PEPFAR/Ukraine COP Review Out-Brief
April 26, 2017

A New Era of Accountability, Transparency, and Solidarity to Accelerate IMPACT
Stakeholder Engagement

Stakeholder collaboration is key to progress in Ukraine

- Constant dialogue with civil society and GOU public health
- Mutual support especially in times of crisis

Overview of stakeholder engagement in COP17

- COP guidelines shared - Jan 3rd (draft) and January 18
- January 25th – National Stakeholder Mtg sponsored by GFATM, UNAIDS and PEPFAR
- DCMM materials shared on March 10th
  - Limited but useful feedback
  - Ongoing interaction with MoH on commodity need with adjustments in COP submission.
- Team reached out to CSO participants in COP review
- PEPFAR staff participating in some GFATM CN work groups (e.g. SI, Laboratory)
- PEPFAR implementing partners supporting GFATM PRs and CN
Section 1: Brief review of useful context
Political & Economic Context

- Continued war in the east, geopolitical pressures

- Return to low level of economic growth after 50% drop in GDP (USD)

- Health Reform is progressing despite challenges from vested interests
  - Initial focus on primary care with introduction of capitation
  - Steps towards rationalization of health services
  - Recent attacks on the Acting Minister of Health fended off
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PWID in Ukraine Cascade, 2016

![Chart showing the estimated number of PLHIV among PWID and the percentage of PWID who know their HIV status, are registered in care, and are on ART.]

Source: Risk group size est, 2014; Est num of PLHIV PWID who know their HIV status; Est num of PLHIV PWID who are reg in care; Est num of PLHIV PWID who are on ART.
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MSM in Ukraine Cascade, 2016

- **Est num of PLHIV among MSM***
  - 15,870

- **Est num of PLHIV MSM who know their HIV status**
  - 28%

- **Est num of PLHIV MSM who are reg in care**
  - 26%

- **Est num of PLHIV MSM who are on ART**
  - 7%

Sources: *Risk group size estimations, 2014; ** IBBS 2015, denominator MSM who were positive by result of RT and who agreed to report their HIV status and treatment experience.
FSW in Ukraine Cascade, 2016

- Est num of PLHIV among FSW*: 5,170
- Est num of PLHIV FSW who know their HIV status**: 75%
- Est num of PLHIV FSW who are reg in care**: 73%
- Est num of PLHIV FSW who are on ART**: 54%

Sources: *Risk group size estimations, 2014; ** IBBS 2015, denominator FSW who were positive by result of RT and who agreed to report their HIV status and treatment experience.
Increasing reported contribution of heterosexual HIV transmission

- Since 2007, increasing majority of HIV cases reported as heterosexually acquired
- No standard risk factor ascertainment
- Stigma around MSM and IDU behavior remains high
Proportions of recently registered cases among males by mode of transmission by ascertainment method

MOT study preliminary results

18% of the participants confirmed being MSM

46% of the respondents had an experience of injecting drugs

www.aph.org.ua
Age and gender distribution of PLHIV and ART patients, Ukraine

Age
• 15 – 24 years:
  • SPECTRUM estimates: 5.9% of adult PLHIV
  • Case registration data: 5.7% of adult cases in 2015

Gender
• SPECTRUM estimates: 45% of PLHIV are female
• Nat’l ART data Mar 1 2017
  • 35,280 women: 47% of ART patients
  • 39,470 men: 53% of ART patients
• Of 8,303 PEPFAR ART patients (Jan 2017), 50% men and 50% women
Ukraine demographics

• Post independence birth drought
• Smaller cohorts now significant part of child-bearing population
• Absolute numbers of cases among <25 useful but needs careful interpretation
• Incidence rate proxy for population important
Among all PWID, CSW, and MSM, the HIV prevalence has decreased from 2006 to 2015.

Among young subpopulation (< 25 y.o.), the HIV prevalence has also decreased from 2006 to 2015.
What have we been doing and what are we learning from it
Major Shifts COPs 15 and 16

COP 15
1. Treatment cascade
   a) Increased detection – network recruiting of PWID
   b) Increased linkage to care – peer CM to AIDS centers
   c) Relinkage LTFU
2. Focus on 5 priority oblasts, plus 6 medium burden oblasts
3. Focus on PWID and partners
4. Scale up of QI interventions in AIDS Centers
5. Pilots of PITC, partner testing
6. ART commodities

COP 16
1. ART treatment specific TA support
2. Additional ART commodities
3. Kyiv FTCI
4. Continued focus on
   a) Policy reforms
   b) Procurement
   c) Data
   d) Laboratory
   e) Health reform
Q1-Q2 Testing and Treatment Continuum

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ART scaleup continues: Ukraine national results

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RESPOND regions
HTC_POS data reported from ART sites includes preliminary FY17Q2 data

HIV Detection: number and proportion tested positive, 2015–2017

Among 20 QI sites where OCF/CITI clients got a diagnosis:
164 (8%) from OCF/CITI

7 regions, 135 QI sites

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From OCF to CITI January 2016- March 2017

19,844

- Tested for HIV all (incl.index cases)
  - New positives
  - Tested Positive
  - Eligible for CITI
  - Enrolled in CITI from OCF
  - Enrolled in CITI from doctor referral

85% eligible for CITI

53% enrolled in CITI from OCF

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CITI NGO Performance by Regions, Q2 FY17

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SIMS visit: Mykolaiv oblast; Voznesentsk

- Useful details not part of SIMS assessment
  - Rapid initiation on therapy after registration
  - Highly successful ‘index’ testing via dedicated, engaged HCW
  - Suggestive evidence of improving epidemic situation
    - Increasing testing; lower yields
    - Good partner recruiting
    - Decreasing number of patients with very low CD4 counts; seeing more absolute number of patients with higher CD4
SIMS visit: Mykolaiv oblast AIDS Center

- Discussed high volume site with low ART rate (Vitovska). She had over past year
  - Removed low performing MD
  - Covered site in interim
  - Recruited promising young MD
- Had identified dropout of rural ART patients ~2/3 at 12 months
  - Identified lack of transport
  - Made agreements with all regions lacking ART site to dispense ART at CRH

<table>
<thead>
<tr>
<th>Treatment site</th>
<th>Registered PLHIV</th>
<th>PLHIV on ART</th>
<th>PEPFAR % reg’d on ART</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mykolaiv oblast overall</td>
<td>8381</td>
<td>5296</td>
<td>263 63%</td>
</tr>
<tr>
<td>Миколаївський обласний центр СНІДу</td>
<td>4396</td>
<td>3053</td>
<td>156 69%</td>
</tr>
<tr>
<td>Вознесенська ЦРЛ</td>
<td>569</td>
<td>399</td>
<td>4 70%</td>
</tr>
<tr>
<td>ДЗ &quot;СМЧ №2&quot; м.Южноукраїнськ</td>
<td>340</td>
<td>254</td>
<td>7 75%</td>
</tr>
<tr>
<td>Первомайська ЦРЛ</td>
<td>197</td>
<td>127</td>
<td>6 64%</td>
</tr>
<tr>
<td>КЗ &quot;Первомайський міський центр ПСМД&quot;</td>
<td>471</td>
<td>348</td>
<td>27 74%</td>
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<tr>
<td>Баштанська ЦРЛ</td>
<td>172</td>
<td>119</td>
<td>10 69%</td>
</tr>
<tr>
<td>Новобузька ЦРЛ</td>
<td>170</td>
<td>90</td>
<td>6 53%</td>
</tr>
<tr>
<td>Миколаївська ЦРЛ</td>
<td>285</td>
<td>125</td>
<td>44%</td>
</tr>
<tr>
<td>Новоодеська ЦРЛ</td>
<td>162</td>
<td>58</td>
<td>36%</td>
</tr>
<tr>
<td>Очаківська ЦРЛ</td>
<td>165</td>
<td>123</td>
<td>10 75%</td>
</tr>
<tr>
<td>Vitovska central rayon hospital</td>
<td>1303</td>
<td>468</td>
<td>18 36%</td>
</tr>
<tr>
<td>Миколаївський обласний протитуберкульозний диспансер</td>
<td>151</td>
<td>132</td>
<td>19 87%</td>
</tr>
</tbody>
</table>
National Stakeholder Joint Action

In the last year, strong coordinated efforts have led to:

- Successfully passing larger government budget for HIV that includes increased support for ARVs
- GoU agreement to buy limited amount of MAT
- Country commitment to rejoin UNAIDS Fast Track trajectory by 2018, if PEPFAR and other donors continue to support scale up of treatment
PEPFAR support for improving ART policy

• Evidence Workshop, April 3-7 2017
  • 25 high level AIDS center representatives
  • ARV experts: ITECH, WHO and CDC
  • Opinion shift away from LPV/r
  • To be repeated June, Sep 2017

• Verbal acceptance of outside review of draft clinical protocol
Progress in policy environment

| ART guidelines                  | • Treat all  
|                                | • Multi-month ARV dispensing  
|                                | • Task shifting  

| Self-testing                    | • Availability of self-test kits  
|                                | • Monitor adherence to self-testing SOPs and Q/C  
|                                | • Post-marketing validation/surveillance  

| Public health approach          | • NCPH and NGOs support PH approach  
|                                | • Resources and attention to KPs  
|                                | • Attention to PH approach through HC reform  

| Public health system            | • Strengthen National Center for Public Health  
|                                | • Network of regional PH centers  
|                                | • 1° and 2° service delivery reform and HIV  

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• 2017-2021 HIV/TB program approved with 90-90-90 targets
  • Planned expansion of ART from 6,693 (January 2017) to 21,804 (2021)
• Private funding to support 1,700 ART patients
• 54 Million USD budgeted (19% national budget, 16% Kyiv budget, rest – other inc international)
• Kyiv budget will begin support for MAT
• Expansion of MAT with PEPFAR support
• Pilot PrEP for MSM with PEPFAR support
• March 2017: Odesa joins FTCI
What are we planning to do for maximum impact
PEPFAR Ukraine Vision for COP 17 Strategy

Continued rapid expansion of ART with
- Additional 15,000 patients to be started on PEPFAR ARVs
- Transition of ECF and COP 16 PEPFAR patients to GoU ARVs

Augmented/new program directions to bring in add’l PLHIV for ART
- Increased support of MSM testing and linkage in high burden cities
- Direct support of large scale expansion of PITC and partner testing
- Development and support of program to improve linkage for KPs
- Development and support of program for demand creation

Development of improved adherence activities to minimize LTFU

Initiating treatment activities towards test and start, decentralization and optimization

Continued policy and health system reform to create sustainability
## COP16-17 Target Comparison

<table>
<thead>
<tr>
<th></th>
<th>COP16 (FY17) Target</th>
<th>COP17 (FY18) Target</th>
<th>COP 17 as % of COP16</th>
</tr>
</thead>
<tbody>
<tr>
<td>People tested</td>
<td>87,035</td>
<td>125,169</td>
<td>144%</td>
</tr>
<tr>
<td>People identified</td>
<td>3,638</td>
<td>10,039</td>
<td>276%</td>
</tr>
<tr>
<td>Treatment NEW</td>
<td>20,786</td>
<td>40,956</td>
<td>197%</td>
</tr>
<tr>
<td>Treatment Current</td>
<td>38,766</td>
<td>100,860</td>
<td>260%</td>
</tr>
<tr>
<td>OVC Served</td>
<td>350</td>
<td>400</td>
<td>114%</td>
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<tr>
<td>KP Prevention</td>
<td>34,286</td>
<td>43,899</td>
<td>128%</td>
</tr>
<tr>
<td>KP MAT</td>
<td>3,025</td>
<td>3,281</td>
<td>108%</td>
</tr>
<tr>
<td>PP Prevention</td>
<td>2,752</td>
<td></td>
<td></td>
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<tr>
<td>TB cases with known HIV status</td>
<td>5,488</td>
<td>6,961</td>
<td>127%</td>
</tr>
<tr>
<td>HIV+ TB on ART</td>
<td></td>
<td>1,863</td>
<td></td>
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<tr>
<td><strong>Total Budget</strong></td>
<td>$37,608,888</td>
<td>$37,742,042</td>
<td></td>
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</tbody>
</table>

FY17 HTC_TST & HTC_POS target does not include OCF (was custom target but likely to be included in some of facility results); and includes only half year for USAID/RESPOND work at ART sites (project then extended).
## Summary of COP17 Targets by Prioritization

<table>
<thead>
<tr>
<th>COP17 Priority</th>
<th>COP17 Target (APR18) HTC_Test</th>
<th>COP17 Target (APR18) HTCPos</th>
<th>COP17 Target (APR18) Tx_New</th>
<th>COP17 Target (APR18) Tx_CURR</th>
<th>COP17 Target (APR18) OVC_Serv</th>
<th>COP17 Target (APR18) KP_Prev</th>
<th>COP17 Target (APR18) KP_MAT</th>
<th>COP17 Target (APR18) TB_STAT</th>
<th>COP17 Target (APR18) TB_ART</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL</td>
<td>125,169</td>
<td>10,039</td>
<td>40,956</td>
<td>100,860</td>
<td>400</td>
<td>43,899</td>
<td>3,281</td>
<td>6,961</td>
<td>1,863</td>
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<tr>
<td>Attained</td>
<td></td>
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<td></td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>Saturation</td>
<td>2,893</td>
<td>261</td>
<td>2,280</td>
<td>7,217</td>
<td>40</td>
<td>1,612</td>
<td>245</td>
<td>878</td>
<td>256</td>
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<tr>
<td>Aggressive</td>
<td>92,276</td>
<td>9,178</td>
<td>38,676</td>
<td>93,643</td>
<td>360</td>
<td>42,287</td>
<td>3,036</td>
<td>6,083</td>
<td>1,607</td>
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<tr>
<td>Sustained</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Other</td>
<td>30,000</td>
<td>600</td>
<td></td>
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</tbody>
</table>

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COP 2016 vs COP 2017 Budget Code Totals

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Achieving the 2\textsuperscript{nd} 90: ART targets in oblasts targeted for saturation

- 2018 targets require
  - Increased recruitment
  - Increased access to ART services
  - ARV commodities

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Achieving the 2nd 90: Sources of patients for Tx_NEW, Dnipropetrovsk Oblast, FY18

- Previously diagnosed patients significant source
- Current rates of new registered patients insufficient
- Additional ~2500 ART patients needed from new and enhanced PEPFAR testing activities
Finding slots: increasing access to ART for PLHIV

- Current ART system based on ID physicians in AIDS centers
  - Average no. of ART patients per MD up to 800

- Models for increasing access to ~80% increase in ART patients by end 2018
  - AIDS centers
    - Potential for adding new ID MDs in AIDS centers modest
    - Differentiated services
    - Task shifting within MDT
  - Decentralization to ID physicians in non HIV specialty settings – example of Krivy Rih
  - Primary care physicians for either follow-up or initiation for uncomplicated patients – under consideration

Change in number of ART patients at nonAIDS center sites, Krivy Rih

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Finding drugs: ARV for expansion of treatment, Ukraine

- PEPFAR ARVs dominant factor in scaleup 2016 - 2018
- Favorable trends in GoU ability to cover ART needs
  - Increase in GOU funding
  - Optimization of regimens leading to decreasing avg. prices
  - Fierce advocacy leading to new drugs, better prices
Expansion to government controlled areas (GCA) of Donetsk Oblast

Distribution of estimated PLHIV, by subnational units, Ukraine 2016
(USG/CDC in-house estimates)

- 11 focus oblasts: 59%
- GCA Donetsk: 14%
- Other GCA: 19%
- NonGCA: 8%
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PEPFAR support for expansion of ART

PEPFAR staff (CDC)
- New USDH
- New LES

International TA
- WHO
- I-TECH
- ICAP

New Treatment Partner (NCPH)
- Mentoring and monitoring
- Guideline implementation
- Quality Improvement

Direct TA
Partner Management

TA
<table>
<thead>
<tr>
<th>Oblast</th>
<th>TX_NEW FY17Q1</th>
<th>TX_NEW FY17Q2</th>
<th>FY17 target</th>
<th>TX_NEW % achievement FY17Q1</th>
<th>TX_CURR FY16Q4</th>
<th>FY17Q1</th>
<th>FY17Q2</th>
<th>FY17 target</th>
<th>TX_CURR % achievement FY17Q2</th>
<th>TX_NET_NEW FY17Q1</th>
<th>FY17Q2</th>
<th>FY17 target</th>
<th>TX_NET % achievement FY17Q2</th>
<th>Q4-Q1</th>
<th>Q1-Q2</th>
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<tbody>
<tr>
<td>Total</td>
<td>4,143</td>
<td>4,151</td>
<td>18,749</td>
<td>44%</td>
<td>38,850</td>
<td>43,578</td>
<td>45,834</td>
<td>31,626</td>
<td>145%</td>
<td>4,728</td>
<td>2,256</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dnipropetrovsk</td>
<td>1,375</td>
<td>1,594</td>
<td>6,495</td>
<td>46%</td>
<td>11,180</td>
<td>12,097</td>
<td>13,199</td>
<td>11,234</td>
<td>117%</td>
<td>917</td>
<td>1,102</td>
<td></td>
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</tr>
<tr>
<td>Odesa</td>
<td>598</td>
<td>727</td>
<td>5,408</td>
<td>25%</td>
<td>9,304</td>
<td>10,062</td>
<td>10,255</td>
<td>7,962</td>
<td>129%</td>
<td>758</td>
<td>193</td>
<td></td>
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<tr>
<td>M. Kyiv</td>
<td>896</td>
<td>695</td>
<td>3,480</td>
<td>46%</td>
<td>5,929</td>
<td>6,693</td>
<td>7,007</td>
<td>5,941</td>
<td>118%</td>
<td>764</td>
<td>314</td>
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<td>Zaporozhzhya</td>
<td>231</td>
<td>140</td>
<td>956</td>
<td>39%</td>
<td>2,253</td>
<td>2,419</td>
<td>2,535</td>
<td>1,354</td>
<td>187%</td>
<td>166</td>
<td>116</td>
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<tr>
<td>Kherson</td>
<td>147</td>
<td>176</td>
<td>878</td>
<td>37%</td>
<td>2,186</td>
<td>2,250</td>
<td>2,333</td>
<td>1,331</td>
<td>175%</td>
<td>64</td>
<td>83</td>
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<td>Mykolayiv</td>
<td>360</td>
<td>309</td>
<td>628</td>
<td>107%</td>
<td>4,855</td>
<td>5,221</td>
<td>5,284</td>
<td>1,078</td>
<td>490%</td>
<td>366</td>
<td>63</td>
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<tr>
<td>Kirovohrad</td>
<td>143</td>
<td>162</td>
<td>536</td>
<td>57%</td>
<td>1,342</td>
<td>1,493</td>
<td>796</td>
<td>188%</td>
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<tr>
<td>Kyiv Ob</td>
<td>393</td>
<td>348</td>
<td>368</td>
<td>201%</td>
<td>3,143</td>
<td>3,494</td>
<td>3,728</td>
<td>1,930</td>
<td>193%</td>
<td>351</td>
<td>234</td>
<td></td>
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</tr>
</tbody>
</table>

RESPOND started QI work in Kirovohrad in FY17Q1

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Achieving the 1st 90: Testing vision and targets

• Analysis indicates
  • Most previously diagnosed patients being brought onto ART by 2018
  • Current testing insufficient in reach and yield to meet treatment targets
  • New approaches needed

• Planned PEPFAR testing
  • Intensified expanded OCF
  • Initiation of large scale PITC
  • Expansion of index testing
  • Expansion and improvement of MSM testing activities
  • Enhanced prison testing and linkage
  • Continued military testing

GF outreach testing yields H1 2016 12 oblasts: PWID 1.9%; MSM 0.7%
PITC and index testing, Ukraine pilot results

**PITC testing**

- PITC not common in most facilities (except AIDS centers, TB)
- Pilot through RESPECT
  - Selected medical facilities in 3 oblasts
  - 2133 patients tested
  - 528 (25%) seropositive
  - Pilot being extended to better characterize factors for success

**Index testing**

- Fairly uncommon, pilot through RESPOND
  - Significant number of partners per index client
  - 11% yield among partners tested
  - >75% linkage to AIDS centers
MSM Testing Considerations

• MSM concentrated in Kyiv City, Odesa, and Dnipro
  • 1/3 of est MSM and >40% of est MSM PLHIV nat’l

• In Kyiv and Odesa evidence of rapid transmission
  • Increase in prevalence 2013 – 2015 IBBSs
  • Incidence by Lag 2013 IBBS
    • Kyiv City 5%, Odesa 4%
  • Supports > 5,000 undiagnosed HIV-positive MSM in these regions

![Friendly Doctor MSM HTS activity](image)
Strategies for improving linkage for the hardest to reach populations—*based on lessons learned*

- Analyze barriers
  - Friendly services for KP
  - Pilot model: nurse providing two rapid tests
  - Immediate linkage to case manager
  - Clubs for identified positives
- Incentive system pilot
  - Analyze characteristics of case finders
  - Empowerment counselling with case manager
- Motivational counselling trainings for case finders
Achieving the 3rd 90 in Ukraine: ART Retention

- Longitudinal f/u of annual cohorts
- 12 month LTFU
  - National 86%
  - ~ 50% of LTFU (Yr 1) due to mortality
  - Kirovograd lowest
- Longer term retention is measured cumulatively – plateau in LTFU
Achieving the 3rd 90 in Ukraine: VL suppression 2016

- **2016 data**
  - 50,000 patients on ART > 6 mos who had VL
  - National – 90%

- **Kirovograd lowest VL suppression**

- **VL test kits no longer limiting factor**
HIV Viral load scale-up in Ukraine

<table>
<thead>
<tr>
<th>year</th>
<th>#VL tests</th>
<th>#of equipped labs</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>28,032</td>
<td>10</td>
</tr>
<tr>
<td>2009</td>
<td>34,255</td>
<td>10</td>
</tr>
<tr>
<td>2010</td>
<td>61,408</td>
<td>12</td>
</tr>
<tr>
<td>2011</td>
<td>69,833</td>
<td>16</td>
</tr>
<tr>
<td>2012</td>
<td>95,655</td>
<td>18</td>
</tr>
<tr>
<td>2013</td>
<td>132,115</td>
<td>18</td>
</tr>
<tr>
<td>2014</td>
<td>78,101</td>
<td>18</td>
</tr>
<tr>
<td>2015</td>
<td>55,176</td>
<td>19 (-3 Crimea, Luhansk and Donets'k labs are currently in non-Ukraine-government-controlled-area)</td>
</tr>
<tr>
<td>2016</td>
<td>98,561</td>
<td>17 (+1 Cherkassy)</td>
</tr>
<tr>
<td>2017</td>
<td>295,100 (projected)</td>
<td>18 (+1 Sloviansk) + 8 (3 new from Abbot and 5 from Roche in progress)</td>
</tr>
</tbody>
</table>

#VL tests per day/per instrument in 2017

<table>
<thead>
<tr>
<th>Region/lab</th>
<th>#VL tests /day/instrument</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dnipropetrovs'ka</td>
<td>150</td>
</tr>
<tr>
<td>Donets'ka</td>
<td>95</td>
</tr>
<tr>
<td>Odessa</td>
<td>215</td>
</tr>
<tr>
<td>Kyiv City</td>
<td>162</td>
</tr>
<tr>
<td>NRL</td>
<td>131</td>
</tr>
</tbody>
</table>

All PEPFAR FY 2017 Q2 program results and achievements included within this presentation were based upon preliminary reporting and may differ from the final submission results. Final FY 2017 Q2 results, as well as past and future quarterly and annual PEPFAR program results, can be accessed on the PEPFAR Dashboard at [http://data.pepfar.net](http://data.pepfar.net).
Achieving the 3rd 90 in Ukraine
Additional activities COP 17

• Health Link
  • Retention and adherence work including formative KP research

• MAT
  • Improving retention on MAT

• Mental health
  • Piloting standardized approach to diagnosing and initial treatment of depression in 4 sites

• HIV Drug Resistance survey
  • In collaboration with CDC-Atlanta and WHO
Prevention Activities: MAT

- **GOU assumption of >8,000 MAT patients in 2017**
- **Coverage still low (3% of est PWID)**
  - Further scaleup needs advocacy
  - Increased local support
  - Increased co-pay options
- **PEPFAR activities include**
  - Increasing quality of services
  - Co-location of services
  - Linkage to ART

*Retention is 12 month retention of cohorts of MAT initiators from Altice et al. Not reflective of retention of HIV+ MAT patients on ART.*

Selected indicators among MAT clients 2016:

- **Tested**: 100%
- **HIV positive**: 41%
- **On ART**: 73%
- **Retained**: 75%
Prevention: PrEP

• MSM in Kyiv and Odesa
  • >3% incidence rate
  • Self-testing to be introduced
  • Centrally funded award to improve cascade including T&S component

• COP 17 includes
  • Truvada and testing commodities
  • Targets 500 PEPFAR, 3500 GOU
Activities: OVC Peace Corps

- Regional and national clubs for OVC and caregivers
- OVC-related leadership camp
- Trainings for service providers, SW, teachers, medical students - on HIV and stigma reduction
- Volunteer grants
  - stigma reduction; KP issues, youth prevention
- 2 trainings on fighting stigma and discrimination, support of OVC and KPs, KP HIV-prevention
- Peace Corps Response—capacity development of NGOs working with KPs
| Commodity insecurity ($2.0M) | Increase domestic resources for commodities  
|                             | Build supply chain management capacity  
|                             | Optimize ART regimens |
| Detection, linkage, retention ($2.3M) | Expand OCF to new oblasts, MSM  
|                             | Pilot and expand PITC, index testing  
|                             | Roll out case management  
|                             | Expand MIS for better data and tracking |
| Health system reform ($2.4M) | Strengthen NPHI  
|                             | Reform health financing  
|                             | Decentralize HIV services |
| Test and start ($0.9M) | Develop guidelines  
|                             | Costing and budgeting test and start  
|                             | Determine HR requirements |
| Service delivery models ($0.4M) | Expand primary care  
|                             | Pilot innovative MAT models  
|                             | Pilot PrEP in MSM  
|                             | Standardize testing and linkage in military |
### HIV MIS roll-out summary

<table>
<thead>
<tr>
<th>#</th>
<th>Region</th>
<th>Sites operating</th>
<th>Work stations operating</th>
<th>Staff trained</th>
<th>Sites to be started</th>
<th>Work stations to be installed</th>
<th>Staff to be trained</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cherkassy oblast</td>
<td>24</td>
<td>57</td>
<td>68</td>
<td></td>
<td></td>
<td></td>
<td>Jan-Apr 2017</td>
</tr>
<tr>
<td>2</td>
<td>Chernihiv oblast</td>
<td>15</td>
<td>42</td>
<td>38</td>
<td>14</td>
<td>14</td>
<td>40</td>
<td>Feb-May 2017</td>
</tr>
<tr>
<td>3</td>
<td>Kyiv City</td>
<td>5</td>
<td>60</td>
<td>92</td>
<td>5</td>
<td>5</td>
<td>8</td>
<td>2016, Jan-Apr 2017</td>
</tr>
<tr>
<td>4</td>
<td>Dnipropetrovsk oblast</td>
<td></td>
<td></td>
<td></td>
<td>29</td>
<td>116</td>
<td>130</td>
<td>July-Oct 2017</td>
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<td>5</td>
<td>Kherson oblast</td>
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<td></td>
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<td>Apr-Jul 2017</td>
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<td>6</td>
<td>Kirovograd oblast</td>
<td></td>
<td></td>
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<td>22</td>
<td>42</td>
<td>60</td>
<td>Sept-Dec 2017</td>
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<td>7</td>
<td>Kyiv oblast</td>
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<td>24</td>
<td>17</td>
<td>60</td>
<td>Mar-Jun 2017</td>
</tr>
<tr>
<td>8</td>
<td>Mykolaiv oblast</td>
<td></td>
<td></td>
<td></td>
<td>34</td>
<td>75</td>
<td>103</td>
<td>Apr-Jul 2017</td>
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<tr>
<td>9</td>
<td>National level clinic</td>
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<td>Dec 2017- Mar 2018</td>
</tr>
<tr>
<td>10</td>
<td>Odessa oblast</td>
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<td>84</td>
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<td></td>
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<td>Jan-Apr 2017</td>
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<tr>
<td>11</td>
<td>Vinnitsa oblast</td>
<td>5</td>
<td>35</td>
<td>52</td>
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<td>2</td>
<td>2016, Mar, 2017</td>
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<td>12</td>
<td>Zaporizhzhya oblast</td>
<td></td>
<td></td>
<td></td>
<td>17</td>
<td>83</td>
<td>90</td>
<td>Aug -Nov 2017</td>
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<tr>
<td>13</td>
<td>Poltava oblast</td>
<td>36</td>
<td>68</td>
<td>107</td>
<td></td>
<td></td>
<td></td>
<td>2016</td>
</tr>
<tr>
<td></td>
<td>TOTAL</td>
<td>115</td>
<td>346</td>
<td>441</td>
<td>152</td>
<td>458</td>
<td>595</td>
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## Commodities

<table>
<thead>
<tr>
<th>Product</th>
<th>COP16 Investment</th>
<th>COP17 Investment</th>
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</thead>
<tbody>
<tr>
<td>HIV test (RTKs including self-testing) Urine tests for drugs of abuse</td>
<td>N/A</td>
<td>$.27 M USD</td>
</tr>
<tr>
<td>ARV DRUGS</td>
<td>$8 M (budgeted)</td>
<td>$2.6 M USD (PrEP = $335,040)</td>
</tr>
<tr>
<td>CD4/VL Reagents/consumables</td>
<td>$2.4 M (budgeted)</td>
<td>$2.4 M USD</td>
</tr>
<tr>
<td>TOTAL</td>
<td>$10.4 M USD</td>
<td>$5.27 M USD</td>
</tr>
</tbody>
</table>

Difference b/w 2016 and 2017 is approximately $5.1 M USD
Performance funds

OBJECTIVE: Scale up for additional 15,000 PLHIV and expansion of program activities to Donetsk

COMMODITIES:
• 2.7 M USD for 1ST AND 2ND LINE ARV DRUGS (HXTD)
• 1 Million for VL reagents (HTXD)

ACTIVITIES:
• EXPANSION OF OCF TO ADDITIONAL KP POPULATIONS TO DONETSK
• SCALE UP OF PITC
<table>
<thead>
<tr>
<th>Budget Code</th>
<th>TBB</th>
<th>Commodities</th>
<th>Above</th>
<th>Site</th>
<th>PM,Sl</th>
<th>M&amp;O</th>
<th>Total</th>
<th>Applied Pipeline</th>
<th>New</th>
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<tr>
<td>Male Circumcision</td>
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<td>$0</td>
<td>$0</td>
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<td>$0</td>
<td>$0</td>
<td>$0</td>
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<tr>
<td>Adult Care and Support</td>
<td>$0</td>
<td>$0</td>
<td>$160 000</td>
<td>$280 000</td>
<td>$320 000</td>
<td>$0</td>
<td>$760 000</td>
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<tr>
<td>Orphans and Vulnerable Children</td>
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<td>$0</td>
<td>$114 000</td>
<td>$10 000</td>
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<td>$11 254</td>
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<td>Lab</td>
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<td>$0</td>
<td>$1 100 000</td>
<td>$1 845 060</td>
<td>$270 000</td>
<td>$0</td>
<td>$3 215 060</td>
<td>$330 000</td>
<td>$2 885 060</td>
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<tr>
<td>Adult Treatment</td>
<td>$0</td>
<td>$2 439 401</td>
<td>$1 290 000</td>
<td>$2 080 000</td>
<td>$735 000</td>
<td>$0</td>
<td>$6 544 401</td>
<td>$205 000</td>
<td>$6 339 401</td>
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<td>ARV Drugs</td>
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<td>$2 605 290</td>
<td>$0</td>
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<td>$0</td>
<td>$0</td>
<td>$2 605 290</td>
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<td>$2 605 290</td>
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<tr>
<td>Counseling and Testing</td>
<td>$630 407</td>
<td>$365 330</td>
<td>$639 216</td>
<td>$1 851 802</td>
<td>$620 000</td>
<td>$5 693 383</td>
<td>$1 377 203</td>
<td>$4 316 180</td>
<td></td>
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<tr>
<td>Management &amp; Operations</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$5 693 383</td>
<td>$1 377 203</td>
<td>$4 316 180</td>
<td></td>
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<tr>
<td>Other Sexual Prevention</td>
<td>$35 000</td>
<td>$0</td>
<td>$100 000</td>
<td>$320 000</td>
<td>$110 000</td>
<td>$0</td>
<td>$565 000</td>
<td>$80 000</td>
<td>$485 000</td>
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<td>Strategic Information</td>
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<td>$2 572 476</td>
<td>$599 099</td>
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<td>$0</td>
<td>$5 071 575</td>
<td>$511 575</td>
<td>$4 560 000</td>
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<tr>
<td>TB/HIV Care</td>
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<td>$668 000</td>
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<td>$668 000</td>
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<tr>
<td>Injecting and Non-Injecting Drug Use</td>
<td>$224 814</td>
<td>$4 950</td>
<td>$595 236</td>
<td>$500 000</td>
<td>$460 000</td>
<td>$0</td>
<td>$1 785 000</td>
<td>$100 000</td>
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<tr>
<td>Mother to Child Transmission</td>
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<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
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<tr>
<td>Health Systems Strengthening</td>
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<td>$0</td>
<td>$3 505 000</td>
<td>$200 000</td>
<td>$2 077 608</td>
<td>$0</td>
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<tr>
<td>Pediatric Care and Support</td>
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<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Pediatric Treatment</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
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<td>$0</td>
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</tr>
<tr>
<td>Pediatric Treatment</td>
<td>$0</td>
<td>$0</td>
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<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
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</tr>
<tr>
<td>Blood Safety</td>
<td>$0</td>
<td>$230 000</td>
<td>$300 000</td>
<td>$150 000</td>
<td>$50 000</td>
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<td>$500 000</td>
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<tr>
<td>Injection Safety</td>
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<td>$0</td>
<td>$0</td>
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<tr>
<td>Abstinence/Be Faithful</td>
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<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
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</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$981 191</strong></td>
<td><strong>$5 644 971</strong></td>
<td><strong>$10 429 928</strong></td>
<td><strong>$6 692 608</strong></td>
<td><strong>$5 693 383</strong></td>
<td><strong>$37 742 042</strong></td>
<td><strong>$2 868 457</strong></td>
<td><strong>$34 873 585</strong></td>
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</tr>
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</table>

<table>
<thead>
<tr>
<th>3%</th>
<th>15%</th>
<th>28%</th>
<th>22%</th>
<th>18%</th>
<th>15%</th>
<th>100%</th>
</tr>
</thead>
</table>
Earmark Allocations

• New FY 2017 funds allocated to care and treatment: $11,603,690
  • COP 2017 requirement: $9,509,314 (exceeded)

• New FY 2017 funds allocated to OVC: $112,746
  • COP 2017 requirement: $112,746 (met)

• New FY 2017 funds allocated to water: N/A
  • COP 2017 requirement: N/A

• New FY 2017 funds allocated to GBV: N/A
  • COP 2017 requirement: N/A
Дякую!