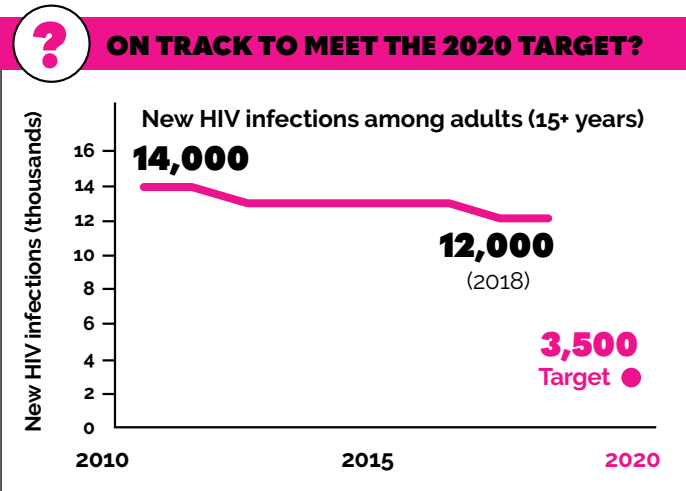


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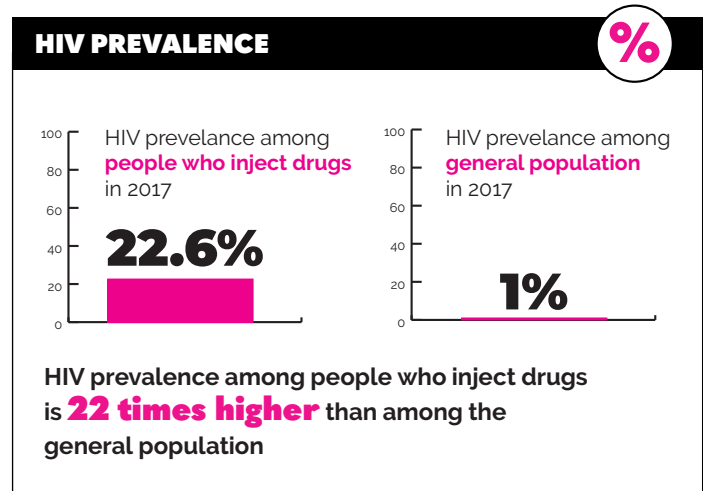
HIV PREVENTION SHADOW REPORT 2019

Summary of civil society analysis

The last year has seen encouraging progress for HIV prevention in Ukraine. The gradual transition from donor to domestic funding is securing the sustainability of the HIV response. The adoption of social contracting mechanisms is expanding the role of civil society organisations in the provision of stigma-free services to marginalised people. However, significant barriers remain in the legal environment. The criminalisation of sex work and drug use still act as barriers to HIV services for some, and the government has not announced concrete plans to decriminalise them. Civil society is also worried that the country does not have a clear plan to address capacity gaps and weak accountability systems.



Source: hivpreventioncoalition.unaids.org



Source: UNAIDS Data, 2019

	KEY POPULATIONS SIZE ESTIMATES & SERVICE COVERAGE			
	Men who have sex with men	Sex workers	People who use drugs	Transgender people
Latest size estimates	2018	2018	2018	NO DATA
HIV prevention services coverage	24%	24%	65%	NO DATA

Source: Global AID Monitoring Data 2019, hivpreventioncoalition.unaids.org

LEGAL AND POLICY ENVIRONMENT

Same sex activities	Not Criminalised
Sex work	Criminalised
Injecting drug use	Criminalised
HIV transmission or exposure	Criminalised
HIV testing without parental consent	Permitted +14yrs

Source: lawsandpolicies.unaids.org

GENDER-BASED VIOLENCE

NO DATA

Prevalence of recent intimate partner violence among women (15-49)

Global AIDS Monitoring data 2016

KNOWLEDGE OF HIV PREVENTION AMONG YOUNG PEOPLE

25% (Men)

21% (Women)

Source: GAM Data 2019, MICS 2014

HIV PREVENTION 10-POINT PLAN

A CIVIL SOCIETY ANALYSIS

In 2017, governments, civil society, UN agencies and donors launched the Global HIV Prevention Coalition to accelerate progress towards the global target to reduce new HIV infections. The Coalition endorsed the **HIV Prevention 2020 Road Map** which acknowledges common barriers to progress including lack of political leadership; enabling laws and policies; and funding for the implementation of combination prevention programmes.

The Road Map commits countries to a 10-point plan. This shadow report sets out a civil society's perspective on how Ukraine performed in 2019.



Photo: Convictus



1 Conduct strategic assessment of prevention needs and identify barriers to progress

The government of Ukraine collects up-to-date information on the status of the HIV response and to assess HIV prevention needs. In 2018 the government contracted national organisations to run bio-behavioural studies of people who use drugs, men who have sex with men, sex workers and, for the first time, transgender people.

While welcoming inclusion of population size estimates for transgender people, representatives are troubled about the methodology used, including the unclear distinction between men who have sex with men and transwomen. Similarly, the needs of people who straddle two groups, such as sex workers and people who use drugs, are not being fully assessed.

Accurate size estimates for vulnerable adolescents and young people still do not exist. In 2019 Alliance for Public Health and AFEW International published a report on risk taking behaviour and patterns of drug use among adolescents. However, the government did not support the findings and the recommendations have not yet been addressed.

2 Develop or revise national targets and road maps

Prevention targets have been set for people who use drugs, men who have sex with men and sex workers. However, targets for use of pre-exposure prophylaxis (PrEP) still need to be set. Also, young people are not included in the national target setting processes.

The current targets are based on goals articulated in the Global Fund application for 2018-20. As principal recipient, the government must determine how these targets will be broken down, calculated and reached at a subnational level. The new National AIDS Programme (2019-23) provides some guidance on strategies and reforms needed to achieve national and global targets on HIV, but this document is yet to be finalised.

3 Enhance prevention leadership, oversight and management

In the main, the government department responsible for HIV prevention is the Centre for Public Health (PHC), within the Ministry of Health. This year the PHC has taken important steps towards a better coordinated national prevention response starting the public procurement of HIV services for key populations.

Key populations and adolescents are represented on the National Council. However, women who use drugs still do not have a seat at the table, despite applying several times. Inclusion in the National Council does not always guarantee strong community leadership, and some representatives face barriers to active participation. For example, transgender representatives must present their passports to confirm their attendance. Additionally, adolescent representatives are not taken seriously by the government, who think they should not be on the Council.

4 Introduce legal and policy changes to create an enabling environment

There have been positive developments over the last year. In October 2018 the PHC commissioned a study to consider the benefits of implementing needle and syringe programmes in prisons. This included webinars on harm reduction for staff of the State Penal Service. The webinars were moderated by the Deputy Head of Administration of the State Penal Service for Human Rights of Prisoners. A draft law on the legalisation of medical cannabis is also being considered by parliament. If passed, it could set an important precedent.

New laws, which provide criminal liability for domestic violence, forced sterilisation, forced marriage and forced abortion, finally came into force, with stricter penalties for perpetrators. There are also signs that civic space for lesbian, gay, bisexual and transgender people is finally opening up, with Kharkiv, Ukraine's second largest city, hosting its first ever Pride parade.



4

Yet significant barriers remain. Sex work and drug use are still criminal offences and the government has not announced how they plan to address these barriers to service uptake. A reclassification of drug offenses – such as buying drugs for personal use only – coming into force in January 2020, will reduce drug possession penalties. However, while this development signals a more progressive approach by the government, this reclassification is matched with new fines of up to \$2000. Such prohibitive fines could encourage bribery by the police.

While healthcare reforms have expanded access to HIV testing and treatment in prisons, they have not led to the scale up of harm reduction programmes like opioid substitution therapy (OST). Lack of specialist knowledge and a lack of leadership to provide such services continues to restrict progress in closed settings. For example, in December 2018 Bucha Penal Colony announced it would pilot OST, however it is yet to enrol any prisoners in its programme.

5 Develop national guidance and intervention packages, service delivery platforms and operational plans

In August 2019 the Ministry of Health published new, basic prevention service packages for people who use drugs, men who have sex with men and sex workers. Although this represents progress, the government prevention packages fall far short of those currently provided by non-governmental organisations (NGOs). The government packages only cater for three key populations, leaving out other vulnerable and marginalised groups such as transgender people and adolescents. In addition, the costs for each package have also been determined, and although it's the most expensive, the package for people who use drugs does not fully cover all the services recommended in the World Health Organisation's essential package, for example testing for hepatitis C (HCV), HCV/HIV/TB treatment and adherence counselling and support.

PrEP is still not widely available for all people at significant risk of HIV infection. A pilot study for PrEP conducted among 100 men who have sex with men and transgender people in Kyiv was concluded in March 2019. This study should be used to inform policymaking and implementation plans. Civil society remains hopeful that PrEP will soon be scaled up in all priority regions.

6 Develop capacity building and technical assistance plan

Ukraine currently has no capacity building or technical assistance plan, although there is a clear need to improve the skills and knowledge of primary healthcare staff. Family doctors are trialling the provision of OST. If scaled up, this could increase OST coverage dramatically, but the process is very slow.

Medical staff need training to provide PrEP to men who have sex with men in public healthcare facilities. Training should be planned with the active participation of community members, as they are the ultimate service users. Technical assistance is also needed to support the development, expansion and implementation of comprehensive HIV prevention service packages.

7 Establish or strengthen social contracting mechanisms for civil society implementers and expand community-based responses

Social contracting mechanisms that strengthen and expand the role of community-based organisations in HIV prevention are well established in Ukraine. The PHC routinely procures prevention services from NGOs through a competitive bidding process managed via a centralised system at national level. An electronic system facilitates the bidding process to counteract corruption and improve transparency. This is important, otherwise a possible reduction in funding may lead to larger organisations either absorbing smaller ones or operating directly in small towns and villages.

8 Assess available funding and develop strategy to close financing gaps

The government is in the process of transitioning to an HIV response that is fully funded with domestic resources by 2021. In 2018 most prevention spending was related to OST services. In 2019 the PHC started to procure basic prevention packages from NGOs including needle and syringe programmes, condoms and HIV pre- and post-test counselling services. The state has committed to paying the total cost of OST medications and has held the first tender process to procure prevention services from NGOs. However, not all high-risk groups have been included in the funding transition plan. This is particularly concerning for groups, such as prisoners, adolescents and transgender people.

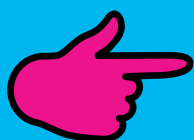
9 Establish or strengthen programme monitoring systems

A unified system to monitor and evaluate the effectiveness of national and regional HIV prevention services is still being developed. An initial scoping study suggests the new system will seek to engage members of the community. A precedent for this was established by the Ukrainian Network of People who Use Drugs (VOLNA), who requested an independent review panel to assess the quality of OST drugs procured by the government. The panel eventually ruled that the quality of the drugs was unsatisfactory. Once again, this example underlines the importance of involving communities in monitoring and evaluation processes, so that problems can be identified, and services improved.

10 Strengthen national and international accountability

The state system for monitoring prevention programmes is still being developed, so reporting is not yet comprehensive. Also, the mechanism for procuring prevention services is still new, so it's too early to assess the accountability mechanisms and quality of reports.

The government submits data for inclusion in the Global AIDS Monitoring report every year. However, civil society should be invited to validate the findings.



RECOMMENDATIONS

In order to meet the global and national targets, we believe Ukraine should prioritise the following actions:

- 1 Conduct an in-depth assessment to understand and address the prevention needs of adolescents and young people in all their diversity, and especially adolescents who use drugs. This should include carrying out accurate size estimation studies.
- 2 Identify capacity gaps and implement technical assistance plans quickly, to enable the scale up of combination prevention programmes for all key populations. This should include provision of OST and other services for people in prisons, as well as tailored HIV prevention services for transgender people.
- 3 Create a more enabling environment for marginalised people. This should include amending laws that criminalise people who use drugs and sex workers, implementing programmes that decrease stigma and discrimination especially among healthcare providers and law enforcers, and promoting rights of key populations.
- 4 Continue working to increase the accountability of the national HIV prevention response by involving communities in monitoring and evaluation processes.

METHODOLOGY

As a member of the Global HIV Prevention Coalition, Frontline AIDS plays a key role convening civil society and community organisations. After the launch of the Global Prevention Coalition in October 2017, Frontline AIDS supported activists from 22 countries to participate in workshops to learn, share and agree prevention advocacy priorities. In 2018 as part of this process, activists from different community-based organisations worked in country teams to analyse their nation's progress on HIV prevention. In six countries this collaboration led to the development of prevention shadow reports. The reports are based on responses to a standard questionnaire developed by Frontline AIDS. In 2019 prevention activists in five of the six original countries, plus two additional countries, completed new shadow reports with the latest achievements. These shadow reports voice the priorities of civil society organisations and offer an alternative to the official assessments.

ACKNOWLEDGEMENTS

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For national progress reports see: www.frontlineaids.org/prevention

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