[11].

Recent studies confirm that the populations who are most at risk of HIV are people who inject drugs, commercial sex workers and their sexual partners, men who have sex with men, prisoners, and street children aged 10 to 18 years. These vulnerable groups represent over 80% of all reported cases of HIV infection. In 2007, 40% of new HIV cases were among people who inject drugs, who form the biggest group of

5 'Ukraine', web encyclopaedia entry, available at: http://en.wikipedia.org/wiki/Ukraine. According to the same source, at 603,700 sq km, Ukraine is the second-largest European country after the European part of the Russian Federation. Accessed 12 August 2009.

6 According to the State Statistics Committee, 46 million people live in Ukraine.

7 According to the State Statistics Committee.

8 According to the State Statistics Committee.

9 Epidemiological Fact Sheet on HIV and AIDS, UNAIDS, 2008.

10 Registered with the Ukrainian National AIDSCentre according to HIV Infection in Ukraine Information Bulletin, No 31, Ukrainian AIDS Centre. Available at: www.aidsalliance.org.ua/ru/library/research/pdf/bulleten31en.pdf

11 Epidemiological Fact Sheet on HIV and AIDS, UNAIDS, 2008.

most-at-risk populations[12]. HIV prevalence in this population varies from 17% to 70% depending on the region[13]. In Kyiv, almost two-thirds of people who inject drugs are living with HIV and AIDS.

Increasingly, along with injecting drug use, sexual transmission is becoming a major driver of infection. In 2007, 38% of newly diagnosed cases of HIV were related to sexual transmission[14]. The growing number of infections attributable to sexual transmission is closely linked to the risky practices of vulnerable populations. There are people registered as living with HIV and AIDS in all 27 regions of Ukraine, but there are major differences in the scale of the epidemic from one region to the next.

The Programme emphasized civilsociety development, working across sectors and addressing the needs of the most vulnerable communities. It has been a focused and strategic response that has begun to deliver significant results.

Until 2001, the national response to the HIV epidemic was mainly supported by the local and state budget and uncoordinated external grant sources. Since the early stages of the epidemic within the country the President and the government had made some efforts for strategic planning of the response, while non-governmental organisations (NGOs) and international organisations implemented pilot harm-reduction and HIV care projects. The Law of Ukraine 'On AIDS prevention and social protection of the population' was adopted in 1992 and later modified in 2001. The then-president issued a decree announcing that 2002 was the 'Year to fight against HIV/AIDS', with a further decree instructing all the ministries to take the necessary steps to fulfil the UNGASS Declaration[15].

In 2004, the Global Fund supported programme became the major feature of Ukraine's national response. The Programme emphasised civil-society development, working across sectors and addressing the needs of the most vulnerable communities. It has been a focused and strategic response that has begun to deliver significant results. The other significant donors over the past few years have been the World Bank and the United States Agency for International Development (USAID).

Client of care and support programme in Donetsk region.
Photo: Natalia Kravchuk

12 Ukraine: National report on monitoring progress towards the UNGASS Declaration of Commitment on HIV/AIDS, International HIV/AIDS Alliance in Ukraine/UNAIDS/Ministry of Health of Ukraine, 2008.

13 According to Second Generation Surveillance data, Ukrainian National AIDS Centre 2008.

14 Ukraine: National report on monitoring progress towards the UNGASS Declaration of Commitment on HIV/AIDS 2008, International HIV/AIDS Alliance in Ukraine/UNAIDS/Ministry of Health, 2008.

15 The UN General Assembly Special Session (UNGASS) Declaration of Commitment on HIV/AIDS, adopted in 2001, commits countries to certain goals and to regular reports on progress towards achieving them. Available at: www.unaids.org/en/AboutUNAIDS/Goals/UNGASS/default.asp

USAID was a major contributor to the Global Fund supported programme

The United States Agency for International Development (USAID) has been one of the major contributors to the success of the Global Fund Round 1 supported programme in Ukraine. It has not only been one of the key stakeholders supporting the work of the Alliance indirectly – it has also provided some invaluable direct contributions to the implementation of the programme.

In the early stages of the programme, USAID, through its Synergy Project, hired an independent consultant to document lessons learned from the Alliance's role as Principal Recipient. The consultant made seven visits to Ukraine over a nine-month period between August 2004 and June 2005 in order to document essential areas of coordination and implementation of a programme of this kind. The reports from these visits provided invaluable in-depth analysis.*

Soon after the initiation of the Programme, in September 2004 the Alliance was awarded the USAID-funded project Scaling up the National Response to HIV/AIDS through Information and Services (SUNRISE). In partnership with the Program for Appropriate Technology in Health (PATH) and the PLHA Network, this five-year project aimed to ensure that vital, high-quality information and services are accessible to people at high risk of contracting HIV in the most severely affected regions of the country.

The SUNRISE Project was the first initiative within the newly developed USAID HIV/AIDS strategy for Ukraine, and constituted a substantial increase in resources directed to support the Ukrainian response to the growing HIV and AIDS epidemic. Certain successful and highly innovative activities carried out as part of this project were then scaled up as part of the programmes from Rounds 1 and 6 – particularly in the areas such as pharmacy interventions, participatory site assessment, peer driven interventions and voluntary counselling and testing.

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* The reports can be accessed through the Alliance website. See 'Global fund grant to Ukraine: real-time analysis of lessons learnt from appointment of temporary PR', available at: www.aidsalliance.org/custom_asp/publications/view.asp?publication_id=178&language=en

International AIDS Memorial Day, May 2007. Photo: Layma Geydar

The Alliance and the Global Fund grant

Set up in 1993, the International HIV/AIDS Alliance is a global partnership of locally based organisations working to support community action on AIDS in developing countries.

Alliance linking organisations[16] help local community groups and other NGOs to take action on AIDS. In 2008, through its 32 linking organisations, the Alliance directly supported more than 2,600 community based organisations in more than 40 countries. This collective body constitutes a powerful global force, reaching some of the poorest and most vulnerable communities. By the end of 2008 the Alliance had reached 2.3 million people with services – 55% of whom were women and girls.

The Alliance began work in Ukraine in 2000, with a small country office implementing an international technical assistance project[17]. In managing this project, Alliance Ukraine gained critical organisational capacity. This included establishing financial systems and granting procedures, developing knowledge of partners in Ukraine, and strong technical skills.

The Global Fund

In January 2003, the Government of Ukraine signed a grant agreement with the Global Fund to implement a national HIV and AIDS prevention and treatment programme to be implemented by three principal recipients[18]. Alliance Ukraine was a sub-recipient to two of the principal recipients. A year later, the Global Fund suspended the grant amid concerns over how it was being managed, the speed of disbursement and how the principal recipients were implementing the work.

Leading and working alongside a broad range of partners, the Alliance successfully implemented all key areas of the programme, and changed systems and attitudes in the process.

Thanks to the support from national and international stakeholders and people living with HIV/AIDS, along with its experience of having managed Global Fund funds as a sub-recipient to the Ministry of Health and the United Nations Development Programme (UNDP), the Alliance Secretariat was asked to manage the three suspended grant components[19]. Agreeing to take on this role represented a major decision for the Alliance. Few civilsociety organisations had taken on the role of Principal Recipient. Programme delivery in the areas of antiretroviral therapy and strengthening health systems represented entirely new areas of responsibility. The grant would have immediate and enormous implications for the Alliance in terms of the level of staff involvement in a single-country programme. Aware of these challenges, senior managers at the Alliance were also concerned that the much-needed Global Fund grant would be withdrawn from Ukraine if no temporary steward could be found.

16 Independent, locally governed and managed NGOs contributing to national level responces.

17 The programme was part of the Transatlantic AIDS Prevention Initiative supported by the USAID and the European Union (2000–2004).

18 Principal Recipients were the Ukrainian Ministry of Health, UNDP and the Ukrainian Fund to Fight HIV Infection and AIDS. The decision was announced in a form of press release issued by the Global Fund on 29 January, 2003, available at: see www.theglobalfund.org/en/pressreleases/?pr=pr_040129b

19 The decision was announced in a form of press release issued by the Global Fund on 24 February 2004, available at: www.theglobalfund.org/en/pressreleases/?pr=pr_040224

In March 2004, the Global Fund entered into an agreement with the Alliance to act as temporary steward and manager of the three suspended grant components. This agreement was for an initial period of one year, with a budget of over US$15 million.

The Alliance's experience in Ukraine, and its international reputation, contributed to the Global Fund's decision to assign it temporary stewardship of the Round 1 grant.

Despite the Alliance's track record of experience, both in Ukraine and around the world, stewardship of the Programme placed huge demands on the organisation. It had to engage a vast amount of staff time in areas that it had previously not considered part of its core business. Alliance Ukraine created a new organisational structure to manage the project, set up a procurement unit, and brought in legal skills. To achieve the capacity needed, the country office doubled its staff to 60 people in just six months. Today, it employs more than 100 people, and implements several of the most significant components of the HIV response in Ukraine.

Under Alliance stewardship, the Programme was resumed in challenging circumstances. There was poor country coordination, a labyrinthine legal system and sometimes-awkward relationships between organisations and the government. There were also skewed and negative perceptions based on the experience of how the Global Fund work had been implemented before the grant was suspended. The initial false start, and the Global Fund's decision to suspend the grant and pass stewardship to an international NGO, were controversial. These decisions attracted a great deal of interest and scrutiny from stakeholders and observers, both within the country and internationally.

In realising the Ukraine programme, the Alliance used approaches and strategies developed through more than ten years' experience of supporting communities worldwide. Leading and working alongside a broad range of partners, the Alliance successfully implemented all key areas of the programme, and changed systems and attitudes in the process. As a result, the Alliance was selected as Principal Recipient for the remainder of the Programme running until March 2009, with a total budget of US$98 million. Thanks largely to the Programme's success, Ukraine subsequently secured a Round 6 HIV grant from the Global Fund to finance another programme for 2007–2012. For this grant, the Country Coordinating Mechanism selected Alliance Ukraine as co-Principal Recipient with the PLHA Network[20].

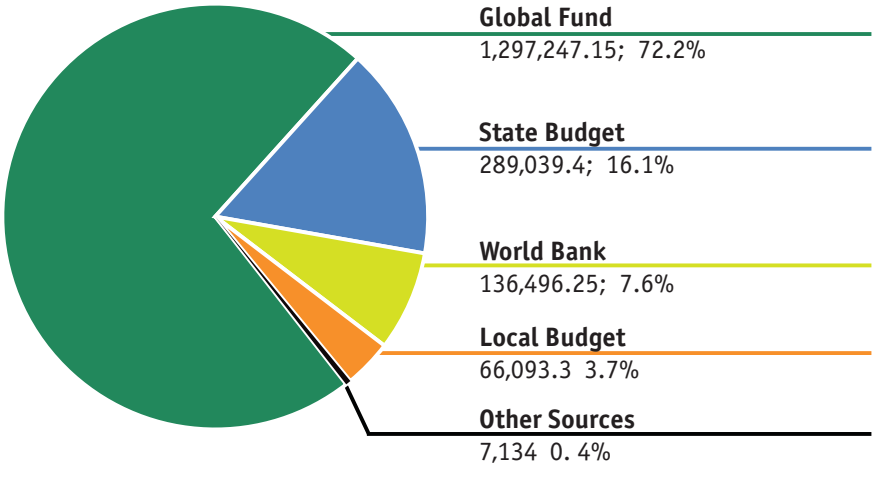
Stakeholders' Meeting, April 2004. Photo: Alliance-Ukraine

20 The PLHA Network is responsible for treatment, care and support, and for creating an enabling environment, while the Alliance is responsible for prevention, monitoring, evaluation and susstitution therapy

The Global Fund supported programme in the National AIDS Response

The Global Fund supported programme was implemented during the period covered by the National Programme to Provide HIV Prevention, Support and Treatment to People living with HIV and AIDS for 2004–2008 (referred to here as the National AIDS Programme 2004–2008). Throughout the years of its implementation, the Programme made significant contributions to more than 30 objectives of the National AIDS Programme 2004–2008. The overall analysis of its contribution to the National AIDS Programme 2004–2008, presented by the Ministry of Health in February 2009, acknowledged the major contribution that the grant – and the Alliance, as its Principal Recipient – has made to the national response.

Sources of Funding: National AIDS Programme 2004-2008 (thousands hryvnyas)



Source: Ministry of Health (Presentation of Dr.S. Cherenko, Head of National Committee on counteraction of HIV/AIDS and other socially dangerous diseases at the special Ministry of Health/Parliament Committee meeting devoted to the National AIDS Programme, 19 February 2009)

According to research into the national spending on HIV and AIDS, in 2005 and 2006 the Programme accounted for 33% and 35% respectively. For the same years, the state expenditure on HIV and AIDS constituted 15% and 20%, respectively. The Programme financed more than 90% of the cost for prevention among vulnerable groups – an extremely important area of intervention in a concentrated epidemic such as in Ukraine – while only 2% was met by the state and local budgets.

In the National AIDS Programme 2009–2013, the contributions of Alliance Ukraine and the PLHA Network as co-Principal Recipients of the Global Fund Round 6 grant are explicitly recognised, with specific activities and associated budgets.

Patient of 'Lavra' HIV/AIDS Clinic in Kyiv. Photo: Natalia Kravchuk

3. Civil society leads successful national

The Alliance was one of the first civilsociety Principal Recipients. The achievements described below demonstrate that an NGO with experience of community mobilisation and partnership working can effectively make a difference to national response.

This section represents the core of the report. It sets out the results achieved and lessons learned over the five years of the Programme. It is organised into four main themes:

- **Section 3.1 Scaling up services to reach the most-at-risk populations –** Two case studies highlight the importance of advocacy in securing the gains needed to ensure the successes of the different interventions of the Programme.
- **Section 3.2 Strengthening civil society** – One case study shows the journey of the PLHA Network from a small group of activists to the role of Global Fund Principal Recipient.
- **Section 3.3 Facilitating effective partnerships –** The case study shows how Ukrainian Education methods of teaching are transformed through its partnership in the Programme.
- **Section 3.4 Alliance innovations that have had a significant impact on the Programme** – The unprecedented national monitoring and evaluation system for Ukraine is included as a case study. Innovative HIV prevention services for marginalised populations are also featured. Another case study, on procurement, shows how the Alliance used business principles to radically improve the efficiency of the Programme, making state-supported HIV treatment possible.

Aims and objectives of the Global Fund supported programme

The two main goals of the Ukraine Global Fund supported programme were:

- to rapidly increase access to a comprehensive package of high-quality services to meet the needs of vulnerable communities
- to support the sustainability of the national response through advocating for the right policies, building the capacity of local communities and organisations, and mobilising additional resources.

The four main objectives were:

- to improve quality and significantly increase accessibility of HIV treatment, care and support services for people living with HIV and AIDS
- to develop and scale up HIV prevention services aimed at vulnerable and at-risk populations;
- to create an enabling environment for an efficient response to the epidemic through information, education, and advocacy activities
- to significantly improve monitoring and evaluation of the epidemic and the national response to it.

Meeting with President as an advocacy opportunity and commitment of national support and ensuring the highest national commitment for AIDS response*.

* On picture from left to right: Volodymyr Zhovtyak, All-Ukrainian Network of PLHA; Andriy Klepikov, Alliance-Ukraine; Iryna Borushek, All-Ukrainian Network of PLHA; Victor Yushchenko, the President of Ukraine; Lars Kallings, Special Envoy of UN Secretary General for HIV/AIDS in Eastern Europe; Yuriy Polyachenko, Minister of Health of Ukraine; Ani Shakarishvili, UNAIDS Country Coordinator. November 21, 2005. Photo: Administration of President

National Committee on counteraction of HIV/AIDS and other socially dangerous diseases

National Committee on counteraction of HIV/AIDS and other socially dangerous diseases was established by decree of the Cabinet of Ministers of Ukraine on May 31, 2006 as a governmental body in the Ministry of Health of Ukraine. Committee commenced work in August, 2007.

Currently, it coordinates the work of healthcare facilities in the context of HIV/AIDS treatment and prevention.

With support from Committee and its responsible executives in the framework of the Global Fund supported programme the country provided ARV-therapy for 6070 patients; SMT programmes switched from pilot phase to the national level; SMT using Methadone was provided. Numerous legal documents (eg. Law of Ukraine which approved new National Response Programme to HIV/AIDS in 2009-2013, Ukrainian Presidental Edict as of 12.12.2007, dozens of MOH decrees), which allowed to increase the effectiveness of prevention work and HIV/AIDS treatment, were developed and approved through daily strenuous work of the Committee.

3.1 Scaled-up services reach those most in need

The Alliance scaled up HIV services rapidly, to reach people most in need. It did this by supporting and developing the power of Ukraine civil society, by enabling cooperation with state medical services, to reach and serve members of vulnerable populations.

«The Alliance in Ukraine, the largest AIDS organisation in Ukraine, and the [PLHA] Network have demonstrated exceptional capacity as professional national partners capable of effectively implementing large and complex HIV/AIDS programmes».

Comprehensive External Evaluation

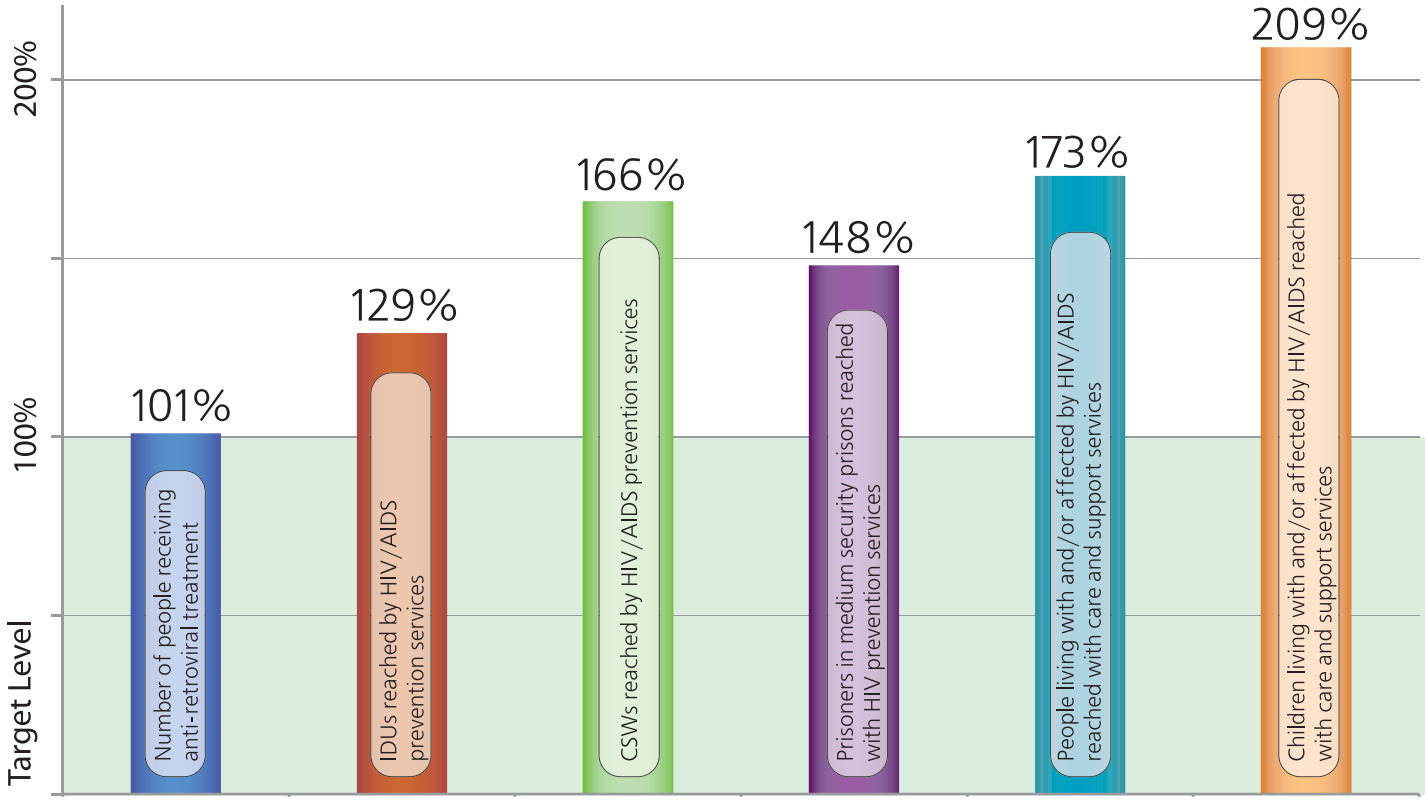
When the Alliance was appointed grant steward in 2004, there was much concern as to whether a single NGO could succeed in delivering many services that were traditionally reliant on state structures – particularly in the areas of HIV treatment and prevention of mother-to-child transmission. In the context of a post-Soviet culture of centralised state control, this was a radical departure.

The Alliance has managed to deliver the Programme overwhelmingly through civil-society involvement, while at the same time building partnerships with governmental structures. In the process, it has established models for cooperation which, though still developing, are innovative and significant for Ukraine and indeed for the whole post-Soviet region. (Section 3.3 examines these partnerships in more detail.)

One of the Programme's major achievements was the massive expansion of services to meet the needs of people most affected by HIV and AIDS. Three major initiatives have been taken to scale:

- antiretroviral therapy for people living with HIV and AIDS
- the provision of a comprehensive package of care, support and prevention services
- the rapid roll-out of methadone-based substitution maintenance therapy in a short span of time, following a successful advocacy campaign[21].

Achievements against service provision targets of the Global Fund supported programme (as at 31 March 2009)



21 This is characterised by a scale-up from four patients in late May 2008 to 2,407 patients on methadone-based substitution maintenance therapy by March 2009.

3.1.1 Roll out of antiretroviral therapy

Building on local structures, relationships and expertise, the Alliance rapidly and successfully scaled up antiretroviral therapy to reach marginalised communities.

With 15,000 people in need of antiretroviral therapy (ART) in spring 2004, it was vital to scale up access to treatment fast. The Alliance worked with the original ART pioneers and advocates to develop a strategy that included site assessments, technical support, adaptation of existing tools and an advocacy campaign. The resulting activity played an important role in strengthening the Ukrainian state health systems by providing training and mentoring opportunities to its medical staff.

After being appointed Steward to the grant, the Programme succeeded in delivering uninterrupted ART, with accompanying social and psychological support, to thousands of people living with HIV. For many people living with HIV this was a life-saving intervention. It was also an important example of success in terms of inter-sector cooperation, planning and advocacy.

National AIDS Centre and the Lavra Clinic lead antiretroviral therapy

National AIDS Centre as the leader in antiretroviral therapy and HIV surveillance

The National AIDS Centre started its activities in January 2001. It incorporates departments for treating people living with HIV and epidemiological monitoring, and HIV immunology and virus research laboratories. Its key objectives are organisational and methodological support of the country's HIV response, information provision and analytical and prevention work, conducting HIV surveillance, and organising the provision of specific treatment and prevention support to people living with HIV.

Thanks to the high-level commitment and professionalism of the staff of the National AIDS Centre – particularly the Director, Professor Alla Shcherbinska, along with Larisa Bochkova, Yuriy Kruglov, Ludmila Storozhuk and Olga Burgay the treatment programme has been scaled up with a comprehensive monitoring programme. Work was also carried out to develop routine and sentinel surveillance systems and methodological support and training, which contributed to the effective work of 35 regional AIDS centres all around Ukraine.

The Lavra Clinic becomes the centre of excellence for antiretroviral therapy

This clinic, formally known as the Institute of Epidemiology and Infectious Diseases, is housed in the ancient building of the famous Kievo-Pechersk Lavra Monastery and thus has become known as 'the Lavra Clinic'. The clinic's HIV/AIDS treatment department was the first hospital in Ukraine to provide antiretroviral therapy (ART) to people with AIDS-related illnesses. Since 2004, clinic director Dr Svetlana Antoniak has become the key expert of the ART scale-up expert group, which, through regular meeting and intensive work, helped to develop the centre's comprehensive approach to ART and procurement. The Lavra Clinic has now become the centre of excellence for the ART specialists – not only within Ukraine but across Eastern Europe and Central Asia.

ARV-therapy drugs. Photo: Natalia Kravchuk

Case study 1: Rapid scale-up of antiretroviral therapy

Context

Before the Alliance became Principal Recipient of the Global Fund grant in 2004, only 255 people in Ukraine were receiving antiretroviral therapy[22]. These patients were supported by the state-funded programme, as well as by Medecins Sans Frontieres Holland (MSF-Holland).

By March 2004, 3,000 people had already died from AIDS-related illnesses, and an estimated 15,000 people were in need of treatment[23]. There was an urgent need for rapid scale-up of antiretroviral therapy.

What happened

Site assessments lead to development of strategy

In summer 2004, the Alliance treatment programme focussed on six priority regions that accounted for 70% of AIDS diagnosis in Ukraine. Working with the Ministry of Health and the National AIDS Centre, the Alliance carried out assessments in 15 treatment sites. Each regional AIDS centre submitted the number of people needing ART in their region. Throughout this process the government's epidemiological assessment, which included analysis of people most affected by HIV, enabled the Programme to assess the situation and respond with services to meet those with greatest need.

The Alliance was committed to using local experience and expertise to provide ART as an integral part of health care within the existing Ukrainian health system. So, its strategy was to build on the earlier work of the Ukrainian Ministry of Health, the National AIDS Centre and MSF–Holland, which had pioneered ART in Ukraine. The Alliance strategy was also shaped by the advocacy work of the PLHA Network, which had been calling for treatment access for people living with HIV and AIDS, and was providing psychosocial and other support for this population.

In developing the national strategy to scale up ART, the Alliance drew on its experience of working with key populations and advocating for services that are responsive to the needs of key populations. By August 2004, it had developed a strategic plan to address gaps in HIV testing and treatment.

Technical support for antiretroviral therapy

The technical support provided by the Alliance Secretariat was an important feature of the success of ART scale-up – particularly in the early stages, when setting up and rolling out the ART intervention. The Alliance adapted tools from

22 The official data of the Ministry of Health shows baseline figure of 250 ART patients in 2003, with a breakdown of 137 people funded by the state budget and 113 people from other sources.

23 According to the Universal Access targets and assessments developed under the coordination of UNAIDS and WHO, using Workbook and Spectrum software.

John Snow Inc[24] to assess readiness for scaling up ART. Together with the Ministry of Health, the Alliance assessed the capacity of regional AIDS centres to deliver treatment in six priority regions.

Following this stage, the Alliance developed plans for organisational development and human resources for ART roll-out. These plans included:

- training on laboratory monitoring
- ARV storage and stock-taking systems
- cooperation with NGOs
- monitoring of the effectiveness and toxicity of ART
- patient adherence to treatment regimes.

From the beginning, treatment provision was based on multi-disciplinary teams of doctors, nurses and social workers providing comprehensive case management. It involved working closely with AIDS centres and NGO projects to address patient needs for counselling, support with adhering to treatment, and HIV prevention.

The Programme builds on and strengthens local structures

The Programme strengthened the Ukrainian health system in a number of ways. The Ministry of Health, the National AIDS Centre and the Alliance developed universal protocols and guidelines. These were based on World Health Organization (WHO) standards, to standardise ART provision across the country. Training and clinical mentoring for medical staff was supported by a number of international organisations – namely, WHO, the American International Health Alliance (AIHA) and the AIDS Healthcare Foundation (AHF). In 2007, the Programme supported doctors from regional AIDS centres to visit the central infectious disease clinic in Kyiv for on-site training, while clinic specialists also visited the regions to mentor local staff. Meanwhile, the Alliance and WHO provided training and study visits to support the PLHA Network and NGOs in adherence support and home-based care programmes.

NGOs played an important role in promoting awareness of ART among people living with HIV and AIDS, dispelling negative rumours and misconceptions about ART, and recruiting patients from vulnerable groups outside the reach of traditional healthcare establishments.

The Alliance worked with the PLHA Network to involve many HIV/AIDS and harm-reduction NGOs in the treatment programme. This made it possible to:

- scale up far more quickly than would otherwise have been possible
- ensure wider coverage and accessibility of treatment and care services for key populations
- provide a continuum of support and prevention services (in particular, support with adhering to treatment).

24 John Snow Inc is a public health research and consulting firm that supports communities throughout the world. See: www.jsi.com

Joint advocacy key to scale-up of antiretroviral therapy

For the Programme to succeed, the Alliance needed 'Humanitarian Aid Provider' status so that it could purchase pharmaceuticals and other health products free from taxes and duties. It also needed a commitment that the government would eventually take over the Programme's ART patients and continue to provide the treatment after the initial grant period. The Alliance and the PLHA Network, supported by Ukrainian and international NGOs, advocated for, and secured, these commitments.

To build support and publicity for their campaign, the Alliance worked alongside other NGOs to organise press conferences, round-table meetings and public demonstrations. They lobbied government ministers at conferences and meetings of the National Council for the Prevention of TB and AIDS and the Presidential Council for AIDS, TB and Drug Addiction. People living with HIV/AIDS played an important role in all of these events, bringing an essential and authentic voice to the debates.

Results

Key results of the Programme are as follows:

- By the end of September 2008 6,070 people, including 911 children, had received ART through the Programme.
- Meanwhile 9,875 pregnant women living with HIV and 9,748 children received medical treatment to prevent mother-to-child transmission of HIV. As a result, the mother-to-child transmission rate fell from 10% in 2003 to 7% in September 2008.
- By September 2008 the number of people receiving ART in Ukraine was over 10,000 including those supported by the state budget – 35% of all those in need of it[25].
- The technical capacity for ART provision was strengthened, through the development of:
    - a comprehensive knowledge base
    - a pool of trained healthcare workers, social workers and consultants working in an integrated network of medical and community facilities
    - ART drugs procurement, supply and storage (see case study on procurement in subsection 3.4.4)
    - a nationwide treatment monitoring and evaluation system within the National AIDS Centre.

  All of these elements will contribute to the sustainability of the ART intervention in the country.
- At the end of 2008 the Ministry of Health publicly confirmed its commitment to take on planning, financing and provision of ART for 6,070 patients. This makes the Ukraine government the first in Eastern Europe and Central Asia to agree to take over ART and prevention of mother-

25 According to calculations published in the Comprehensive External Evaluation.

to-child transmission programmes that had been previously supported by civil society. The government's commitment is a result of five years' advocacy and partnership working with the Ministry of Health, the National AIDS Centre and all levels of government, including the President of Ukraine.

Lessons learned and future plans

- Uniting the work of different government agencies and NGOs in providing treatment is crucial to attracting hard-to-reach populations to services and to ensuring that they receive the necessary personal support to adhere to ART regimes (see sections 3.2.3 and 3.3.1).
- The multidisciplinary approach to treatment of HIV, while very new for Ukraine, has proved to be extremely effective, and is now being reproduced in substitution maintenance therapy scale-up (see sub-section 3.1.3) and sexually transmitted infection (STI) treatment.
- Transparent and competitive pricing of pharmaceuticals and other health products, legislation allowing medical supplies to be purchased directly from the manufacturers and efficient planning to ensure a continuous supply of quality medical products for ART and prevention of mother-to-child transmission are vital to the continued success of the HIV treatment programme supported by the government.

Personnel of HIV/AIDS treatment department of Institute of Epidemiology and Infectious Diseases ('Lavra clinic'). Photo: organisation 'Time of life plus'

3.1.2 Expansion of comprehensive HIV prevention for the most vulnerable people

Over five years, the coverage of services for key populations increased dramatically, surpassing targets in almost all areas, as did the range and quality of the services.

To ensure a real chance of slowing the spread of the epidemic it was crucial to quickly expand the range and coverage of services for people living with HIV/AIDS and most-at-risk populations.

Working with NGOs and government structures, the range of services expanded rapidly throughout the country to include:

- HIV treatment, care and support
- prevention of mother-to-child transmission
- a broad range of harm-reduction services
- voluntary counselling and testing (VCT)
- the creation and distribution of information, education and communication materials
- self-help groups
- drug rehabilitation
- substitution maintenance therapy
- community centres for people living with HIV and vulnerable communities.

Mobilising civil society made it possible to scale up rapidly and to provide a range of prevention services to support the most vulnerable and marginalised communities.

Client of harm reduction program from Kyiv. Photo: Natalia Kravchuk

Case study 2: Getting services to vulnerable communities

Context

At the beginning of the Programme, the range of services provided to key populations, and the number of organisations ready to work with these groups, was limited. Besides designing and offering a package of services, Alliance Ukraine needed to find NGOs to work with. It needed partners that would reach vulnerable communities to build up local capacity and overcome strong resistance and stigmatisation from the public. The Alliance recognised the importance of ensuring close cooperation between NGOs, healthcare facilities and public agencies in facilitating cross referral, and in providing the broadest and most relevant range of services.

What happened

The Alliance developed a strategy to stimulate grassroots activity (such as self-help groups and clubs), and successfully involved community representatives in the development of the services it offered.

The Alliance supported vulnerable communities to take part in regional coordinating councils on HIV/AIDS. Fifteen people living with HIV participated in the regional coordinating councils. On these councils they were able to influence decision making at the local level.

Approaches and results from the participatory site assessment (PSA)[26] were used to improve the activities of the Programme, ensuring that vulnerable communities were involved in all stages of service provision. Special attention was paid to building the capacity of local NGOs as the implementing partners of the Programme. Structured training was developed for the new sub-recipients, and training courses on different prevention, care and VCT services, development of information materials, and advocacy were provided to more experienced harm-reduction partners. In addition, technical support on organisational development, financial management and programmatic monitoring were provided, and nine regional information and resource centres were established to provide ongoing technical support to the local NGO leaders, educational and social specialists.

Community centres were established for people who inject drugs and commercial sex workers. These offered an innovative range of services including positive prevention[27], day care for children, social activities and help with day-to-day issues such as transport, nutrition, employment and legal problems.

The Alliance worked closely with the National AIDS Centre and regional AIDS centres on developing HIV treatment standards and training medical staff,

26 The PSA was implemented by the Alliance as part of the USAID-funded SUNRISE project.

27 Positive prevention is an intervention or approach providing information, education and support to people living with HIV. Its main goal is to support healthy lifestyles among people living with HIV as well as preventing the further spread of HIV.

while supporting NGOs to take on adherence support and peer counselling. This process formed vital links between AIDS centres and people in need of treatment. Traditionally, people vulnerable to HIV, such as people who inject drugs and commercial sex workers are very wary of official health structures, fearing discrimination and disclosure of HIV status. The involvement of locally trusted NGOs helped to build confidence in these services.

Results

- The range and scale of HIV services, along with the method of provision, has been transformed.
- Key interventions recommended by WHO for prevention, treatment and care among people who use drugs are now being provided in all 27 regions of Ukraine[28].
- Service providers – both NGOs and Social services for family and youth – are benefiting from a range of technical support programmes provided by the Alliance with the support of WHO, the Open Society Institute (OSI), the United Nations Children's Fund (UNICEF) and UNAIDS.
- Best practices of the service implementation have been distributed to all implementing partners through HIV news and method-guidance publications.
- All implementing partners have put in place a comprehensive system of monitoring the quantity and quality of services.
- Building on the success of community centres and the sense of community involvement and activism engendered among vulnerable populations, the subsequent Global Fund Round 6 grant is supporting similar centres for vulnerable populations. This will strengthen the continuum of HIV prevention, care and support, and capacity-building services.
- A comprehensive package of services was introduced. This was made possible through a referral system developed through close work with health service providers and public agencies.

Lessons learned and future plans

Lessons learned in relation to implementing comprehensive packages of services for prevention, treatment and care include:

- Work through grassroots civil-society organisations is essential to successfully assess what populations vulnerable to HIV actually want, and to stay up to date with their changing needs. In satisfying those needs,

28 Interventions recommended by WHO include: a needle and syringe programme; substitute maintenance treatment, voluntary counselling and testing, antiretroviral therapy, STI prevention and treatment, provision of condoms, targeted information, education and communication for people who inject drugs, viral hepatitis diagnosis, treatment and vaccination, and TB prevention, diagnosis and treatment. From Improving quality assurance in HIV prevention, WHO report to the UNAIDS Reference Group on Developing Minimum Quality Standards for HIV Prevention Interventions, 2008. All but the last two interventions are being provided in Ukraine.

the Alliance aspired to keep a balance between public health approach and human rights approach to programming, working on the principle that people will only come to services if the services provide what they need.

- Community involvement is essential, both for the development and scaling-up of services. In some regions, strong links with, and trust of, the community has built up over some years, and enabling the Alliance to launch their programmes successfully.
- Now, the range of innovative services (such as VCT with rapid tests and harm reduction through the pharmacy) are not only the obvious components of every prevention grant, but are planned components of the national operational plan for Ukraine.

3.1.3 Advocacy breakthrough for substitution maintenance therapy

The Alliance and its partners took their campaign to the top. They worked with state agencies and the President to secure the scale-up of substitution maintenance therapy in Ukraine.

The introduction of an economically viable substitution maintenance therapy (SMT) programme was an essential part of the HIV prevention and treatment packages for people who inject drugs in Ukraine. SMT has the potential to improve adherence to antiretroviral therapy (ART) among people living with HIV who inject drugs. To increase access to ART for people who inject drugs, Alliance Ukraine highlighted access to SMT as an advocacy priority.

«Substitution therapy is no magic bullet. However, at this point, there's no better approach for countries with fast-growing AIDS epidemics».

Dmytro Tabachnyk, Vice Prime Minister of Ukraine, 4 December 2007

The challenge was to persuade the various state departments to cooperate in the implementation of SMT. A successful advocacy campaign supported by national and international civil-society organisations delivered significant results. The campaign secured the support of government departments, and the authority of the President. It gave people who use drugs a platform, it helped to reduce stigma among the public and, ultimately, it removed the barriers to SMT.

After a delayed start, the SMT programme is assisting people living with HIV who use drugs to access and adhere to ART. Further, it is having a significant impact on problematic drug use and HIV transmission, and is reducing the stigma and discrimination experienced by people who inject drugs. Because it is administered by multi-disciplinary teams SMT, like antiretroviral therapy, creates a link between medical and social, governmental and non-governmental services. Until the introduction of this intervention, these important links had been absent in post-Soviet health care. This new set of relationships has positive implications for health services, and provides the opportunity for a re-evaluation of priorities both in patient-doctor relations and among people living with HIV/AIDS themselves.

Client of substitution therapy program in Kyiv. Photo: Sergiy Krylatov

Case study 3: Advocacy removes barriers to substitution maintenance therapy

Context

People who inject drugs are the group most affected by HIV in Ukraine. Between 70 and 80% of people living with HIV/AIDS are currently injecting drugs, or have done so in the past.

SMT is an effective way of improving adherence to ART among people living with HIV who are injecting drugs, as well as of preventing HIV among people who inject drugs. Because of this, SMT was identified as an essential part of ART scale-up alongside the HIV prevention activities. Prior to the Programme, availability of SMT was limited to a UNDP-funded six-month pilot project using a substitution therapy medication, buprenorphine.

SMT proved extremely challenging for many state agencies to accept. Although it formed part of the public health strategy, few people outside the international HIV/AIDS community in Ukraine were committed to it. By 2008, SMT had become something of a cause celébrè. While the Ministry of Health was supportive of it, some other ministries and government entities were less so, and the approach was opposed by a large proportion of the general public.

An additional barrier to the therapy lay within the health system. Narcologists, who deal with drug and alcohol dependence and were to be those providing SMT services, were reluctant to take on additional workloads, and were also concerned about the impact of SMT on existing treatment for drug dependence.

What happened

Alliance lead advocacy campaign

When it became clear that there were barriers to the SMT programme, the Alliance developed and led an advocacy campaign involving the PLHA Network, the Clinton Foundation, WHO, the Ukrainian Institute of Public Health Policy (UIPHP), UNAIDS and the UN Office on Drugs and Crime (UNODC)

There were two important phases to the advocacy campaign. The first was to introduce SMT to demonstrate its effectiveness in the Ukrainian context. Initial SMT was based on buprenorphine, as this was already a registered drug in the country and Ukrainian drug treatment specialists were familiar with it. The second phase focused on assisting rapid scale-up through the introduction of methadone – a less expensive drug more suited for larger-scale provision of SMT.

A series of meetings and national conferences introduced officials to international experience of implementing substitution maintenance therapy. This culminated in a special meeting called by the President of Ukraine, Viktor Yushenko, in December 2007, attended by Alliance Ukraine, the PLHA Network and other partner organisations. During the meeting, the President strongly criticised the government for its lack of fulfilment on its commitments to the Global Fund – particularly in regard to implementing methadone-based SMT.

Alliance Director plays leading role

Following recommendations from Andriy Klepikov, Executive Director of Alliance Ukraine, and other civilsociety representatives, a presidential decree was issued later in December 2007, requiring the elimination of barriers to the scale-up of methadone-based SMT. The decree also established the Presidential Council for AIDS, TB and Drug Addiction (the Presidential Council), to which Andriy Klepikov was appointed a member.

The Alliance and its partners worked with state agencies at the highest levels to secure this commitment. The case was put at high-level meetings with the National Coordination Council for the Prevention of TB and HIV/AIDS and the Presidential Council. Pressure was kept up by continually contacting the offices of the Prime Minister, Cabinet of Ministers, Ministry of Health and Ministry of Internal Affairs to enquire as to the status of the policy change, regulations, quota and other issues until the import permit was issued.

Finally, in May 2008, methadone-based SMT was introduced. Its introduction marked the culmination of a united advocacy campaign by all the key organisations working in HIV/AIDS in Ukraine.

Global Fund gives unacceptable rating

However, the sustained opposition to SMT within the state sector continued to slow down implementation. In August 2008 this was the one area in the Ukraine grant appraisal to receive an 'unacceptable' rating from the Global Fund Secretariat.

Finally the Minister of Health signed an order that made way for scaling up implementation. Order number 407 made provision for the expansion of SMT programmes to practically all regions of Ukraine, with a total of up to 6,000 patients.

Government commitment was confirmed in 2009, when Parliament approved the national programme for 2009–2013. The national state programme now includes SMT with methadone.

Results

- The advocacy work on SMT has significantly influenced treatment provision and legislation in Ukraine.
- Alliance Ukraine expanded availability of substitution maintenance therapy from six to 26 regions.
- The successful advocacy campaign enhanced the position of civil society.
- The perception of SMT among specialists and the public has been transformed in the past few years. This can be seen from the coverage and reputation of SMT in the Ukrainian media, which initially was uniformly negative but developed into a more balanced, sympathetic approach, with increasing understanding of drug dependence as an illness rather than a moral failing.
- A 12-month monitoring exercise conducted by Alliance Ukraine, WHO and the Ukrainian Institute of Public Health Policy in 2008 demonstrated that SMT is a proven method for supporting people living with HIV who are injecting drugs, through HIV treatment programmes. Approximately half of all SMT clients in Ukraine are living with HIV, and one third of them are already part of HIV treatment programmes.

Lessons learned and plans for future

The process of persuading the country to introduce substitution maintenance therapy illustrates a number of key issues affecting both this and other areas of HIV/AIDS, health and social programming in Ukraine:

- Following the long struggle to remove obstacles, this intervention has been scaled up more quickly than any other to bring the Programme on target. While the need for SMT was urgent, the speed of introduction has raced ahead of the methodological base. As a result, some problems with planning, monitoring, and drug supply are now becoming

apparent. The huge demand for SMT can justify the rate of scale-up, but there is still work to be done to establish a comprehensive rules and regulations of SMT provision within healthcare facilities across the country.

- Experience with SMT provision underlines the importance of meeting drug users' health and social needs in an integrated way, by addressing simultaneously drug dependence and mental health, HIV, TB, hepatitis C, STIs and reproductive health, general health and psychosocial support. The first integrated services are now being supported by USAID.
- Due to some loopholes in the application of directives at different levels of the government structure, from central to regional, the directive on SMT implementation is not always realised across the country. In a recent example, local deputies in Sevastopol shut down SMT programmes and the Alliance had to work with the local public prosecutor's office to resolve the situation.
- Despite some challenges in terms of government involvement, the work to introduce SMT has built important bridges between civil society and state departments, law enforcement and drug control agencies.
- The campaign also united all organisations working in the Ukrainian AIDS response in an unprecedented way: for example, USAID is financing a complementary programme – the only one in a post-Soviet country – that includes SMT as a vital component to ensuring access to treatment for people living with HIV who inject drugs.
- Campaigns for SMT provided a platform and gave a voice to marginalised groups. Existing and potential SMT patients actively participated in the advocacy campaigns, and are now registering a national organisation of SMT clients. As the campaign for antiretroviral therapy made people living with HIV/AIDS a visible, vocal, organised force for political and social change, so SMT may be for people who inject drugs. They are using the re-socialisation aspect of this intervention to change not only their own lives but also to influence society's prevailing attitudes towards them.
- The advocacy campaign brought hope that decriminalisation of the use of illegal drugs may be possible in Ukraine. Alliance Ukraine staff member Pavel Skala was invited to join the official Ukrainian delegation to the United Nations Office on Drugs and Crime (UNODC), Commission on Narcotic Drugs meeting in March 2009. Pavel hoped to use the opportunity to influence the government's position at the meeting, but instead ended up as the delegation's acting head at some sessions. Pavel says, ***One of Ukraine's achievements in liberalising drug policy… is that an NGO can have real influence on decision-making and take part in events like CND [the Commission on Narcotic Drugs]; it's a real sign of democratisation.***

Clients of substitution therapy program in Dnipropetrovsk. Photo: Mila Teshayeva

3.2 Civil society mobilised to take action

The Alliance demonstrated the crucial role of civil society in an effective response. The Alliance, through the Round 1 grant, nurtured the development of an independent NGO in Alliance Ukraine, the PLHA Network, and the many NGOs that were central to the Ukraine national response.

As Principal Recipient of a Global Fund grant, the Alliance had to develop new areas of expertise and act in a range of different roles. However, its original mission remained the same: to support communities to reduce the spread of HIV and to meet the challenges of AIDS.

«The impressive performance of the Alliance as a Principal Recipient demonstrates that direct financing of Global Fund grants to civil society recipients can improve the speed of grant implementation and help to mobilise additional implementation capacity».

Comprehensive External Evaluation

This mission has always been in line with Global Fund policy, which supports putting involvement and effectiveness of civil society in implementing grants. Community Systems Strengthening[29] – a process of supporting smaller implementing agencies to develop and grow in order to deliver HIV, TB and malaria programmes – has increasingly become a core part of the Global Fund strategy.

The Alliance provided technical support and grants to the many NGOs in order to implement the Programme. Some of these NGOs had never received external funding before. Over five years, the number of NGOs implementing the Programme increased from 60 to over 150 in all 27 regions of Ukraine. Supported by the Alliance, the PLHA Network became co-Principal Recipient for the Round 6 grant. These various organisations delivered services to people living with HIV and vulnerable to HIV, and contributed to policy and strategy debates. There are now national community-based networks of men who have sex with men, commercial sex workers and drug-user activists. The national landscape for HIV has been transformed by these many independent, local and national, community organisations.

Working meeting on community mobilization. July 2008. Photo: Liliya Antonova

29 The Alliance helped develop Global Fund guidance on CSS. See: www.theglobalfund.org/documents/rounds/8/R8CSS_Factsheet_en.pdf

3.2.1 PLHA Network becomes a Principal Recipient

In less than ten years the All-Ukrainian Network of People Living with HIV/AIDS (referred to here as the PLHA Network)[30] has grown from an informal group of activists to joint implementer of the country's largest HIV/AIDS programme. It now combines the role of advocate and civil-society watchdog with that of respected government partner.

Alongside the Alliance, the PLHA Network was the other main organisation to play a significant role in raising the profile and importance of civil-society organisations during the Programme. It has become co-Principal Recipient for the programme funded by the Global Fund Round 6 grant. The PLHA Network has grown from a grassroots movement with 20 staff to an organisation with national responsibility for components of treatment, care and support. It has achieved this transformation in part because of partnerships formed and technical support provided by the Alliance during the implementation of the Programme.

«We've taken responsibility for national problems but we also have to resolve the daily issues affecting thousands of people living with HIV and establish conditions for them to be able to solve their own problems in their home towns».

Volodymyr Zhovtyak, Head of the PLHA Network's Coordination Council

The PLHA Network offers a unique example – not just to Ukraine, but to the whole region – of successful grassroots action. It demonstrates how community activists can help alter perceptions among society and the government of the HIV and AIDS epidemic and those most affected by it.

Volodymyr Zhovtyak, Head of the PLHA Network's Coordination Council. Photo: Layma Geydar

30 Further information on the work of the PLHA Network is available at: http://network.org.ua (mostly in Ukrainian language)

Case study 4: Grassroots movement to Principal Recipient

Context

The PLHA Network dates back to 1999, when a small number of activists living with HIV formed a group. Over the next two years, the group secured training and organisational support from Counterpart Alliance for Partnership (CAP) and MSF-Holland to register as an NGO. The European Coalition of Positive People provided training on organisational structure and management, and in 2001 funded the set-up and initial running costs of the central office of the Network. Combined with support from GlaxoSmithKline's Positive Action programme, this allowed the PLHA Network to hire its first professional staff.

In the same year the Alliance started its activities in Ukraine implementing a programme jointly funded by USAID and the European Union (EU). The very first grant from Alliance Ukraine was to the PLHA Network. Later the Alliance supported the Network to provide the first care and support services for people living with HIV in Ukraine.

The PLHA Network's profile was raised dramatically by the participation of two of its representatives in the official Ukrainian delegation to the UN General Assembly's Special Session on HIV/AIDS in 2001. The PLHA Network's authority continued to grow, as did the organisation itself. It established, with the help of international donors and consultants, an effective advocacy strategy and a professional organisational structure that allowed it to expand through a network of local branches and affiliations across most of the country.

What happened

Together with Alliance Ukraine, the PLHA Network worked on Ukraine's original application to the Global Fund Round 1 grant. Based on the experience of the first pilot projects, care and support were included in the country's proposal to the Global Fund.

When the Alliance became the grant's principal recipient, its strategic partnership with the Network was vital to realising the Programme's ambitious targets on HIV care and support services.

The scale of operations required a new level of technical support. The Alliance, Counterpart Alliance for Partnership and MSF-Holland provided further organisational development, including the establishment of functional systems, policies and procedures, such as granting mechanisms. The Alliance provided the first international consultants to guide the following activities:

- the development of care and support services prior to introduction to antiretroviral therapy
- introduction of monitoring and evaluation systems

Advocacy action of All-Ukrainian Network of People Living with AIDS. Photo: PLHA Network

- joint development of the first Ukrainian models of non clinical care provision, including creation of community centres for people living with HIV
- joint work on developing community-based treatment, support and adherence services.

Results

In less than ten years, the PLHA Network has grown from an informal group of activists to joint implementer of the country's largest HIV and AIDS programme. Effective support from, and partnership with, international and national organisations in Ukraine, as outlined above, has contributed to the network's success.

- The PLHA Network emerged as a key organisation in the development and implementation of the national response to HIV – particularly as a major sub-recipient for the Round 1 Programme. In this role it provided grants and technical support to a large number of NGOs working in the area of care and support.
- In 2006, when it was appointed co-Principal Recipient with Alliance Ukraine for the Global Fund Round 6 grant, it became one of the few PLHA networks worldwide to become a Principal Recipient.
- The joint efforts of the Network and the Alliance resulted in an increase in Ukraine's commitment to provide antiretroviral therapy from 300 to 4,000 patients.
- Today the PLHA Network has grown to 80 staff members in its central office, 44 initiative groups and representatives around the country, and a membership of over 500 people.
- The role of the PLHA Network in the capacity building of PLHA organisations and advocacy in the regions was recognised by Red Ribbon Award during the 16th International AIDS Conference (13–18 August 2006, Toronto, Canada).

Lessons learned and future plans

Volodymyr Zhovtyak, Head of the PLHA Network's Coordinating Council, acknowledges that being a Principal Recipient has its challenges, placing a strain on internal administrative capacity to the detriment of the nationwide network which unites individuals. Volodymyr explains, *We've taken responsibility for national problems but we also have to resolve the daily issues affecting thousands of people living with HIV and establish conditions for them to be able to solve their own problems in their home towns.*

To address these challenges, the PLHA Network is now prioritising work in two areas: developing institutional capacity and strengthening regional representatives, to provide a stable range of high quality local services.

World AIDS Day, December 1, 2007. Volodymyr Zhovtyak speaking at the meeting. Photo: PLHA Network

3.2.2 New NGOs supported to provide services

The Ukraine response to HIV and AIDS is now spearheaded by civil society and community groups in all areas of implementation. As the epidemic is still concentrated among hard-to-reach groups, this focus ensures that services reach the people who need them most.

As the range of services has expanded, so has the range of technical support that the Alliance offers to support NGOs. The Alliance has engaged many new organisations, which have been mentored both by the Alliance and by well established local NGOs.

The effects of community mobilisation have been felt at local, regional and national levels. In some traditional regions where religious influence is stronger – particularly in the west of Ukraine – NGOs initially resisted harm-reduction principles. However, they eventually changed their views, influenced by activists from the drug-user community who educated them about the benefits of a harm-reduction approach. These NGOs have now started to implement harm-reduction projects.

At the regional level, groups now come together to discuss and resolve problems. Today, there are few relevant central government meetings to which NGOs are not invited to contribute. The acknowledgement of the value of the NGO partners is demonstrated by the government's recent commitments. In 2007, a presidential decree removed obstacles to scale up substitution maintenance therapy (see Section 3.1.3), and the following year the government agreed to take on responsibility for ARV treatment for 6,070 people living with HIV (see Section 3.1.1). Both these milestones were achieved as a result of lobbying by civil society.

Another result of community mobilisation is that NGOs are now sometimes working in areas traditionally covered by government structures, such as in prisons and hospitals. This has positive implications for monitoring of human rights violations and health problems within closed structures, and for advocating for change through examples.

The Alliance's technical support

For the Global Fund supported programme, the Alliance provided NGOs with technical support in the areas of:

- project design
- budget and strategic planning
- monitoring and evaluation
- financial management
- development of information and resource materials
- partnership building
- resource mobilisation
- advocacy.

3.2.3 Strengthened civil society key to scale-up of antiretrovirals

The involvement of NGOs in voluntary HIV counselling and testing (VCT) and antiretroviral therapy (ART) has marked a radical change in Ukrainian social and health systems. Increased capacity and visibility of civil society has been key to the success of the Programme.

The success of the scale-up of ART over a large geographical area among different vulnerable populations would not have been possible without close collaboration between the regional AIDS centres and NGOs operating in the country.

The Alliance worked with the PLHA Network to involve NGOs already running harm-reduction schemes, and providing services to people with AIDS-related illnesses, in HIV treatment. This made it possible to scale up quickly, to ensure wide coverage of treatment and care services along with support and prevention services.

Addressing concerns about antiretroviral therapy

Even when the medication and medical teams were in place, from 2004 to mid-2005 the HIV treatment component of the programme was failing to meet targets. This was because people living with HIV did not want, or were not able, to enrol in ART. Reasons for their reluctance included:

- concern about side effects
- lack of confidence that HIV treatment would be free and continuous
- fear that health workers would have prejudiced attitudes and breach confidentiality.

These concerns could only be addressed by NGOs that had developed a relationship of trust with marginalised communities. NGO staff provided accurate information, challenged misconceptions, and accompanied potential patients to AIDS centres for antiretroviral treatment. Meanwhile multi-disciplinary teams administering ART had been trained to deliver services in a new way, and so were introducing a more sympathetic approach towards people living with HIV/AIDS and other vulnerable groups.

By the end of 2006, over 80% of patients on ART were receiving care and support services from NGOs, based on a peer-support approach[31]. These services helped clients commit to treatment and become more proactive towards their own health and rights as patients.

Taking voluntary counselling and testing to vulnerable populations

In Ukraine, only 20% of the people estimated to be living with HIV/AIDS and in need of treatment are officially registered and receiving treatment[32]. In an attempt to bridge this gap, 60 harm-reduction organisations were engaged to implement VCT with rapid tests in locations that were convenient and safe for people who inject drugs, commercial sex workers, and men who have sex with men. This approach has now been included in the National AIDS Programme (2009-2013).

31 Support services include treatment adherence, support to encourage pregnant women living with HIV to take up prevention of mother-to-child transmission services, medical and non-medical home care, psychological support, and children's day care.

32 Latest estimates put the percentage of people living with HIV who are in treatment at less than 20% of the total estimated figure.

This pilot intervention successfully increased the number of people gaining access to rapid HIV testing and counselling as part of a comprehensive range of services. Strategies to involve clients in VCT have to be adapted to individuals, groups and regions. This is something that local civil-society organisations are well placed, and sufficiently flexible, to do. However, the same study also found that a large proportion of respondents had not followed up on their referrals to AIDS centres. This seems to indicate that while civil-society organisations have the capacity to implement VCT, there is a risk of creating a parallel system that is insufficiently connected to the government's healthcare structure. The Alliance is now working on ways of improving the quality of VCT provided by NGOs – in particular, by finding ways to motivate clients to seek confirmatory tests and treatment from mainstream health services such as the AIDS centres.

3.2.4 Alliance Ukraine becomes independent

In 2000, the International HIV/AIDS Alliance set up a small country office in Ukraine. Today, Alliance Ukraine is an independent national linking organisation that provides technical support to other organisations across the region.

In March 2003, Alliance Ukraine was registered in Ukraine as an international charitable foundation, set up by the International HIV/AIDS Alliance. In line with Alliance strategy, the process to transform the country office into an independent linking organisation started in 2007. This would mean that Alliance Ukraine would have its own independent governing body while still being part of the Alliance Global Partnership.

This process was accelerated in response to recommendations of the Comprehensive External Evaluation and advice from the Global Fund Secretariat in Geneva. It was important that the co-Principal Recipient for the Global Fund Round 6 grant was an independent organisation, based locally.

The Alliance model

The Alliance is a network of independent, locally governed and managed linking organisations.

The Alliance provides linking organisations with technical and financial assistance. In turn, the linking organisations support and develop non-governmental organisations.

Alliance linking organisations are intermediaries. Though they might provide some direct services, their main objective is to assist other groups responding to HIV.

When faced with an urgent need for action, the Alliance has sometimes established country offices. These are governed by the Alliance Secretariat but led and staffed by nationals. The Alliance is committed to helping its country offices evolve into sustainable, locally led linking organisations as quickly as possible.

A group of Regional Technical Support Hubs provide most of the Alliance's technical support. These hubs, hosted by various linking organisations and country offices, market their services to external clients as well as Alliance members.

Alliance Ukraine became an independent organisation, with its own board of trustees, in January 2009. This status confirmed it as a national Ukrainian organisation with the experience and know-how to tailor its programmes and operating policies to the local context. With its board of local experts and civil-society representatives, Alliance Ukraine is now even more accountable to its stakeholders, and is better positioned to respond to the needs of the people it serves.

As Alliance Ukraine has evolved into a linking organisation, it has also become a provider of technical support services, by establishing the Alliance Regional Technical Support Hub for Eastern Europe and Central Asia. The Alliance Secretariat set up six regional technical support hubs in 2008 to help organisations of the Alliance global partnership and others implement HIV/AIDS programmes. Since 2008, experts at Alliance Ukraine have been providing high-quality technical assistance activities internationally, demonstrating its own credible capacity as an HIV and AIDS service provider.

National partners supports the Allaince-Ukraine: the press-breakfast on introducing the Governing Board, February 2009*.

* On the photo: Dr. Svitlana Cherenko, Head of the Committee on counteraction of HIV/AIDS and other socially dangerous diseases, , Yuriy Kobyschsha, the Chairman of the Governing Board, Andriy Klepikov, Executive Director of Alliance-Ukraine.
Photo: Alliance-Ukraine

3.3 Effective partnerships built across sectors

A key achievement of the Alliance approach has been the development of effective partnerships right across the statutory and private sectors and civil society. These partnerships have ensured successful and sustainable implementation of the Programme.

Strong, effective partnerships have been fostered among a wide range of individuals, organisations and sectors. As a result, Ukraine is now unique in the former-Soviet world for its high degree of cooperation between the government and NGOs. Collaboration is evident between state healthcare and social services, law enforcement, the penal system, the media, and public information and education (see Case study 5). In civil society, different religious organisations are working together with harm-reduction projects. Meanwhile, some NGOs have formed lasting partnerships with local businesses.

Such collaboration has also been mirrored at local level. For example, in December 2008 a groundbreaking agreement of cooperation was signed between the Alliance, the PLHA Network, six NGOs in Kyiv, Kyiv social services for family and youth, and the central administration of the Ministry of Internal Affairs. This was the first partnership in Ukraine to include all key implementers of HIV prevention programmes.

3.3.1 Alliance facilitated partnerships for an effective response

Partnerships built to deliver HIV and AIDS services offer an inspiring example to other sectors that need to reach affected communities.

«We can't imagine now how we could work without NGOs. This is our know-how that we've brought to the field of health care. Thanks to the Programme, AIDS service is more advanced – flexible, accessible and up-to-date».

Lyudmyla Storozhuk, Deputy Director of the Ukrainian National AIDS Centre

The rapid scale-up over large geographical areas among different marginalised populations would not have been possible without close collaboration between different sectors and agencies. The Alliance played a key role in developing important working relationships between stakeholders. Clear, transparent communication lines set up by the Alliance from the start set the scene for collaborative working relationships. This was important, as some organisations did not have collaborative or coordinated working relationships, and in some cases were competing with each other. The Alliance helped civil-society organisations come together and subscribe to a common goal under the Programme. The Alliance's involvement with these organisations was welcomed because of its breadth of experience in coordinating civil-society responses and in working with marginalised and most-at-risk populations.

The real breakthrough, though, was in partnerships between state and civil society. Traditionally civil-society organisations had viewed the government as the opposition.

Guest of the 'Young Art Against AIDS' event, Kyiv, December 2007. Photo: Mila Teshayeva

However, now AIDS centre specialists are proud of their ground-breaking work with the non-government sector, and together they have built a well developed referral system. Multi-disciplinary teams now cover all aspects of antiretroviral therapy for patients: medical, social and psychological. Lyudmyla Storozhuk, Deputy Director of the Ukrainian National AIDS Centre says, «We can't imagine now how we could work without NGOs. This is our know-how that we've brought to the field of health care. Thanks to the Programme, AIDS service is more advanced – flexible, accessible and up-to-date».

Storozhuk considers that HIV and AIDS health care offers an inspiring example for other sectors that need to foster a partnership approach to reach affected populations. Similar close partnerships are now being developed between NGOs and government clinics, to treat STIs and drug dependence.

Collaboration has also filtered down to the individual level. The relationship between doctor and patient is now becoming one of cooperation and equal exchange. This represents a welcome move away from the more traditional hierarchical relationship in which patients have no control over their treatment. Since HIV prevention and treatment is intimately linked to individual behaviour change, this change in the doctor–patient relationship is symbolically, and practically, important.

Such partnerships are having a further effect on attitudes towards the marginalised groups that are most affected by HIV. PLHA now automatically join state discussions on HIV and AIDS. People who inject drugs and commercial sex workers can bring about change when they are given an opportunity to engage with the agencies whose policies affect their lives. (See Case study 3, Section 3.1.3.)

International donors had been working together on the AIDS response in Ukraine since the late 1990s. Despite this, coordination among the different sectors was poor. According to UNAIDS effective coordination between all partners, including government, only really took hold with the implementation of the Programme. The framework of the Programme encouraged stakeholders to work together and jointly develop national proposals and oversee their implementation.

3.3.2 Alliance provided alternative coordination mechanism

Without a functioning coordinating mechanism, the Alliance initiated stakeholder meetings to improve programme transparency and coordination between the many parties.

Despite the establishment of a Country Coordinating Mechanism[33] (CCM) and its exemplary membership on paper, in reality this coordinating body struggled to be completely functional or representative. In fact, most stakeholders involved in developing the initial proposal to The Global Fund had not been consulted[34]. As a result, they lacked a sense of participation or ownership in the Programme.

So, the Alliance convened stakeholder meetings in Ukraine to improve programme transparency and coordination between the many stakeholders working in the field.

33 Country Coordinating Mechanisms are central to the Global Fund's commitment to local ownership and participatory decision making. They develop and submit grant proposals based on priority needs at the national level. Following grant approval, they oversee progress during implementation.

34 According to the Synergy TA: Global Fund grant to Ukraine, briefing on trip 5, 2004, available at: http://www.aidsalliance.org/sw26451.asp

At the early stage of the Programme, these meetings were chaired by staff from the Alliance Secretariat. They brought together civil society, and facilitated collaborations and partnerships with organisations such as the Ministry of Health, other national organisations, key sub-recipients, the Global Fund, USAID, and UN agencies.

The National Coordination Council for the Prevention of HIV/AIDS (NCC)[35] had a comprehensive membership of government and non-government national and international organisations. It therefore appeared to fulfil the role of CCM as well as that of the UNAIDS Three Ones principles[36]. In the end, however, the NCC's mandate limited it to an information-sharing and advisory body. It lacked the authority to take decisions or perform coordinating functions. It also rarely met except to discuss funding proposals to the Global Fund. However, the NCC sub-groups were more successful. The sub-groups dedicated to treatment, care and support and monitoring and evaluation were particularly effective in bringing together all the agencies concerned.

Regional coordinating councils have also been set up by local authorities in every region of Ukraine, and in many places are working well to build functioning relationships between local authorities and civil society.

The Presidential Council for AIDS, TB and Drug Addiction was established in 2007, following lobbying from Alliance Ukraine and its advocacy partners. This council proved instrumental in resolving critical issues in programme implementation, such as substitution maintenance therapy. Nevertheless, the existence of parallel structures responsible for HIV and AIDS policy – namely, the Presidential Council and the National Council for the Prevention of Tuberculosis and HIV/AIDS – is not ideal. It carries the risk of duplication and lack of clarity over division of responsibilities and leadership.

This lack of a clear coordinating structure has serious implications for the future of the HIV and AIDS response. The Global Fund's objective is clear: the Programme belongs to the country, not to The Global Fund or the Principal Recipient. However, if the country lacks a coordinated governance and oversight body, then the Alliance and its closest partners – in Ukraine, civil society – have no choice but to try and fill the gap.

Stakeholders' meeting, March 2007.
On photo: Alla Shcherbinska,
Director of National AIDS Center,
Andreas Tamberg, Porfolio Manager, the Global Fund,
Andriy Klepikov, Alliance-Ukraine.
Photo: Alliance-Ukraine

35 Later to become the National Council for the Prevention of Tuberculosis and HIV/AIDS, in 2008.

36 The Three Ones principles are that a country should have one HIV/AIDS action framework, one national AIDS coordinating authority, and one national monitoring and evaluation system.

3.3.3 Education methods transformed

The Ukrainian state educational system scaled up its cooperation with the non-government sector to implement prevention strategies targeted at young people. The resulting life skills-based education transformed traditional classrooms into interactive training environments.

The life skills-based education was a collaboration and joint programme with the Ministry of Education and Science, teacher-training institutions, universities and schools, and Alliance Ukraine and its partner NGOs. It is an excellent example of how cross-sector cooperation can introduce innovative and appropriate methodologies and facilitate wide coverage and sustainability of HIV and AIDS programmes.

Case study 5: Ukrainian schools offer life skills-based education

Context

Teaching children and young people how to protect themselves against HIV infection forms an important part of HIV prevention strategy, and contributes to the creation of an enabling environment.

The Ukrainian education system is based on, and measured against, the Soviet system, with its emphasis on memorising and hierarchical relations between teachers and pupils. This presented a potential challenge to introducing successful HIV prevention strategies that encourage children to interact and develop life skills.

What happened

The Alliance engaged the Ministry of Education and Science to provide life skills-based education in classrooms around the country. The Ministry signed a memorandum of understanding with the Alliance, committing itself to delivery of this part of the Programme.

Life skills-based education was introduced as a core element of courses designed for children aged six to 16. The courses aimed to transform a traditional classroom into an interactive training environment. They encouraged pupils not simply to learn facts but to develop survival skills, such as the ability to say 'no', and the confidence and analytical capacity to take positive life decisions. Aimed at preventing the spread of STIs and encouraging children to form healthy lifestyles, the courses and course guides are based on gender equality and a tolerant attitude towards people living with HIV/AIDS.

The teaching methodology introduced is unprecedented in the history of Ukrainian school education, which usually relies on knowledge transfer and repetition. Two NGOs (Project HOPE and Health through Education) worked together with state teacher-training institutions and regional AIDS centres to organise training courses for teachers and develop course materials.

Schoolchildren having lesson on healthy lifestyle. Photo: NGO 'Health through Education'

The schools programme also reached out to parents. Companion handbooks were produced with advice for parents on how to talk about health and risky behaviours, and how better to understand physiological and psychological changes in their children.

Results

- As a result of the companion handbooks, there is anecdotal evidence that some parents are taking a more active interest in their children's education and the running of schools.
- Life skills-based education in the areas of health and HIV and AIDS education is now institutionalised, and has been included into the system of in-service training for teachers.
- The future of life skills-based education has been embedded into the national strategy, with funding from the government. The National AIDS Programme 2009–2013 became the first in its history to include primary prevention in schools and support to teacher training.
- In 2008, 57% of schools were staffed with appropriately trained teachers, and 27% of pupils had access to quality prevention courses.

Lessons learned and future plans

Some key concerns and lessons have emerged from the experience of implementing primary prevention in schools:

- As with other areas, poor coordination between national and regional institutions has complicated implementation. An order from the Ministry of Education and Science is not sufficient to change attitudes and ensure acceptance and implementation of the programme by local education staff and influential individual or institutions (parents, churches and so on). While schools cannot refuse to put programmes in place, there is no mechanism to assure their quality.
- The cascade system of training of trainers means that quality may gradually decrease. As a result, there is some concern that the level of teaching in schools is not always uniform or adequate, and that a more effective quality assurance system is needed.
- There is a need to expand the educational component of primary prevention to further education. Alliance Ukraine, with the support of the Levi Strauss Foundation, is now reaching higher-education students – but this is not yet universal.
- Experience during the Programme has shown that interventions are not reaching children who do not attend regular schooling. These include street children and young people vulnerable to drug use and sex work. This is a concern, as these groups provide a bridge population for the spread of HIV. The Alliance, along with the Ministry of Family and Youth, is beginning work with head teachers and psychologists from state juvenile social rehabilitation centres and shelters, to implement primary prevention programmes with this group.

3.4 Vital innovations improve efficiency

The Alliance has introduced vital innovations in HIV prevention, procurement and monitoring and evaluation based on business principles, performance-based funding and the need to be accountable.

This section focuses on new innovative approaches that made the Programme more effective and accountable – for example:

- HIV prevention services were made more relevant and attractive to people by responding more directly to individual needs.
- National systems for monitoring and evaluation, in line with the Three Ones principles, are a model of good practice in Ukraine's national response. These allowed implementers the opportunity to assess coverage levels of programmes and identify how and where to increase and improve programmes and services.
- As a result of successes in procurement, the Ministry of Health has established a working group to develop its own procurement system and tender committee, to ensure transparency and secure better prices.

3.4.1 Innovative HIV prevention meets the needs of vulnerable populations

A key innovation of the HIV prevention programme was the development of comprehensive service packages designed specifically for each target group.

In addition to the minimal package of services, many NGOs offered social services to help their clients maintain their health, promote re-socialisation, and improve their psychological and emotional well being. Some of the innovative HIV prevention services provided were as follows:

- Additional services for people who inject drugs included providing general healthcare including first aid and medicines, professional training and employment opportunities, services for children, and strategies to involve women who were injecting drugs.
- Specific services for prisoners included distribution of toothbrushes, shaving equipment and bleach to sterilise tattooing equipment. In 2006, social support was introduced for people released from prison. This included employment assistance, referrals to appropriate services to restore documents, and medical assistance.
- The package of HIV prevention for female commercial sex workers who inject drugs included needle exchange and distribution, outreach activities targeting clients and partners of female sex workers, provision of condoms, condoms for oral sex and lubricants, and improved access to voluntary counselling and testing (VCT) using rapid tests.
- Services designed for men who have sex with men included distribution of condoms and lubricants along outreach work routes and in gay-friendly nightclubs and other leisure sites, along with motivational safe-behaviour training, and improved access to VCT using rapid tests.

Essential packages of services for the HIV prevention among vulnerable groups

For all the HIV prevention activities, essential packages of services were defined by national expert groups targeting different population groups. People in need of services could be considered 'clients' only after receiving each of the services included in the 'essential package' at least once in the course of a year. Further, all the local service providers developed additional services to meet broader needs of the clients that were not covered by the relevant essential packages.

The essential packages contain the following elements:

For people who inject drugs:

- distribution of syringes
- distribution of male condoms
- information materials for behaviour-change communication
- social/outreach worker consultation on safe behaviour
- VCT, using the rapid test on HIV (or referral for this, if needed)
- referral to other medical and social consultants (if needed).

For female commercial sex workers:

- distribution of male condoms
- distribution of syringes (if injecting drugs)
- information materials for behaviour-change communication
- social/outreach worker consultation on safe behaviour
- VCT, using rapid test on HIV (and referral for this, if needed)
- referral to other medical and social consultants (if needed).

For men who have sex with men:

- distribution of male condoms
- distribution of lubricant
- information materials for behaviour-change communication
- social/outreach worker consultation on safe behaviour
- VCT, using the rapid test on HIV (and referral for this, if needed)
- referral to other medical and social consultants (if needed).

For the imprisoned population:

- information materials for behaviour-change communication
- social/outreach worker consultation on safe behaviour
- distribution of male condoms

Client of community centre in Donetsk region. Photo: Natalia Kravchuk

- HIV prevention among vulnerable groups is supported by community centres offering general social services, such as laundry facilities, showers and hairdressers, employment support including skills development in computing and foreign languages, as well as more traditional counselling and referral.

These additional services have significant value in contexts where basic healthcare is, in reality, rarely free to the people in need – and where the groups being targeted by these HIV prevention interventions are often living in extreme poverty. Additional services such as free basic healthcare, laundry and shower facilities, assistance with documents and other prison release services not only bring people closer to HIV prevention services, but they meet people's basic needs as well.

Through research, the Alliance identified the need for gender-specific services for women using drugs, so in addition to those already offered through community centres, a new range of services were introduced. These included women-only self-help groups and discussion sessions, and information materials of particular relevance to women IDU.

The Alliance supported the development of information, education and communication materials designed and produced for and with the participation of specific groups, such as leaflets on key harm-reduction topics for people who inject drugs and use stimulants, and materials for people who use drugs in prison. All materials are assessed for accuracy, quality and relevance by a central editorial board of experts, and are available for reprint on an online database (the database is available at: www.aidsfiles.net.ua).

One of the biggest challenges facing HIV prevention work among people who use drugs in Ukraine is the increase in stimulant users who cannot be reached by methods developed for opiate users. Drawing on lessons learned during the Programme, the Alliance has pioneered the use of peer-driven interventions (PDIs) to reach greater numbers of stimulant users. PDIs use existing drug-user networks to help gain access to hard-to-reach groups, even within a closed drug environment. Within the PDI model, people who use drugs involve other drug users in the project, and train each other on HIV prevention.

Sewing workshop in community centre. Photo: Natalia Kravchuk

3.4.2 Monitoring and evaluation delivers results

National monitoring and evaluation systems introduced by the Alliance are celebrated as a model practice and a major success of Ukraine's epidemic response.

The introduction of national and programmatic monitoring and evaluation (M&E) systems in Ukraine has provided an accurate picture of the epidemic and helps to support effective planning. M&E ties planning in with results, and provides an evidence base for assessing the success of programmes. It also identifies how programmes can be improved or scaled up. In Ukraine, M&E has encouraged an environment of transparency and accountability in the response to HIV and AIDS.

"M&E has seen important achievements in Ukraine in recent years, most notably the acknowledgement at national and regional levels of the importance of M&E for evidence informed policies and programmes. This emerging M&E culture has been driven by the endorsement of the Three Ones principles, which includes the development of components of one national M&E system, as well as of the UNGASS Declaration of Commitment and its associated reporting commitments. In addition, the Global Fund grant supported Round 1 Programme, with its emphasis on performance-based funding, has promoted the systematisation of programmatic M&E systems."

Comprehensive External Evaluation

Support from UNAIDS to the national HIV and AIDS response

The UNAIDS office in Ukraine had been an important resource for the technical support and coordination efforts during the entire duration of the Programme. The country coordinator Ani Shakarishvili and M&E Advisor Vinay Saldanha paid special attention to the development of the national M&E system, the work of the National M&E Reference Group and coordination of researches. The period when the Universal Access targets were being developed, in 2007, was an important stage for the national planning of the HIV and AIDS response involving the vulnerable group and civilsociety representatives. UNAIDS played a crucial role in national consultations and proposal development in 2005, for the development of the Programme's Phase 2 application, as well as in the coordination of the Comprehensive External Evaluation process.

Case study 6: Monitoring and evaluation creates first clear picture

Context

Prior to the Programme, a national M&E system was practically non-existent in Ukraine. This Programme has made a significant contribution to the development and strengthening of the national M&E system in line with the Three Ones principles. The Alliance set out to conduct nationwide behavioural and epidemiological research by establishing a vertical system of collecting information on HIV and AIDS. To do this, Alliance Ukraine set up a department responsible for coordinating development of the national and programmatic M&E systems.

What happened

Setting up systems for national monitoring

To create a national M&E system, the Alliance supported the formulation and governmental approval of a list of national indicators. The indicators had initially been developed in the draft national M&E plan of 2003, with support from UNAIDS. The M&E expert group coordinated the contribution of governmental bodies, research organisations and NGOs to the development of standardised methodology and tools to collect behavioural and epidemiological data.

Alliance Ukraine's M&E team, together with the National AIDS Centre and local research agencies, carried out a series of unprecedented surveys. These included sentinel surveillance among people who inject drugs, commercial sex workers, men who have sex with men and bridge populations, and special surveys of school and workplaces covered by prevention activities, STI patients, and vulnerable populations to assess size. For the national indicators, data and results continue to be gathered for a range of services on a regular basis and disseminated widely.

The Alliance provided technical assistance to, and training for, key implementing partners such as the National AIDS Centre and regional AIDS centres. Support was also given to other government agencies not directly involved in health care, such as the penitentiary system, social services for family and youth, and uniformed agencies. This assistance to these state agencies at the national and regional levels was the first of its kind in Ukraine, and was crucial to gaining access to some hard-to-reach populations, as well as to avoiding duplication of monitoring systems (which would go against the Three Ones principles).

Monitoring performance of programmes implemented by NGOs

Alliance Ukraine's M&E team also established systems for monitoring programmes implemented by NGOs. This was essential for the Global Fund's performance-based funding, as it made it possible to track project coverage and results.

The management information system (MIS) implemented by the Alliance conforms to Global Fund guidelines. It uses a unique computer-based data system called SyrEx, which was developed by the Alliance in 2005 and is now used by all Alliance Ukraine grantees. SyrEx is identified in the Comprehensive External

Evaluation as one of the key best practices in Ukraine's epidemic response. It enables projects to accurately record and report on the number of clients using particular services and commodities in a given period. It can also be used to generate reports by region or target population, in order to monitor coverage and intensity of service uptake nationwide. The data generated by SyrEx has been invaluable in assessing real coverage levels and in planning how to increase them by improving projects and mobilising additional resources.

Results

The coordination of national behavioural and epidemiological surveys to collect data has enabled Ukraine to prepare national UNGASS reports in 2006 and 2008. The reports were unique in that the overwhelming majority of research was not only financed, but also conducted, by civil society.

- The Comprehensive External Evaluation, coordinated by UNAIDS, found the 2008 report to be 'a model report for other countries in Eastern Europe and beyond.'
- The UNGASS reports are a triumph for the National M&E Reference Group, which was coordinated by Alliance Ukraine and supported by UNAIDS. It was also a significant achievement for the M&E department within the National AIDS Centre and Alliance Ukraine.
- In April 2009, the Ministry of Health established a national M&E unit, with state budget funding supported by the Programme. Its establishment was the culmination of joint lobbying by all stakeholders in the programme, and the unit will continue the work carried out by Alliance Ukraine's M&E department.

Both methodological consensus and greater capacity have been built by state and non-governmental specialists working together. There is ongoing effective coordination between organisations that meet regularly within the M&E expert group. This, along with the strong commitment to M&E, epidemiology and surveillance from agencies such as the National AIDS Centre, represents an important investment in Ukraine's HIV response, and a model for a national partnership approach to public health information and evaluation.

Lessons learned and future plans

Although there is a growing understanding in Ukraine of the purpose of comprehensive M&E, stakeholders have observed that the will to set up a sustainable national system has been slow to develop. As a result, national M&E plans are mostly short term and driven by external reporting requirements rather than real in-country needs.

Using SyrEx has been a challenge for NGOs who have been trained and mentored in the process by Alliance Ukraine. Olga Varetska, Alliance Ukraine's Head of Monitoring and Evaluation, acknowledges that systematic M&E for programme reporting has greatly complicated the work of NGOs: *Some NGOs are still reluctant to accept additional work as an integral part of service provision. It has also allowed organisations to develop capacity and move onto a higher level of operation, in line with international standards.*

In a participatory process, NGOs have been encouraged to share their experience of using SyrEx in order to improve the Programme as it is further developed and adjusted to the needs of its users. This process may prove to be vital in solving the current lack of an integrated programmatic M&E system in Ukraine. At present, organisations are using various systems, which are incompatible and usually based on donor requirements. This makes it difficult to build an accurate nationwide picture of coverage. The Comprehensive External Evaluation recommends that a standardised system, based on SyrEx, be introduced as a common M&E framework and management information system for all service providers, both in the state sector and in civil society. This would allow the establishment and analysis of trends of national service provision and use over time.

Some M&E publications prepared with support of Alliance-Ukraine.

3.4.3 Performance-based funding inspires culture of accountability

Implementation of the Global Fund grant has introduced accountability and transparency principles into public health and social work.

The Programme requires grantees to implement performance-based funding and publish a simple and accurate assessment of results. Performance-based funding ensures that projects in Ukraine remain on target. The results include details such as the number of people trained, the number of service delivery points, and the number of people reached with services.

The Alliance uses its existing structures to provide onward granting and technical assistance to NGOs. The decision to fund is based on an open assessment both of performance and potential. Grantees interact with Alliance staff through ongoing technical support and monitoring visits. The visits are designed to anticipate and resolve financial and programmatic issues. This liaison ensures that projects remain on target. The Alliance has developed procedures to monitor performance against a fixed set of output indicators. These systems for performance management are balanced with the flexibility to listen and respond to community needs and emerging issues.

The implementation of the Programme introduced accountability and transparency principles into public health and social work in Ukraine, both in the government and non-government sectors. In a post-Soviet context, this has resulted in significant cultural change, with implications ranging far beyond the HIV and AIDS sector. The extent of financial accountability within civil society has grown universally, alongside a general culture of openness about funding.

Government structures have become more open to raised expectations and higher standards of accountability and good governance. Procurement systems and monitoring and evaluation offer good examples of this change (see case studies in this section). The National AIDS Centre has introduced and published indicators for antiretroviral therapy, while the National AIDS Programme for 2009–2013 includes targets for state as well as for the programmes funded by the Global Fund. This level of public accountability is unprecedented in Ukraine.

This culture of transparency and accountability has contributed to an atmosphere in which people feel more able to talk openly about HIV and AIDS. Doctors and patients meet on a more equal footing, and communities can more confidently describe their needs, interact with government agencies and advocate for change.

Challenges to accountability

A challenge to the increasing transparency of the Programme is the relatively small number of qualified experts working in the field of HIV and AIDS in Ukraine. Many individuals work for several projects or organisations simultaneously. It is therefore difficult to assemble an adequate number of independent experts to assess calls for proposals and to avoid conflicts of interest.

Performance-based funding and strict quarterly targets have required that some strands under the overall Programme should be put into place before thorough oversight mechanisms could be established.

Without a comprehensive, unified coordinating mechanism there was a concern about which body was ultimately responsible for designing and implementing the Programme.

3.4.4 Procurement based on business principles

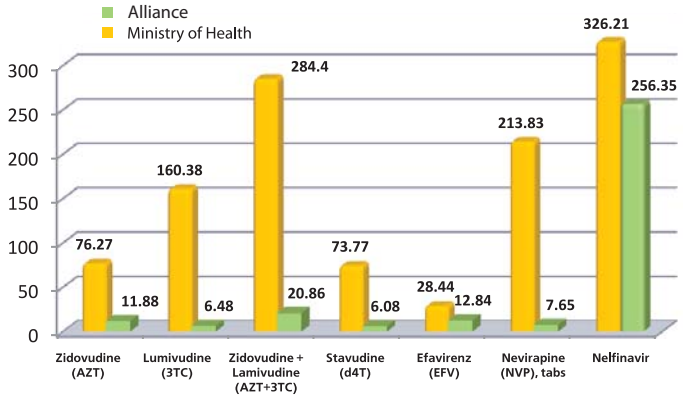
Experience in HIV and AIDS procurement has highlighted the important role that civil society can play in ensuring more transparent procurement and supply management processes.

As Principal Recipient, the Alliance was expected to procure and supply antiretrovirals. This was an area of work in which it had no previous experience.

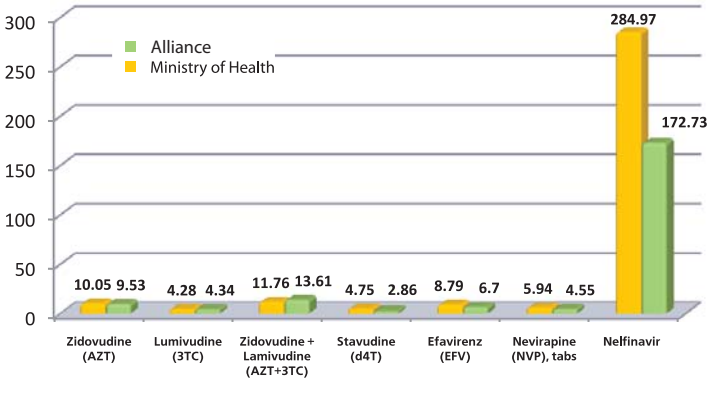
Working within existing structures and bringing in appropriate expertise, the Alliance rapidly procured approved drugs at dramatically reduced costs. It introduced more flexible systems for procurement that enabled it to respond to sudden changes in supply. This provided increased security and stability for patients.

The reduction in cost has meant that administering antiretroviral therapy is now much more viable for the state. The government is now scaling up treatment to 80,000 patients (a 8-fold increase) in the next five years.

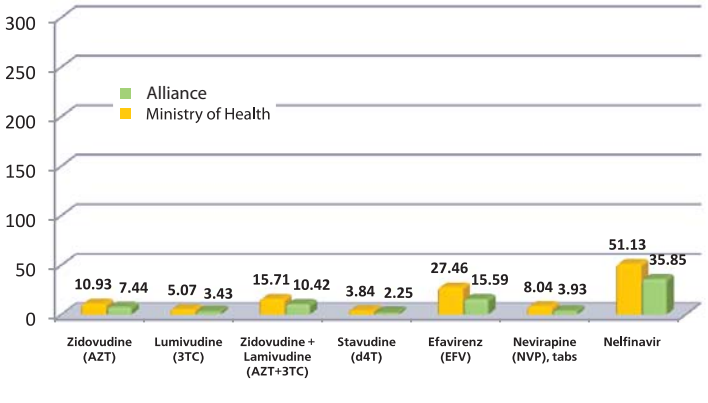
2004
ARV Price Comparison MoH vs GF Project in US Dollars



2006
ARV Price Comparison MoH vs GF Project in US Dollars



2008
ARV Price Comparison MoH vs GF Project in US Dollars



Case study 7: Procurement delivers cheaper, better drugs

Context

When the Global Fund's Round 1 HIV grant was resumed under the Alliance stewardship, antiretroviral therapy (ART) was considered the most important and urgent aspect of the Programme. As well as ensuring treatment continuity for the patients already receiving ART, the new Principal Recipient was required to take responsibility for rapid purchase and supply of drugs for a planned scale-up.

Alliance grantees in Ukraine had already done their own small-scale procurement of commodities for HIV prevention and harm-reduction projects. Purchase of pharmaceuticals and other health products remained firmly within the jurisdiction of the Ukrainian Ministry of Health and state health facilities.

What happened

To maximise speed and efficiency, the Alliance purchased antiretroviral drugs directly from the International Dispensary Association (IDA), as specified in the stewardship agreement with the Global Fund. For other pharmaceutical procurement the Alliance sub-contracted PATH – an organisation with extensive expertise and experience of working with the Alliance. Technical assistance was provided by the Alliance Secretariat and international consultants, and experts were recruited to form a procurement and supply management (PSM) unit within Alliance Ukraine. Stakeholders were invited to monitor and take part in the process from the beginning.

The systems put in place by the Alliance were based on principles of transparency and open competition, which challenged the state monopoly on drug purchases. Drugs were procured rapidly at greatly reduced costs – up to 27 times lower than those previously paid by the government[37].

In reaction to the state procurement of poor quality generic medications that were not qualified by WHO, the PLHA Network and its partners launched an advocacy campaign in 2007. The campaign brought together officials, patients, doctors and civil-society representatives to lobby for the procurement of WHO-approved drugs.

The Alliance oriented its PSM not only on cost but on WHO pre-qualification, thus also ensuring the quality of purchased drugs. An important aspect of the Alliance system was its flexibility, which allowed it to respond to sudden changes in the situation and quickly resolve problems of storage and supply. This was in contrast to the state's annual tender cycle, which resulted in systematic delivery delays of up to a year. The more flexible system was vital in 2004, when patients' ART was threatened with interruption due to the suspension of the Global Fund grant. In both cases, the Alliance (together with UNDP and MSF-Holland) were able to supply ARVs to bridge the gap.

37 These prices were based on Global Fund recommendations.

Similarly, in 2007, when Hoffmann-la Roche recommended recall of its ARV drug due to contamination, the Alliance was able to respond quickly. The PSM unit coordinated with the Ministry of Health for recall of the drug nationwide and to supply a replacement (Kaletra) in time to prevent treatment interruption for almost 1,000 patients.

The area of PSM has been a driving force in developing the organisational and management abilities of Alliance Ukraine. In 2007 it enlarged its PSM unit to take over all procurement of pharmaceuticals and commodities for Global Fund Rounds 1 and 6, to improve efficiency. In 2008, the unit was supplying health products to 117 healthcare facilities and 92 NGOs. That same year, it completed the process to switch from individual decentralised purchase of non-pharmaceutical commodities by NGOs to a centralised process, managed by the Alliance. It did this to reduce prices and encourage standardisation of prevention-service provision.

Results

- Now that it is proven that drugs can be purchased at far more affordable prices, a limited budget is less of an issue for future HIV and AIDS interventions implemented by the state. The state budget for 2009–2013 supports the scale-up of HIV treatment to an additional 80,000 patients by 2013[38]. This will represent 80% of those in need of ART, based on current estimates.
- The advocacy campaign resulted in the cancellation of a procurement tender of ARV drugs not approved by WHO. It raised PSM as a vital issue for effective health care, and brought it to public attention. In July 2008, a similar campaign helped reduce the purchase price of Aluvia medication to one-third of the initial price approved by the Ministry of Health tender committee. The funds saved were used to purchase drugs for prevention of mother-to-child transmission, post-exposure prophylaxis (PEP) and ART.
- Previously there was limited knowledge of how to work with international suppliers or negotiate world prices, but now the Ministry of Health has begun to develop its own procurement system based on principles of transparency and cost-effectiveness.

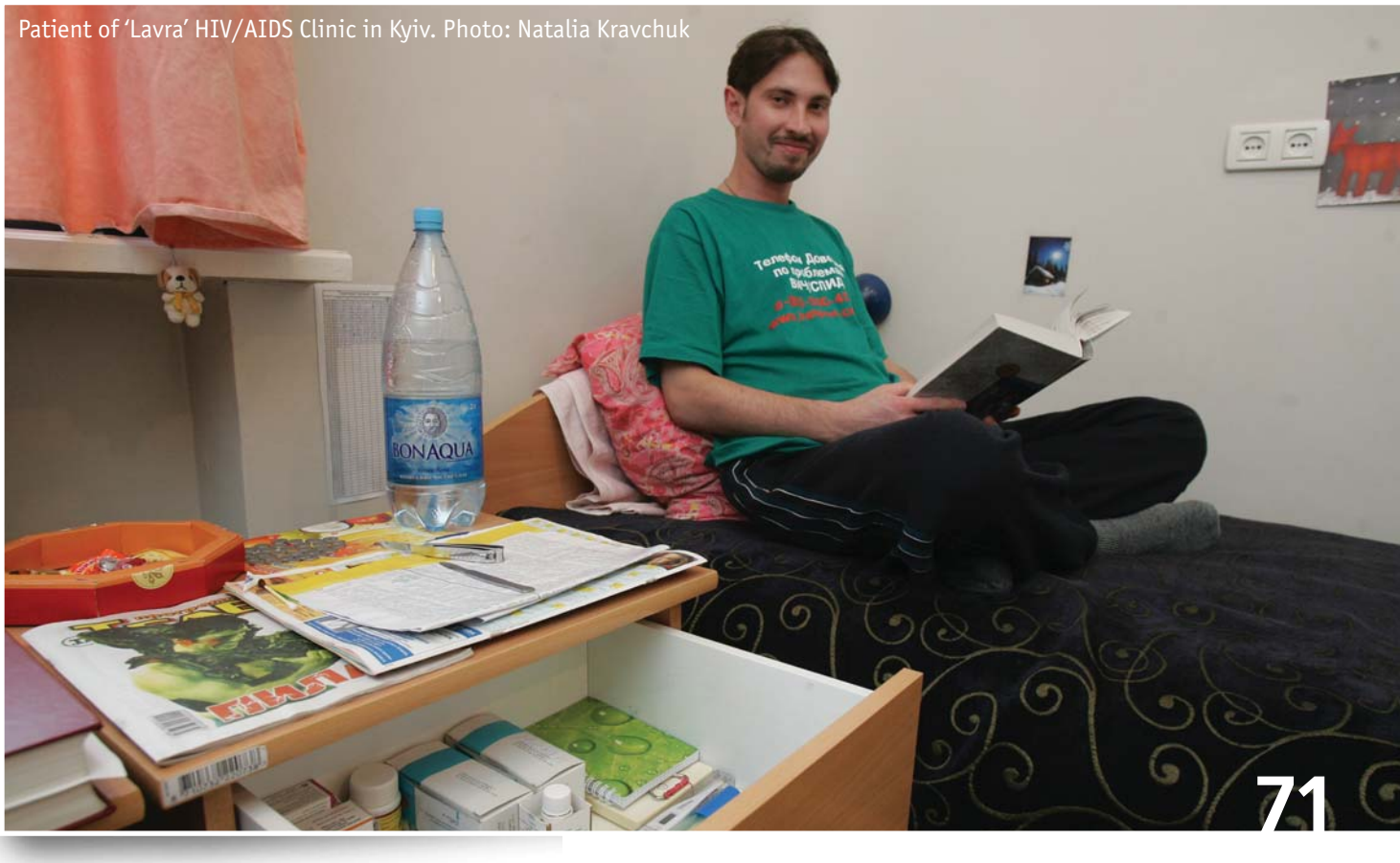
Lessons learned and future plans

Partnerships have been vital for many aspects of procurement and supply management. Technical and practical assistance from the Alliance Secretariat, WHO, MSF-Holland and UNDP were invaluable in setting up systems, preventing treatment interruption, and speeding up the import of drugs and guaranteeing their quality.

38 This is in addition to the 6,070 ART patients previously supported by the Global Fund's Round 1 HIV grant, whose service provision was handed over to the government by March 2009.

However, moving towards a more centralised and cost-effective procurement system has proved difficult to balance with partners' expectations. In particular, local NGOs accustomed to conducting their own procurement of commodities have sometimes been dissatisfied with goods supplied centrally by the Alliance. It is a constant challenge for the Programme to find a compromise between a business-oriented approach that assures best prices while ensuring that the health products remain relevant for the community in question and, as far as possible, are 'owned' by their recipients.

A criticism of the Programme's PSM system has been that it was developed in parallel, rather than together, with the state system. This has ramifications for government involvement in HIV and AIDS programming and its ability to take over from the Programme. It is a delicate balance to strike. The procurement and supply of life-saving drugs is too important a function to sacrifice in a debate about the problems of parallel systems. The system developed by the Alliance provides a highly efficient and transparent PSM model adapted to the Ukrainian context, which has delivered reduced-price high-quality drugs to thousands of people living with HIV/AIDS without any interruptions in supply. In the future, the PLHA Network is committed to working with the government to further develop the national PSM capacity.



Patient of 'Lavra' HIV/AIDS Clinic in Kyiv. Photo: Natalia Kravchuk

4 Looking to the future – adapting

This section looks at some of the challenges that emerged over the five years of the Programme and indicates how these challenges are being addressed.

4.1 Identity crisis for the Alliance

Challenge

Being Principal Recipient of the Global Fund grant put unprecedented strain on Alliance Ukraine's sense of identity. By taking direct responsibility for areas of implementation such as procurement and national monitoring and evaluation, the organisation's role as onward-grant provider became blurred with that of programme implementer. Some saw the Alliance's close association with state structures, and its implementation of a national programme, as contradicting its role as independent civil-society watchdog and community representative. The sheer amount of funding, and the strict procedures put in place to protect and rapidly disburse the grant against performance-based targets, put strain on the usual, more equal Alliance grant provider-recipient relationships. It also affected the Alliance's ability to fully support community capacity building and empowerment in response to changing community needs.

Addressing the challenge

The Alliance's role may have widened through the implementation of the Programme. However, throughout the Programme its mission remained unchanged: to support communities to reduce the spread of HIV, and to meet the challenges of AIDS.

Alliance Ukraine's transition to the status of a linking organisation within the Alliance global partnership means that it now has its own independent governing board. It also has a supervisory committee comprised of national and international experts. These two bodies provide accountability to the communities that Alliance Ukraine represents locally. The organisation maintains close links with communities and NGOs through training events, monitoring and technical assistance visits. The scale and international scrutiny of the Programme has had the effect of making the Alliance more structured and centralised. However, the Alliance's strong commitment to communities has meant that it has been quick to react to their needs. For example, when the international specifications for commodities such as condoms and needles did not fit local requirements, Alliance Ukraine distributed samples to NGOs to invite their feedback, in an attempt to influence international specifications.

International AIDS Memorial Day, May 2007. Photo: Layma Geydar

4.2 The changing social and geographical profile of the epidemic

Challenges	Responding to the challenges
During the five-year Programme there were changes in the epidemic's social profile – in particular with regard to the drug user population.	The Alliance kept up to date with epidemic changes through its monitoring system, and by introducing innovative new HIV prevention strategies. These included: • a gender-sensitive approach to harm-reduction projects for female drug users • introduction of needle exchange and distribution of behaviour-change communication materials through pharmacies • development of new prevention approaches for people who use stimulants.
It was a challenge to reach overlapping or bridge populations, such as vulnerable youth and street children, with appropriate services.	Following new research, the Alliance is now addressing this through joint work, planned with the Ministry of Family and Youth, to reach vulnerable youth and street children.
The most recent challenge has been the notable increase of stimulant drug users, who are not being reached by traditional harm-reduction approaches aimed at opiate users.	Interventions have now been designed to reach stimulant non-opiate drug users. This work includes piloting peer-driven interventions and other projects being implemented by 17 NGOs.

4.3 The political environment and the wider economic landscape

Challenges	Responding to the challenges
During the five-year Programme, implementers have had to deal with a number of policy changes. These included the criminalisation of sex work (since repealed) and several repressive drug laws, such as the proposed criminalisation of the pharmacy drug Tramadol in 2008.	The Alliance and its partners responded with concerted advocacy campaigns, which have been overwhelmingly successful in annulling or reducing the impact of such legislation.
Political instability and frequent changes in government have seriously hindered efforts to engage the government in programme coordination and oversight. Continuing instability threatens the sustainability of the HIV and AIDS response.	While there is a limit to how much can be done to influence the political situation, the Alliance and partners have adopted a flexible approach. Ongoing dialogue with government, as well as working with middle-level decision makers who are less likely to change, has proved effective.
While the epidemic in Ukraine continues to grow, the HIV and AIDS response within the country is operating in an environment of declining funding. Despite the Global Fund's policy to offer finance only when this does not replace or reduce other funding sources, Ukraine is facing a shrinking donor base. Donor countries believe that the Global Fund can meet all Ukraine's needs, and that they are already contributing enough to the country through the Global Fund.	The Alliance and the PLHA Network are trying to address this threat through alternative funding sources. For example, Alliance Ukraine secured funds for projects from businesses such as the Levi Strauss Foundation to support HIV prevention projects. The Alliance is helping NGOs to become financially sustainable. Five NGOs have set up small businesses, using their profits to fund HIV and AIDS work. The Alliance and its partners have lobbied the government to increase funding for HIV and AIDS. This has had some success. Budgets have increased significantly over the last five years, and the new national programme is the best resourced to date.

4.4 Lack of national coordination

Programme implementers have formed wide-ranging and long-lasting partnerships, which have made rapid expansion possible. However, the sheer number of agencies involved and the challenges of representing them at central and local level has made unified work a complex task. This has been particularly difficult in the absence of a single functioning country coordination body.

Challenge	Responding to the challenge
The links between central and regional authorities are still weak. Various laws enacted by the central government are frequently not applied at local level. The introduction of methadone-based substitution maintenance therapy is an example of this (see Case study 2). There is confusion over allocations from central and local budgets for HIV-related services and commodities.	To address the issue of regional and local links, some new mechanisms have been established. These include regional coordinating councils, HIV and AIDS resource centres in nine regions, and Alliance regional coordinators (supported by USAID through the SUNRISE project). The PLHA Network has also set up regional offices and representatives. These are effective mechanisms for coordinating and rationalising work in the regions. They will continue to be fully exploited in the new Round 6 programme.
A criticism levelled at the Programme is that it has set up parallel systems instead of working within and developing existing state structures. The approach taken to procurement, supply and management is an example of this (see Case study 8).	As the Programme's emphasis on performance-based funding has limited capacity building, the Alliance's solution has been to strengthen state health and other systems indirectly, by supporting their collaboration with civil society. This worked extremely well in the cases of antiretroviral therapy and substitution maintenance therapy, with the training of medical staff to work in multi-disciplinary teams. The Alliance and its partners plan to build on this work in the future.
Connections between different sectors of the national health system are still missing, to the detriment of the Programme's overall efficacy. In particular, liaison and referral systems between TB, hepatitis and AIDS services are undeveloped.	To address this, the new programme funded through the Round 6 grant of the Global Fund has begun integrating STI diagnosis and treatment with HIV prevention programmes.

Photo: Alliance Ukraine

4.5 Sustaining progress for the future

Some questions remain about the sustainability of the country's national HIV and AIDS response after the Global Fund financing ceases:

- Without a unified coordinating mechanism to set strategies and provide oversight, national ownership of the Programme is still absent.
- It is not yet clear whether procurement and supply of commodities and medical drugs can be effectively performed by state structures.
- Support for NGOs has made it more attractive for government experts to work for civil society than the state sector, which may in the long term weaken state services.
- In order to quickly forge links with government services and scale up capacity, the Alliance engaged state employees – particularly from the health sector – as experts and consultants, paying them top-up salaries or additional fees. This 'brain-drain' from the government to civil society may jeopardise the sustainability of the country response.

Although there is still much work to do, there has been significant progress toward sustaining the Programme beyond Global Fund financing:

- There has been a transformation in public health related to HIV and communities vulnerable to HIV (such as in the areas of drug treatment and rehabilitation) and, most recently, in STI diagnosis and treatment. Many interventions financed by the Global Fund, such as equipping AIDS centres and training doctors, are long-term investments that will strengthen state health systems for the future.
- There is some evidence of growing state commitment to the AIDS response. The most notable example of this was the Presidential Council and its decisive action on substitution maintenance therapy. Also the new Ukraine National Programme indicates a step in the right direction towards more comprehensive strategies, better financing and more ambitious targets, as well as the national operational planning process initiated by national stakeholders under the coordination of UNAIDS and the Ministry of Health in 2009.
- Ukraine can be proud of its leadership among the post-Soviet countries – particularly for its openness and collaboration with civil society and its progressive HIV legislation. Ukraine is seeing growing social acceptance of marginal groups such as people living with HIV/AIDS and people who use drugs, and growing acceptance of approaches that have traditionally been controversial, such as harm reduction and substitution maintenance therapy.
- The success of the national response depends on the involvement of the best experts possible. Those who understand and are accustomed to working within the state system are best placed to help ensure that services are collaborative and complementary. However, the issue of staffing and salaries within the health sector is problematic and is an issue that the Programme cannot solve alone.

The Round 6 Global Fund supported programme is already building on the lessons learned in the Programme and dedicating more efforts explicitly to building national consensus and coordination.

The dramatic progress that has occurred in Ukrainian civil society provides a powerful foundation for Ukraine's HIV response. Ukrainian civil society is now strong and active at all levels of that response, from small local groups of drug users and people living with HIV/AIDS to the PLHA Network, with representation on government committees. State bodies have made decisive interventions and built solid partnerships. Progressive laws are in place. Capacity has been built. Expectations have been raised. The clock cannot easily be turned back on these important gains. The development of a mature and diverse civil society provides hope that the Ukrainian HIV response will continue to move forward, bringing HIV prevention, treatment, care and support services to greater numbers of marginalised and vulnerable people.

A major focus for the next phase will be to increase government commitment to a truly national and mainstreamed HIV response that is high quality, transparent and accountable, and responsive to the changing needs of people living with HIV/AIDS and other vulnerable people.

Young visitor of 'Young Art Against AIDS', Kyiv, December 2007.
Photo: Mila Teshayeva

Service Delivery Targets and Achievements

Objective No.	Service Delivery Area	Indicator Description	Baseline 2004	Year 1		Year 2		Year 3		Year 4		Year 5 + NCE	
				Intended Targets to date	Actual Results to Date	Intended Targets to date	Actual Results to Date	Intended Targets to date	Actual Results to Date	Intended Targets to date	Actual Results to Date	Intended Targets to date	Actual Results to Date
1	Treatment: Antiretroviral treatment and monitoring	Number of people receiving anti-retroviral ('ARV') treatment	255	575	551	2 600	2 601	3 400	3 431	4 720	4 921	6 000	6 070
1	Treatment: Antiretroviral treatment (ARV) and monitoring	Number of service deliverers receiving clinical qualification	8	37	20	95	101	230	303	390	454	500	567
1	Treatment: Programmes for specific groups	Other: Number of HIV+ IDUs on substiution therapy (ST) who initiated ART	0	N/A	N/A	N/A	N/A	300	59	750	128	1 250	323
2	Prevention: Prevention of mother to child transmission (PMTCT)	HIV-infected pregnant women receiving a complete course of antiretroviral prophylaxis to reduce the risk of mother-to-child transmission	1 324	N/A	N/A	N/A	N/A	4 800	4 013	6 700	6 473	9 200	9 875
2	Prevention: Prevention of tuberculosis among HIV+ people	HIV+ people who are screened for tuberculosis	0	N/A	N/A	N/A	N/A	15 000	1 924	N/A	N/A	N/A	N/A
2	Prevention: Testing and Counseling	Number of patients of sexually transmitted infections (STI) facilities completing the HIV testing and counselling process	0	N/A	N/A		N/A	N/A	N/A	17 000	17 182	N/A	N/A
2	Prevention: Testing and Counseling	Number of patients of tuberculosis (TB) facilities completing the HIV testing and counselling process	0	N/A	N/A	N/A	N/A	N/A	N/A	30 000	30 321	N/A	N/A
2	Prevention: Programmes for specific groups	IDUs reached by prevention services	10 612	14 300	30 029	34 000	59 815	90 600	102 116	120 000	131 759	166 000	214 103
2	Prevention: Programmes for specific groups	Commercial sex workers (CSWs) reached by HIV/AIDS prevention services	1 068	2 430	3 323	3 900	7 034	9 050	14 069	12 050	19 233	22 000	36 656

Objective No.	Service Delivery Area	Indicator Description	Baseline 2004	Year 1		Year 2		Year 3		Year 4		Year 5 + NCE	
				Intended Targets to date	Actual Results to Date	Intended Targets to date	Actual Results to Date	Intended Targets to date	Actual Results to Date	Intended Targets to date	Actual Results to Date	Intended Targets to date	Actual Results to Date
2	Prevention: Programmes for specific groups	Prisoners in medium security prisons reached with HIV prevention services	600	1 400	669	6 900	7 581	13 350	25 742	16 250	41 842	42 500	62 833
2	Prevention: Programmes for specific groups	IDUs receiving ST	65	N/A	N/A	N/A	N/A	200	161	2 520	408	4 750	2 474
2	Prevention: Condom distribution	Number of condoms distributed for free	245 189	355 000	358 182	1 165 000	1 465 911	2 798 800	3 400 273	4 432 600	5 227 633	22 311 350	26 393 522
2	Prevention: Youth education and prevention	Number of schools implementing life-skills-based HIV/AIDS curriculum component	N/A	N/A	N/A	N/A	N/A	N/A	N/A	12 400	20 011	17 400	20 984
2	Prevention: Youth education and prevention	Number of school children reached by HIV/AIDS Education in school settings.	22 520	N/A	N/A	N/A	21 339	276 380	1 133 489	1 500 000	1 599 563	1 900 000	3 930 177
3	Care and Support: Care and support for families and communities affected	Number of people living with and/or affected by HIV/AIDS ('PLHA') reached	269	2 500	2 915	4 000	8 106	11 600	17 639	19 200	24 511	26 300	45 480
3	Care and Support: Care and support for orphans and other children made vulnerable by HIV/AIDS	Number of children living with and/or affected by HIV/AIDS reached	333	N/A	N/A	N/A	N/A	1 900	2 492	2 800	3 807	3 700	7 732
3	Care and support: Care and support for the chronically ill	Number of patients receiving palliative care	0	N/A	N/A	N/A	N/A	N/A	N/A	380	842	504	3 223

1 Improved and scaled up treatment for individuals with HIV infection
2 Increased HIV prevention activities for targeted groups
3 Care and Support

Impact/Outcome Indicator Targets and Achievements

Impact/Outcome	Indicator Description	Baseline		01/10/05-30/09/06		01/10/06-30/09/07		01/17/07-31/03/09	
				Year 3 (Q9-Q12)		Year 4 (Q13-Q16)		Year 5 + NCE (Q17-Q22)	
		Value	Year	Intended Yearly Targets	Actual Yearly Results	Intended Yearly Targets	Actual Yearly Results	Intended Yearly Targets	Actual Yearly Results
		%		%	%	%	%	%	%
Impact	Percentage of people still alive 12 months after initiation of antiretroviral treatment	85%	Sep 2005	86%	90,5%	88%	89,9%	90%	92,45%
Impact	Number and percentage of unsupervised discontinuations of antiretroviral treatment for 1 month or more during 12 months after initiation	12%	Sep 2005	n/a	n/a	11%	5,73%	10,5%	8,16%
Impact	Percentage of HIV-infected infants born to HIV-infected mothers	10%	2003	8%	11,6%	8%	8,8%	7%	7,1%
Impact	HIV prevalence among injecting drug users (This indicator accounts for prevalence among those who are current IDUs who have practiced injecting drug use for less than three years, based on the results of second generation sentinel surveillance among IDUs in 6 regions of Ukraine (Odessa, Donetsk, Volyn', Kharkiv, Poltava, Crimea).	35%	2004	34%	30,0%	33%	28,0%	32%	21,0%
Outcome	IDUs: safe injecting and sexual practices (Percentage of IDUs who have adopted behaviours that reduce transmission of HIV, i.e., who both avoid sharing injecting equipment and use condoms)	19.5%	2004	30%	53,0%	40%	49,0%	50%	49,0%
Impact	HIV prevalence among female commercial sex workers ('CSWs') This indicator accounts for prevalence among those who practiced commercial sex work in the last 12 months, based on the results of second generation sentinel surveillance among CSWs in 7 regions of Ukraine (Odessa, Donetsk, Volyn', Kherson, Poltava, Sumy, Crimea).	26%	2004	25%	20,0%	24%	17,0%	23%	14,8%
Outcome	Percentage of CSWs who report using condoms (Percentage of female CSWs who report using a condom with their most recent client, of sex workers surveyed having had sex with any clients in the last 12 months)	80%	2004	83%	85,0%	87%	87,0%	90%	88,0%
Impact	HIV prevalence among prisoners	24,8%	2005	n/a	n/a	27%	26,0%	28%	26,0%
Outcome	Young people's condom use with non-regular partners (Percentage of people aged 15-24 reporting condom use with non-regular partner)	69%	2004	75%	77,0%	80%	74,0%	85%	72,1%

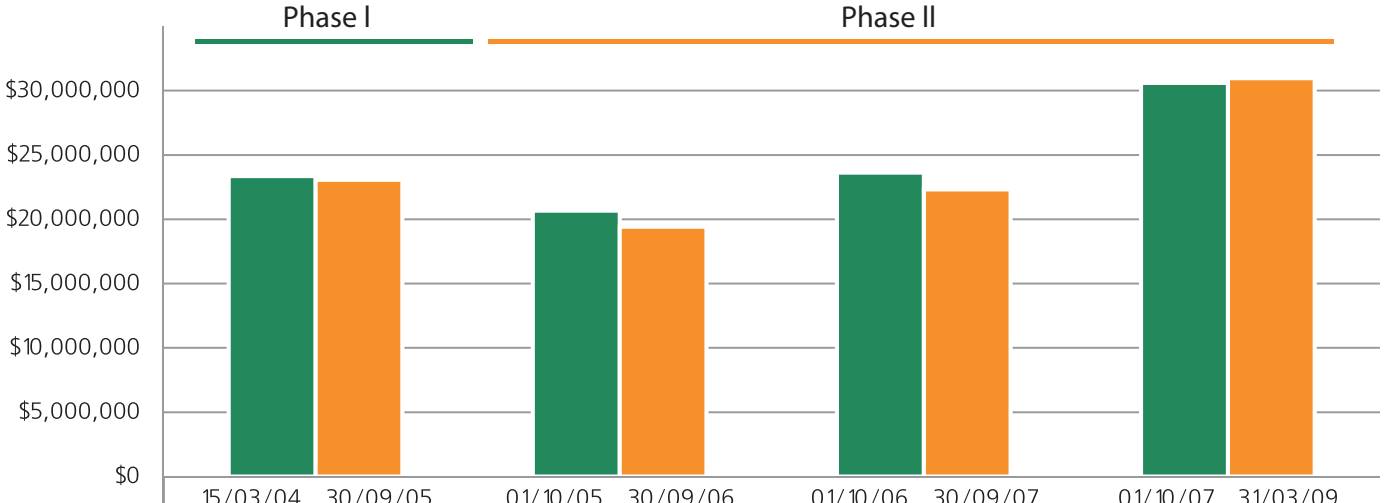
Annex 2. Financial analyses

Financial Information of the Global Fund Supported Programme (Round 1 HIV Grant in Ukraine) for the period of 15 March 2004 to 31 March 2009, in US Dollars

The below figures do not include any expenditure made after 31 March 2009. Planned programmatic expenditure after 31 March 20099 is USD 1,381,694, and close-out budget approved by the Global Fund is USD USD 343,166.

Total Budget vs. Expenditure

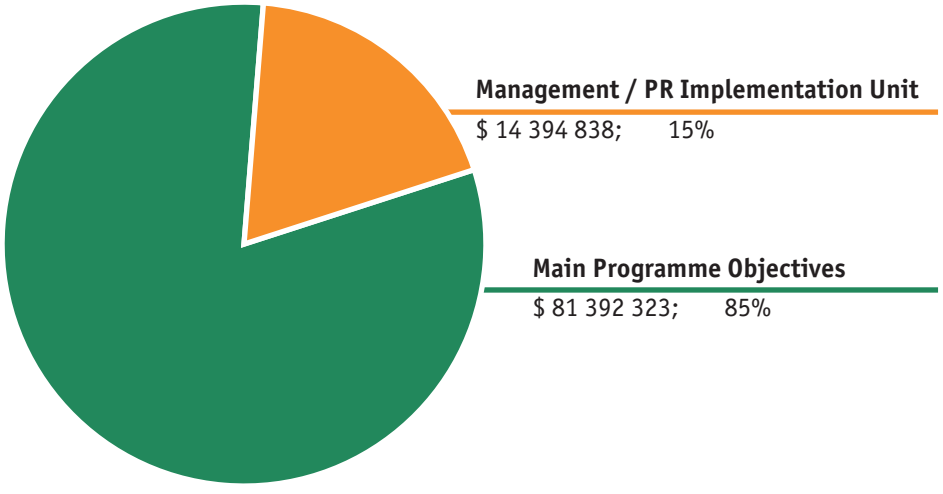
15 March 2004 - 31March 2009, US dollars



	15/03/04 30/09/05 (18.5 months) Years 1and 2	01/10/05 30/09/06 (12 months) Year 3	01/10/06 30/09/07 (12 months) Year 4	01/10/07 31/03/09 (18 months) Year 5 and no cost extension
Budget	$23,354,116	$20,661,872	$23,622,114	$30,599,844
Expenditure	$23,076,020	$19,418,960	$22,320,964	$30,971,216

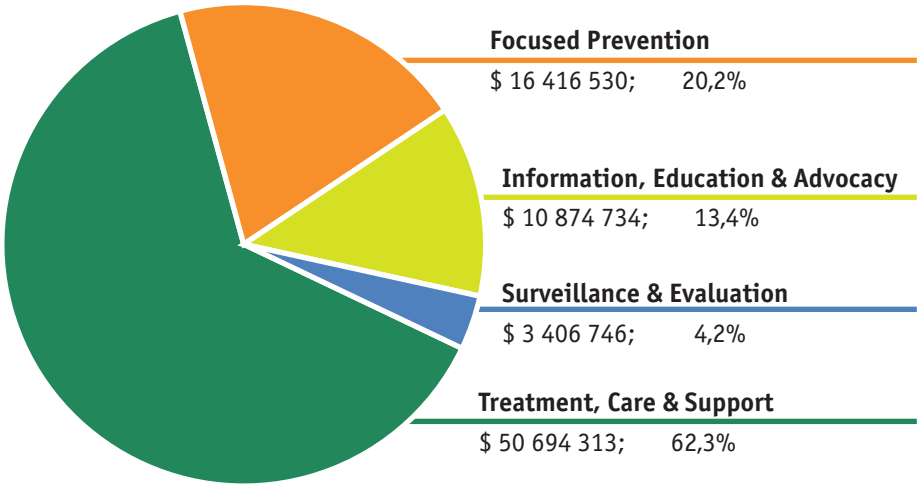
Expenditure: Programmatic Objectives Breakdown

15 March 2004 - 31 March 2009, US Dollars



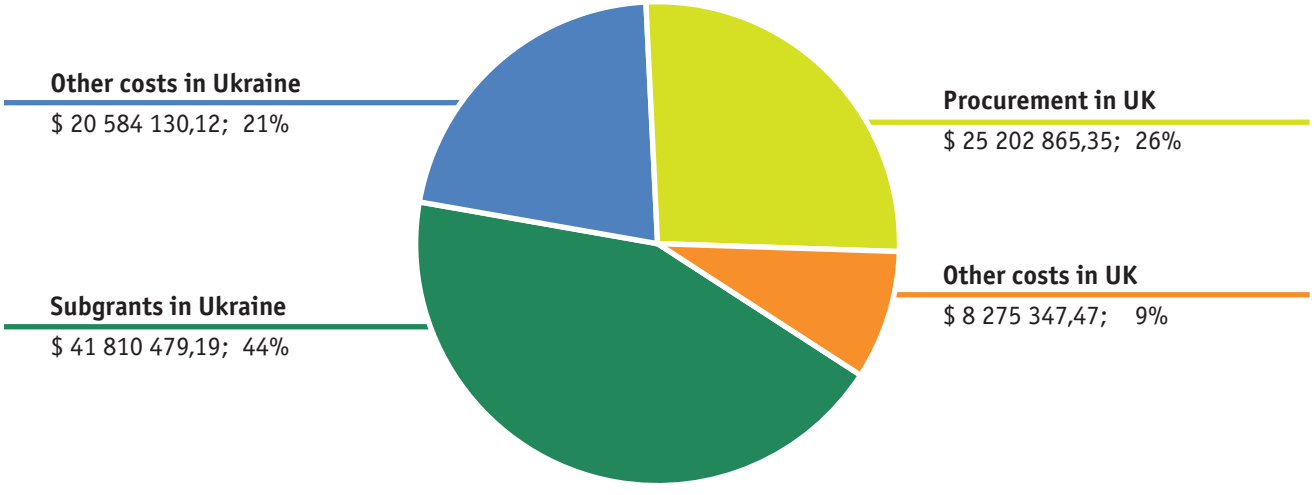
Programme Expenditure Indicators by Main Objectives

15 March 2004 - 31 March 2009, US Dollars



Expenditure: Breakdown by Activities

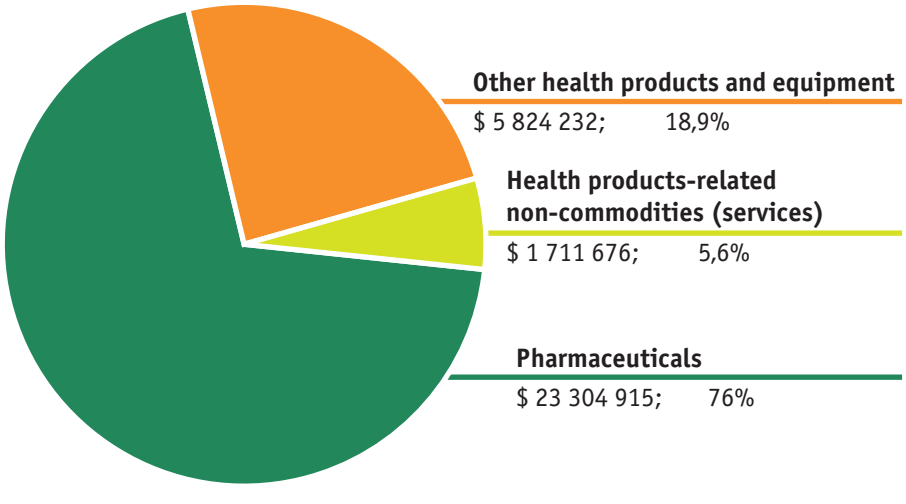
15 March 2004 to 31 March 09, US Dollars



- 'Subgrants in Ukraine' represents the total expenditure made by the Sub Recipients only.
- 'Other costs in Ukraine' is the total expenditure made by Alliance Ukraine directly and includes costs for salaries, office administration, and programmatic interventions including procurement.
- 'Procurement in UK' indicates the total expenditure made by the Alliance Secretariat for procurement of goods. The goods procured by the Alliance Secretariat only include pharmaceuticals and other health products.
- 'Other costs in UK' includes costs for salaries, international technical assistance activities including staff travel and procurement of such services from external sources, and management fee

Expenditure: Total Health Products Procurement (including non-commodities costs)

15 March 2004 - 31 March 2009, US Dollars



Annex 3. Implementing partners of the Global Fund supported programme

#	ORG Eng	2004–2005 (UAH)	2005–2006 (UAH)	2006–2007 (UAH)	2007–2008 (UAH)	2008–2009 (UAH)	Total 01/04/2004–31/03/2009 (UAH)
1	All-Ukrainian Network of PLWH	7,574,445.49	16,040,705.51	13,712,046.35	19,933,547.04	4,413,252.84	61,673,997.23
2	National AIDS Center	3,327,710.24	2,855,149.72	2,252,749.00	2,928,820.77		13,204,684.69
3	IRF	7,217,666.02					7,217,666.02
4	CO "Health Through Education"	1,568,220.92	1,866,898.30	1,505,939.80	1,516,287.40		6,457,346.42
5	CF "The Way Home"	1,087,599.30	1,236,972.17	1,416,550.23	1,298,204.98	638,758.05	5,678,084.73
6	SAAPF	1,650,598.67	1,051,051.14	1,165,145.68	1,094,669.06	706,582.54	5,668,047.09
7	Ukrainian Institute of Public Health Policy Research		1,063,995.17	1,311,939.17	1,506,786.89	1,242,646.02	5,125,367.25
8	NGO "Eney Club"	840,470.49	820,271.26	840,218.52	1,042,694.97	416,883.59	3,960,538.83
9	CF "Hope and Salvation"	1,024,075.31	939,226.88	1,064,579.79	651,335.89	243,929.48	3,923,147.35
10	Nove Storychhya		451,782.08	1,121,456.34	1,321,183.30	669,990.55	3,564,412.27
11	AFEW	3,381,766.85					3,381,766.85
12	Donetsk regional society of assistance to the HIV-positive	724,734.04	993,008.24	721,432.30	551,126.69	159,227.61	3,149,528.88
13	CF "Mangust"	192,575.55	976,904.08	856,889.60	772,418.94	309,479.86	3,108,268.03
14	Youth center of women's initiatives	629,122.79	764,252.56	711,862.00	661,712.99	203,279.73	2,970,230.07
15	CF "Unitus"	677,921.91	526,103.56	591,190.58	890,535.24	260,933.05	2,946,684.34
16	CF "Solidarnist"	548,690.22	552,748.11	569,300.66	607,643.44	275,617.59	2,554,000.02
17	Kyiv branch of ICO "Rehabilitation Center STEPS"	387,960.05	636,659.98	647,974.29	650,210.24	207,525.48	2,530,330.04
18	CF "Virtus"	601,000.45	828,100.53	388,957.02	310,948.38	326,806.63	2,455,813.01
19	CO "Socium XXI"	827,166.14	647,275.93	345,921.82	499,901.54	131,730.97	2,451,996.40
20	Public Movement "Faith, Love, Hope"	720,989.03	607,939.20	475,600.00	525,539.91	6,300.00	2,336,368.14
21	CF "Blagodiynist"	1,596,989.95	732,926.08				2,329,916.03
22	CF "Insight"	132,651.85	616,179.13	605,488.30	495,449.44	295,679.65	2,145,448.37
23	Chas Zhyttya Plus	553,809.61	311,068.20	618,802.58	555,507.02		2,039,187.41
24	All-Ukrainian Harm Reduction Association	787,101.88	712,105.17	125,635.91	285,111.13		1,909,954.09
25	"Drop In Center"	185,626.87	380,562.00	410,595.27	510,571.25	328,984.00	1,816,339.39
26	CO "Step by Step"	221,286.73	353,816.46	478,548.32	396,567.68	326,223.95	1,776,443.14
27	CF "Amikus"	56,374.56	395,520.93	444,248.31	563,090.63	252,397.27	1,711,631.70
28	CF "Return to life"	254,530.71	398,142.06	439,306.01	442,205.27	122,696.03	1,656,880.08
29	ICF "Vyhid"	311,802.90	420,812.63	389,698.40	320,742.56	186,662.85	1,629,719.34
30	ICO "Rehabilitation Center STEPS"	422,208.96	369,701.56	403,997.90	426,733.84		1,622,642.26
31	CA "Light of Hope"	310,470.59	261,250.05	235,715.91	399,336.78	351,814.28	1,558,587.61
32	Public Congress "Stalist"	105,486.99	354,969.90	460,642.07	394,173.59	218,935.30	1,534,207.85
33	CO "Gay Alliance"	359,592.11	349,013.40	401,773.36	277,839.05	115,109.32	1,503,327.24
34	CO "Line of life"	58,564.92	443,050.10	454,725.60	375,584.20	159,093.83	1,491,018.65

#	ORG Eng	2004-2005 (UAH)	2005-2006 (UAH)	2006-2007 (UAH)	2007-2008 (UAH)	2008-2009 (UAH)	Total 01/04/2004-31/03/2009 (UAH)
35	CO "Childhood without AIDS"	280,325.70	383,739.96	398,809.60	324,969.05		1,387,844.31
36	NGO "Our Help"	98,817.20	338,865.58	415,319.27	330,026.39	172,039.97	1,355,068.41
37	MAVI "Chas Zhyttya"	262,559.12	145,382.54	176,847.70	169,778.84	490,510.97	1,245,079.17
38	Youth Center for Development	267,805.39	287,302.82	198,426.73	326,616.66	152,812.73	1,232,964.33
39	CF "Public Health" Poltava	38,020.80	230,536.91	314,503.95	273,288.33	361,328.07	1,217,678.06
40	Youth Involvement Fund		354,954.82	504,984.44	353,472.44		1,213,411.70
41	Ukr.Institute for social researches		138875	888362.69	72112.8	102,162.00	1,201,512.49
42	Association of Assistance of Drug Addiction Problems		272,696.99	299,667.48	474,091.12	151,912.54	1,198,368.13
43	NGO "Nashi Dity"	336,364.37	334,368.96	295,971.47	229,979.44		1,196,684.24
44	CF "Public Health" Kriviy Rig		258,936.52	366,110.63	297,896.85	272,613.45	1,195,557.45
45	PO "Donbas without drugs"	84,653.13		234,933.75	138,441.96	721,609.50	1,179,638.34
46	Drahomanov National Pedagogical University	378,623.79	282,500.00	252,496.16	252,491.20		1,166,111.15
47	CF "Step Forward Future"	98,331.20	270,472.39	288,306.54	210,437.01	243,540.82	1,111,087.96
48	CF "New Social Technologies"	237,762.54	542,967.93	316,085.88			1,096,816.35
49	Penitentiary Initiatives		414,054.23	372,858.03	286,371.67		1,073,283.93
50	Rehabilitation Centre "Stupeni"	216,784.27	308,456.32	282,688.72	240,203.04		1,048,132.35
51	NGO Donetsk regional Charitable Foundation "Oberig"			342,753.16	470,417.99	173,358.47	986,529.62
52	CSPI SOCIS	202942.13	198144.39	271662.6	269115.26		941,864.38
53	CF "Spodivannya"	35,811.15	181,462.16	340,750.25	245,306.12	126,634.01	929,963.69
54	CYO "Life +"	423,342.73	171,037.88	313,298.08			907,678.69
55	CF "New family"		194,434.06	215,877.29	275,377.41	212,855.00	898,543.76
56	Mariupil Youth Association		289,952.85	204,488.60	262,775.25	139,153.61	896,370.31
57	Vinnitsa Oblast Department ICF of Human Development			118,118.67	335,123.55	440,504.56	893,746.78
58	PO "Impuls"		134,869.88	259,809.24	306,828.69	126,437.04	827,944.85
59	NGO "Pace Forward to Meeting"	78,351.76	272,131.88	212,749.60	260,807.85		824,041.09
60	School World, Ltd	801,645.04					801,645.04
61	PO "NCSSPR "Open doors"		78,506.10	230,540.50	359,671.70	121,720.42	790,438.72
62	ICF "Vertical"	411,468.81		72,120.45	268,743.74	2,500.01	754,833.01
63	Central Institute of Graduate Pedagogical Studies	544,872.06	179,272.10				724,144.16
64	CF "Alfa Life"		76,312.37	234,930.11	320,270.38	86,939.57	718,452.43
65	NGO „Dniprovsky humanitarian initiatives"			305,327.08	305,471.72	91,020.56	701,819.36
66	CF "Probudjennya"		182,205.84	156,041.80	294,426.00	65,306.29	697,979.93
67	Charity Fund "BLAGO"		75,020.51	187,984.22	297,062.68	127,666.83	687,734.24
68	Kyiv Int. Inst.of Soc. (KIIS)	275281.6	75,750	98,300.4	58,527.36	140,348.54	648,207.90
69	Ukrainian Center of Applied Psychology	529,708.34	100,998.40				630,706.74
70	State Institute of Family and Youth Problems	620,223					620,223.00

#	ORG Eng	2004–2005 (UAH)	2005–2006 (UAH)	2006–2007 (UAH)	2007–2008 (UAH)	2008–2009 (UAH)	Total 01/04/2004–31/03/2009 (UAH)
71	CF "The future without AIDS"		70,643.68	168,115.90	197,266.07	156,687.94	592,713.59
72	Resocialisation Center of Drug-addicted Youth „Your Victory"		141,554.56	189,925.27	139,959.91	103,175.29	574,615.03
73	CF "Lotos"	40,499.54	262,012.35	239,783.60			542,295.49
74	Ukrainian medical and monitoring center on alcohol					508,987.80	508,987.80
75	Public Organization Club "Victoria"		294,040.87	211,751.28			505,792.15
76	Volyn CF "Chans"		74,064.55	145,284.80	141,207.30	138,563.12	499,119.77
77	Public organization Club "Kviten"		197,659.94	277,700.07	13,450.09		488,810.10
78	NGO "HELP"			174,960.06	187,376.26	123,014.13	485,350.45
79	All together		178,250.31	265,939.90	38,289.40		482,479.61
80	International Youth festival "Chayka"	456,650.98					456,650.98
81	"Doroga"		140,455.94	124,801.90	90,733.84	25,393.12	381,384.80
82	Charitable Club Modus		148,497.96	73,594.24	156,913.04		379,005.24
83	Kryvyy Rig city charitable organization "Our Future"			69,995.40	289,194.09	17,606.39	376,795.88
84	Analytical Center «Socioconsalting»	193590		177000			370,590.00
85	Dialog", Smila		81,337.46	118,485.60	103,447.53	66,594.71	369,865.30
86	EEDI	159,424.98	207,664.96				367,089.94
87	State Institution "Institute of Dermatology and Venereology Academy of Medical Sciences of Ukraine"				123,778.60	235,285.16	359,063.76
88	Lviv Charitable Foundation SALUS	35,508.00		81,180.40	214,248.79	27,638.80	358,575.99
89	CF "From Heart to heart"		62,661.83	100,217.49	120,647.43	55,686.69	339,213.44
90	Charitable fund "Veselka"				78,237.00	253,963.75	332,200.75
91	Center of Social Expertise	253218	69462				322,680.00
92	Konstantinovka Society of assistance to the HIV-positive		312,861.45				312,861.45
93	Public Organization Club "Victoria"				309,929.18		309,929.18
94	IPO "Internews-Ukraine"	159,346.32		144,177.50			303,523.82
95	Charitable Foundation Club Svitanok	19,941.72			196,006.78	75,027.21	290,975.71
96	Public organization "Club "Probudzhenya"			155,750.25	120,758.16		276,508.41
97	NGO "Institut zalezhnosti"					261,909.13	261,909.13
98	Community Organization "Poryatunok"	45,169.83	215,718.76				260,888.59
99	Vinnytsia Human Rights Group	256,726.30					256,726.30
100	Okhmatdyt		251,660.22				251,660.22
101	CF "New Way of Life"	242,079.35					242,079.35

#	ORG Eng	2004–2005 (UAH)	2005–2006 (UAH)	2006–2007 (UAH)	2007–2008 (UAH)	2008–2009 (UAH)	Total 01/04/2004–31/03/2009 (UAH)
102	Regional AIDS Center, Odessa		236,000.00				236,000.00
103	PO "Stimulus fund"				85,396.86	147,455.64	232,852.50
104	CF for Prevention of Socially DD and AIDS		125,406.46	107,003.58			232,410.04
105	CF "Zakarpattya Against AIDS"		127,015.94	103,580.80			230,596.74
106	Mykolaiv regional charitable foundation to fight with tuberculosis "Vita-Lait"			175,478.80		52,722.34	228,201.14
107	CO "Z nadiyeyu"	168,458.06			51,304.23	4,800.00	224,562.29
108	Zaporizzhya AIDS Center	45,970.95	149,037.20	25,248.38			220,256.53
109	Razom do zyttya				126,038.16	87,813.25	213,851.41
110	Charitable organization «The new day»			30,080.45	107,869.01	72,727.33	210,676.79
111	Zhytomyr Oblast Public organization "Perspektyva"				38,947.76	170,641.90	209,589.66
112	Lugansk AIDS Center	40,020.54	74,900.00	84,366.00			199,286.54
113	City Pubic Organization 'Association XXI Century'	50,500.00	145,375.50				195,875.50
114	Lugansk Charitable Foundation "Anty Snid"				115,722.50	55,750.63	171,473.13
115	«All Ukrainian Network of PLHA», Kryvyi Rig			119,106.19	50,568.60	700.00	170,374.79
116	"Rada Zhittya" Zakarp. Region.CF				79,646.97	80,608.42	160,255.39
117	Regional AIDS Center, Mykolaiv		152,623.12				152,623.12
118	Printing agency Oranta			152064			152,064.00
119	CF "Zhyttya Tryvaye"			25,192.00	74,607.39	50,996.46	150,795.85
120	All-Ukrainian Pharmacy Association				86,999.00	63,387.04	150,386.04
121	Charitable organization "Christian Rehabilitation Center "Blagodat", Odesa			51,994.20	94,817.20		146,811.40
122	Vinnitsya AIDS Center	48,153.40		95,886.40			144,039.80
123	Velbud, ltd	141,811.4					141,811.40
124	Oblast Youth Public Organization "Club for resocialization of chemically-abusive people "CHANSE"				73,604.10	67,008.34	140,612.44
125	City public centre of drug-addicted "Future without AIDS"				67,421.50	72,271.78	139,693.28
126	Informational analytical agency "Statinformcnosulting"	138,650.4					138,650.40
127	Poltava AIDS Center	49,018.29		89,367.00			138,385.29
128	CF "VAM"		58,202.54	26,890.00	14,775.45	38,241.37	138,109.36
129	Zaporizhzhia regional Branch of Red Cross Society				43,815.38	92,874.91	136,690.29
130	Dnirpopetrovsk City Clinical Hospital # 21			133,813.00			133,813.00

#	ORG Eng	2004–2005 (UAH)	2005–2006 (UAH)	2006–2007 (UAH)	2007–2008 (UAH)	2008–2009 (UAH)	Total 01/04/2004–31/03/2009 (UAH)
131	Club "Impuls"					123,644.03	123,644.03
132	"Volya" CF					120,288.80	120,288.80
133	Kirovograd regional Branch of Charitable Organization "All-Ukrainian Network of PLHW"				39,366.34	78,322.10	117,688.44
134	NGO "Vybir zhyttia"					114,749.99	114,749.99
135	Ternopil public organization "Dzherela"					112,261.16	112,261.16
136	VRND "Sociotherapy"		59,154.00	51,108.68			110,262.68
137	Dnipropetrovsk City Polyclinic #5	55,000.00		50,328.00			105,328.00
138	Mykolaiv regional narcological dispensary	102,020.00					102,020.00
139	DCYPO "Development. Initiative. Partnership"					100,707.18	100,707.18
140	Odesa regional narcological dispensary	99,442.00					99,442.00
141	CF "Nadija ie"					98,976.65	98,976.65
142	Donetsk regional charitable fund "Ray"				8,635.02	89,878.88	98,513.90
143	City Clinic #1, Yalta			50,432.00	23,519.00	23,519.00	97,470.00
144	Kiev City hospital #5	44,015.06		51,000.00			95,015.06
145	Mariupol City Society of AIDS prevention and assistance to the HIV-infected "Choice"	50,395.53	40,741.70				91,137.23
146	PO "Vedis" Chernihiv					87,447.62	87,447.62
147	NGO Public Organization "Your choice"				87,425.34		87,425.34
148	Red Cross Society of Ukraine				41,311.08	46,092.76	87,403.84
149	Feniks				84,902.08		84,902.08
150	Lviv oblast AIDS Center				83,238.00		83,238.00
151	All-Ukrainian charity organization "Konviktus Ukraine"				74,320.91	7,992.84	82,313.75
152	CO "Promin"					80,303.56	80,303.56
153	Chernigiv regional Branch of Charitable Organization "All-Ukrainian Network of PLHW"				37,949.93	42,135.57	80,085.50
154	CF "Health of the Nation"				79,699.40		79,699.40
155	CF "Intellectual Perspective"	76,482.76					76,482.76
156	Bahchisarajskij BF TsRNM "Tvoya peremoga"					75,623.60	75,623.60
157	Alcohol and Drug Information Center			75,000			75,000.00
158	Youth Public Organization "Childrens dreams"		73,573.92				73,573.92
159	CF "Dopomoga"					72,860.73	72,860.73
130	Center of family support					69,327.56	69,327.56
161	CF "Nazareth"				64,019.46		64,019.46

#	ORG Eng	2004–2005 (UAH)	2005–2006 (UAH)	2006–2007 (UAH)	2007–2008 (UAH)	2008–2009 (UAH)	Total 01/04/2004–31/03/2009 (UAH)
162	Kherson RD of the All-Ukrainian PLHA Network	63,741.07					63,741.07
163	Vinnitsa regional foundation "Positive"	25,725.74		36,881.70			62,607.44
164	Ordzhonikidze city charitable organization "Viktory"				61,149.90		61,149.90
165	Kherson narcological dispensary		60,595.18				60,595.18
166	Zhitomir AIDS Center			60,500.00			60,500.00
167	CF "Alternativa"	59,597.13					59,597.13
168	Cherkasy Regional AIDS Center			58,787.40			58,787.40
169	Ukrainian Institute of Social Research	57,735.16					57,735.16
170	Kachovka branch of All-Ukrainian Network of PLWH				25,079.66	26,646.24	51,725.90
171	CF "Zakarpattya against the AIDS"				51,623.00		51,623.00
172	Zaporizhzhya OND			50,500.00			50,500.00
173	Chernivtsy oblast AIDS Center				50,500.00		50,500.00
174	Ivano-Frankivsk Oblast Narcological Dispensary			50,500.00			50,500.00
175	Brand New	50,500	0				50,500.00
176	Chernigiv Center for AIDS Prevention				50,352.00		50,352.00
177	Regional CF for Assistance to PLHA "Red Ribbon"	50,272.63					50,272.63
178	Oblast Municipal Institution "Psycho-neurological dispensary of Kryviy Rig city			50,100.00			50,100.00
179	Kherson local centre for youth initiative "Totem"			50,008.42			50,008.42
180	Coalition of HIV-service NGOs	49,922.81					49,922.81
181	Kirovograd Oblast Narcological Dispensary			49,822.00			49,822.00
182	Ternopil oblast municipal narcological dispensary			49,011.80			49,011.80
183	Zaporizzya of All-Ukrainian Network of PLWH				46,253.30	2,217.46	48,470.76
184	Odesa AIDS Center	48,046.00					48,046.00
185	Khmelnitskiy AIDS centre		47,975.00				47,975.00
186	Zakarpattia regional found "AAAPCAPS"					47,974.86	47,974.86
187	Dnipropetrovsk AIDS Center	47,900.75					47,900.75
188	Volyn AIDS centre		47,722.09				47,722.09
189	Rivne AIDS centre		46,950.75				46,950.75
190	With love to children, Cherkasy					46,478.92	46,478.92
191	Kirovograd AIDS centre		46,370.78				46,370.78

#	ORG Eng	2004–2005 (UAH)	2005–2006 (UAH)	2006–2007 (UAH)	2007–2008 (UAH)	2008–2009 (UAH)	Total 01/04/2004–31/03/2009 (UAH)
192	Youth public movement "Partner"				41,011.30	4,000.00	45,011.30
193	CF "Resonance"	44,331.40					44,331.40
194	Kryviy Rig AIDS Center	44,034.50					44,034.50
195	Kharkiv regional branch of PLHA	31,935.35				11,250.00	43,185.35
196	Public Organisation "Alternativa"		17,387.64	23,500.83			40,888.47
197	Zakarpatskiy oblast narcological dispensary				34,591.00		34,591.00
198	Kherson oblast narcological dispensary				34,110.00		34,110.00
199	Lugansk oblast narcological dispensary				33,583.85		33,583.85
200	Public organization "For equal rights"				32,304.31	750.00	33,054.31
201	Volynskiy oblast narcological dispensary				32,825.00		32,825.00
202	MI "Sevastopol city psychiatric hospital"				32,825.00		32,825.00
203	Sevastopol city infectious hospital				32,825.00		32,825.00
204	Central city hospital of Ternivka				32,825.00		32,825.00
205	Ivano-Frankivsk Oblast Narcological Dispensary					32,825.00	32,825.00
206	MI of Summy oblast council "Oblast narcological dispensary"				32,818.47		32,818.47
207	MI "Central city hospital" of Ordjonikidze city				32,732.00		32,732.00
208	MI "Chernivetskiy oblast narcological dispensary"				32,715.00		32,715.00
209	Soldietrs mothers committee		32,227.91				32,227.91
210	Tomashpil RTMO					31,943.00	31,943.00
211	Dnipropetrovsk oblast clinical-municipal health care association "Phtisiatriya"				31,716.40		31,716.40
213	CF "From Heart to heart" Kaniv		31,428.62				31,428.62
213	Special medical-sanitary division #9, Dnipropetrovsk region				31,354.00		31,354.00
214	Mykalayiv branch of PLHA		30,148.88				30,148.88
215	Sevastopol CO "Gavan plus"					28,726.64	28,726.64
216	Municipal Institution of Public Health „City Hospital №2			26,484.80			26,484.80
217	Ivano-Frankivsk Oblast clinic infectious hospita			25,979.84			25,979.84
218	Illinetske raj. ter. med. ob'ednannya			25,977.16			25,977.16

#	ORG Eng	2004–2005 (UAH)	2005–2006 (UAH)	2006–2007 (UAH)	2007–2008 (UAH)	2008–2009 (UAH)	Total 01/04/2004–31/03/2009 (UAH)
219	Public Organisation "Yuzhnyi City Charitable Foundation "Chas molodi"				25,859.88		25,859.88
220	Nikopol City Psycho-Neurological Hospital			25,340.00			25,340.00
221	Dnipropetrovsk Oblast Narcological Dispensary			25,250.00			25,250.00
222	Pavlograd narcological dispensary			25,250.00			25,250.00
223	Zhitomirskij obl. narkodispanser			25,047.25			25,047.25
224	Lviv Oblast State Clinical Narcological Dispensary			24,984.00			24,984.00
225	Touchpoll	24,850.8					24,850.80
226	Interbrand	24,849.6					24,849.60
227	Stahanivsk oblast psychiatric hospital					24,801.80	24,801.80
228	Dneprodzerzhinsk City Hospital #1			24,499.70			24,499.70
229	Public Organisation "Yuzhnyi City Charitable Foundation "Chas molodi"			22,864.50			22,864.50
230	Institute of Drug Abuse and Drug-related crimes			22,619.83			22,619.83
231	South-Ukrainian Center "Health. Woman. Longivity"	22,329.80					22,329.80
232	Sumy AIDS centre		22,197.00				22,197.00
233	Lviv RFPC					22,175.00	22,175.00
234	State Youth and Children Library of Ukraine	21,400.00					21,400.00
235	Donetsk Center Iskra	19,608.00					19,608.00
236	Odessa Regional Charitable Fund "For the future without AIDS"			18,329.00			18,329.00
237	Crimea narcological dispensary in Simpheropol	15,334.00					15,334.00
238	IEC "Borazan"	14,855.42					14,855.42
239	Media Mist Group Ltd					10,000.00	10,000.00
240	Agenstvo Ukraina Ltd					9,060.00	9,060.00
241	Stryi central city hospital					8,373.83	8,373.83
242	Charity Fund "Avante"				1,000.00		1,000.00
243	Public organization "Gay-alliance Cherkasy"					994.80	994.80
244	CF "Health of Nation"					499.96	499.96
	TOTAL						**226,894,973.31**

Annex 4. Comprehensive evaluation commends the Alliance

Comprehensive External Evaluation of the national AIDS response in Ukraine acknowledges the significance of the Alliance is efforts in fighting the epidemic.

A comprehensive external evaluation of the national AIDS response (referred to here as the Comprehensive External Evaluation) was requested by the NCC. The evaluation was coordinated by UNAIDS, and conducted by a team of 32 independent international experts from late 2007 to early 2008, to assess the achievements, strengths, shortcomings and challenges of the national AIDS response.

The results of the evaluation are described in detail in a report that came out in June 2009*. The implementation of two rounds of the Global Fund grants – Rounds 1 and 6 – was evaluated as part of Ukraine's national HIV and AIDS response. The report rated the Alliance's overall performance as a Principal Recipient of the Global Fund as 'impressive', and said that it 'demonstrates that direct financing of Global Fund grants to civil society recipients can improve the speed of grant implementation and help to mobilise additional implementation capacity.'

According to the evaluation, the contribution of the Alliance to the national AIDS response is most significant in areas such as:

- **Scaling-up access to services** – HIV prevention services for most-at-risk populations, antiretroviral treatment, substitution therapy and care, prevention of mother-to-child transmission, and provision of HIV and AIDS information in schools
- **Strengthening national systems and setting implementation standards** – a national monitoring and evaluation system, school-based HIV education, multi-disciplinary approach to treatment and care, national technical leadership for surveillance and treatment, a national system for voluntary counselling and testing and prevention of mother-to-child transmission, increased availability of technical support in the country, and procurement and supply management
- **Strengthening civil society** – as implementers, and as advocates

The evaluation reports that the prevention programme among people who inject drugs – implemented by the Alliance, through a network of NGOs in nearly all the regions of Ukraine – is the largest in Eastern Europe. According to the evaluation team, this is one of the most substantial achievements in the national response to AIDS – particularly given that people who inject drugs remain the main driving force of the epidemic in Ukraine.

The results of the Alliance's implementation of the Programme showed that it had exceeded the majority of its targets, including providing life-saving antiretroviral

* The Comprehensive external evaluation of the national AIDS response in Ukraine is available at: www.un.org.ua/files/20090522_ee_en_5.pdf

therapy to more than 6,000 people living with HIV, and reaching 94,583 people who inject drugs in 2008: an increase of 40% from 2007.

This is the first time that a civil-society organisation anywhere in the world has been responsible for such a high value programme and played such a central role in a national HIV response**.

Substitution maintenance therapy was the one area that fell short of expectations. This was due to the challenges of introducing methadone in the country, which was finally achieved after an active advocacy campaign by Alliance Ukraine and other NGOs in the country. Scale-up is now taking place, thanks to financial support from the Global Fund and the United States government.

The report featured recommendations on how to improve several areas of implementation and management. The recommendations, welcomed by the Alliance, are already shaping the programme for the Round 6 grant of The Global Fund. They include:

- increasing emphasis on prevention among young people at risk, including young drug users and commercial sex workers
- increasing emphasis on addressing the gender dimension of HIV and AIDS prevention
- improving the coverage and quality of prevention among the most-at-risk population
- increasing access to substitution maintenance therapy in order to improve HIV and AIDS prevention and care among people who inject drugs
- improving governance, management and coordinated systems to work more effectively with the Ukraine government and international supporters.

** The value of the grant was almost US$100 million over five years.

Global Fund documents

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Ukraine: national report on monitoring progress towards the UNGASS Declaration of Commitment on HIV/AIDS, UNAIDS/International HIV/AIDS Alliance in Ukraine/Ministry of Health of Ukraine, 2008.
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A non-governmental organisation's national response to HIV: the work of the All-Ukrainian Network of People Living with HIV. UNAIDS best practice collection, 2007

Supporting community based responses to AIDS: a guidance tool for including community systems strengthening in Global Fund proposals. UNAIDS, 2009

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Supporting community action on AIDS in developing countries

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