

Ukraine

Country Operational Plan

(COP) 2018

Strategic Direction Summary

April 13, 2018



Table of Contents

1.0 Goal Statement

2.0 Epidemic, Response, and Program Context

- 2.1 Summary statistics, disease burden and country profile
- 2.2 Investment profile
- 2.3 National sustainability profile update
- 2.4 Alignment of PEPFAR investments geographically to disease burden
- 2.5 Stakeholder engagement

3.0 Geographic and population prioritization

4.0 Program Activities for Epidemic Control in Scale-up Locations and Populations

- 4.1 Finding the missing, getting them on treatment, and retaining them
- 4.2 Prevention, specifically detailing programs for priority programming
- 4.3 Additional country-specific priorities listed in the planning level letter
- 4.4 Commodities
- 4.5 Collaboration, Integration and Monitoring
- 4.6 Targets for scale-up locations and populations

5.0 Program Activities for Epidemic Control in Attained and Sustained Locations and Populations

- 5.1 COP 2018 programmatic priorities
- 5.2 Targets for attained and sustained locations and populations
- 5.3 Establishing service packages to meet targets in attained and sustained districts

6.0 Program Support Necessary to Achieve Sustained Epidemic Control

7.0 USG Management, Operations and Staffing Plan to Achieve Stated Goals

Appendix A - Prioritization

Appendix B- Budget Profile and Resource Projections

Appendix C- Tables and Systems Investments for Section 6.0

1.0 Goal Statement

In 2017, Ukraine added 13,500 new patients onto antiretroviral therapy (ART) despite war, economic challenges, and resistance from anti-reformers. Ukraine's progress in a difficult environment is commendable and reflective of key stakeholder engagement from the National Center for Public Health (NCPH) and civil society. The GoU has committed to increase the number of ART sites, procure TLD, and absorb all patients on PEPFAR procured ARVs.

ART coverage in Ukraine is projected to reach 196,000 People Living with HIV (PLHIV) on ART by the end of 2020 (82% of Ukraine's estimated PLHIV). To achieve 90/90/90 in the next 30 months the country must dramatically increase case-finding to put 70,000 new patients onto ART in PEPFAR supported regions.

In support of these ambitious targets, PEPFAR-Ukraine's Country Operational Plan (COP) 2018 goals are to:

- Ensure rapid uptake of ART through:
 - Expansion of HIV testing services (HTS) among key population (KP) groups; large-scale expansion of effective modalities (provider-initiated testing and counseling (PITC), and index testing).
 - Implementation of comprehensive National HIV Treatment Guidelines.
 - Decentralization, differentiated services, multi-month scripting, regimen optimization, and Test and Start.
- Ensure high viral load suppression through improved retention and adherence activities.
- Foster innovations throughout the clinical cascade.

In COP 2018, PEPFAR-Ukraine will continue to focus resources towards increased case finding and linkage through support of PITC in health care facilities, index testing, and expanded KP network recruitment. COP 2018 program activities include: (1) enhanced network-based HTS recruitment among men who have sex with men (MSM); (2) improved network-based HTS use of point-of-care recency assays to link recently infected persons who inject drugs (PWID) to care; and (3) expanding coverage of high-yield testing modalities. Additional resources will support retention and adherence activities.

Current bottlenecks include the need to reorient providers and patients towards the benefits of early ART initiation, while addressing systems issues limiting or delaying treatment access. To ensure KPs benefit, PEPFAR-Ukraine activities will prioritize development of HTS and linkage activities for PWID and MSM in collaboration with community and civil society organizations. 50 percent of COP 2018 funding goes to indigenous organizations.

The country team remains committed to a timely review of our quarterly data to identify changes needed in implementation immediately for a successful COP 2018. Close review of partner performance will continue to guide programs and we actively share and review all data and results with stakeholders.

Overall, PEPFAR COP 2018 investments accelerate achievement of service targets leading to a rapid ART scale-up while continuing to catalyze key reforms in legislation, finance, procurement systems, and organizational capacity.

2.0 Epidemic, Response, and Program Context

2.1 Summary statistics, disease burden and country profile

Since 2014, Ukraine's conflict with Russia has significantly affected regions that have a high HIV burden. As of 2017, the Ukraine State Statistics Service estimates Ukraine's total population as 42.4 million. Approximately 2.3 million people live in Russian-occupied Crimea and another 3 million in separatist/Russian-occupied portions of eastern Luhansk and Donetsk regions. Over 1.4 million people from these regions are internally displaced.

As of 2017, there were an estimated 238,000 PLHIV in Ukraine (0.6% of the 15 + population) with the majority of cases among men¹. An estimated 202,328 PLHIV live in Ukrainian government controlled areas (GCA). Case reporting data show 141,371 (70%) of PLHIV in GCAs were registered at an AIDS Center as of Jan 2018. Estimated 60,957 PLHIV remain unaware of their status or have not yet registered at an AIDS Center. Approximately 15% of total estimated PLHIV live in occupied Crimea or uncontrolled Luhansk/Donetsk (NGCA). Ukraine's HIV epidemic remains geographically concentrated within a belt of regions in the South and East. PEPFAR's support to 12 high-burden regions account for ~83% of estimated cases and 54% of the population.

Data on Est. Number of PLHIV, registered in care, undiagnosed, and on ART, by regions of Ukraine

	All Ukraine (including non-government controlled areas)	Government-controlled areas (GCA) Excluding Crimea and portions of Donetsk and Luhansk oblasts occupied by Russian-supported forces.	Non-government-controlled areas (NGCA)	12 PEPFAR regions of Ukraine
Est N of PLHIV	238,000	202,328	35,672	166,760
N of PLHIV registered in care	N/A	141,371	N/A	114,360
Est N of undiagnosed PLHIV	N/A	60,957	N/A	52,400
N of PLHIV on ART	98,237	88,270	9,967	68,147

In 2016, HIV accounted for an estimated 7,770 AIDS-related deaths (1.3% of all deaths in Ukraine in 2015) with tuberculosis (TB) causing approximately 52% of all reported AIDS deaths among PLHIV. In 2016, 4,757 new cases of TB-HIV co-infection were diagnosed and 1,788 deaths were reported among co-infected individuals².

¹ EPP 5.5, Ukrainian Public Health Center (UPHC), HIV Bulletin #47, p.58.

² Tuberculosis in Ukraine, Statistical Data, 2017. Table 32 and Table 65

An estimated ~15,832 new cases of HIV infection occurred in 2017¹. The epidemic is concentrated in key populations (KP) with a prevalence of 22.6% among PWID, 5.2% among female sex workers (FSW), and 7.5% among MSM according to the 2017-2018 Integrated Bio-Behavioral Survey (IBBS). Evidence supports that injecting drug use (IDU) still accounts for 20% - 40% of new cases despite declines in transmission among PWID and with MSM transmission increasing in recent years. Limiting Antigen Avidity (LAG) assay incidence testing from the 2013 IBBS found relatively low incidence rates (0.9% MSM; 0.7% PWID; 0.4% FSW) although the estimated incidence >3% among MSM in Kyiv City, Odesa, and Sevastopol, PWID in Kherson and Ternopil, and FSW in Ivano-Frankivsk. LAG testing of case-reporting specimens from Kyiv City in 2013 found the highest incidence (2%) among MSM.³ Routine program testing and a cohort study suggest an HIV incidence of 1.5% - 2% for PWID nationally, while a cohort study of street PWID suggests subpopulations with substantially higher incidence exist. The HIV prevalence among delivering women was 0.9% in 2016 and has been declining slightly since 2009. Several locations, however, demonstrate high prevalence among ANC: in Kropyvnytskii HIV prevalence among 15-24 year old females has been 2%-3%. Data from the Modes of Transmission study found that standardized risk assessment elicited IDU risk from 45% and MSM history from another 4.2% of a sample of recently registered PLHIV as compared with data on the same patients from the standard reporting at registration of 33% and 2.8% respectively.

Response and Program Context

The GoU response to the HIV epidemic has been focused on KP prevention programs and an expansion of ART. Harm reduction continues to be a key component of the national HIV prevention strategy. Coverage with the Global Fund (GFTAM) supported prevention packages in 2017 was 65% of estimated PWID, 48% of FSW, and 24% of MSM. As of January 2018, 88,270 PLHIV were on ART in Ukraine, with 48% share of the GoU, 28% funded by GFTAM and 24% funded by PEPFAR. During 2017, 13,500 patients were initiated on ART in GCAs and GFTAM continues to support ~10,000 patients on ART in non-government-controlled areas (NGCA).

In 2017 the GoU adopted a strategy for a sustainable response to TB and HIV/AIDS and approved updated national targets for prevention and treatment (**Table 1**).

³ Simmons R, et al. HIV Incidence Estimates Using the Limiting Antigen Avidity EIA Assay at Testing Sites in Kiev City, Ukraine: 2013-2014. PLoS One. 2016 Jun 8;11(6):e0157179. doi: 10.1371/journal.pone.0157179.

National Targets for HIV Program by 2020

Target group	Est N	Intervention/Outcome	National Targets, N (% coverage of Est N)		
			2018	2019	2020
PWID	346,900	Prevention package	242,200 (70%)	276,800 (80%)	311,400 (90%)
FSW	80,100		56,000 (70%)	64,000 (80%)	72,000 (90%)
MSM	181,500		127,000 (70%)	145,000 (80%)	163,000 (90%)
PLHIV	238,000	ART	141,000 (59%)	167,000 (70%)	196,000 (82%)
		Undetectable Viral load	87,000 (37%)	134,000 (56%)	176,000 (74%)
*National ART targets included government controlled areas of Ukraine and the non-governmental controlled areas in Donetsk, Luhansk, and Crimea regions.					

Ukraine received Global Fund resources for 2018 – 2020. The project will be implemented by three partners: NCPH, Alliance for Public Health (APH) and All-Ukrainian Network of PLHIV. The grant supports the gradual transition of prevention services to the GoU with an 20-50-80 approach. According to this plan, by the end of 2020 the GoU will fund 80% of the prevention program to reach the national target. Currently all HIV prevention programs in the country are funded by GFATM and this transition will require significant effort from the GoU to start taking over the responsibility. During 2018-2020 GFATM will continue supporting ~25,000 patients on ART in GCA, as well as an additional 20,000 persons on ART beginning in 2019. GFATM has committed to support 16,000 patients on ART in NGCA.

As a result of increased GoU funding, new national procurement procedures, and an ART optimization strategy, the GoU plans to cover 69% of the ARVs need by the end of 2020. No funding has been requested from PEPFAR for ARVs in COP 2018.

The ambitious expansion of the ART program requires significant scale-up of the testing program. Under current testing program approximately 2.3 million people get tested for HIV annually, resulting in ~15,832 newly identified cases each year. The existing testing program ensures universal coverage with testing for pregnant women and blood donors (45% of all tests) with yield of 0.3% and 0.1%, respectively. The highest yields have been found in testing partners of PLHIV (13.5%), postmortem testing (11.7%), prisoners (4.2%), anonymous testers (3%), and provider-initiated testing (2.2%). In 2016, among ~11,400 newly registered HIV cases in 12 PEPFAR regions, 57% presented in advanced stages of HIV.

Proposed COP 2018 testing strategy will build on COP 2017 activities to expand partner notification, index testing for HIV, and provider initiated testing and counselling, including age-based opt-out

testing in locations with high HIV prevalence among ANC. USAID's Serving Life project will ensure comprehensive testing and treatment services for prisoners in 12 PEPFAR regions. PEPFAR will continue to support testing and linkage to care among KPs, mainly PWID and MSM, using social network and online-based recruitment. Introduction of Asante rapid recency tests into testing for KPs will allow rapid linkage to care of PLHIV with incident HIV infection and enhanced efforts to test their partners. Self-testing will be offered to MSM.

Other policy advances are also helping set the stage for improving coverage of testing and treatment. Comprehensive National HIV Prevention and Treatment Guidelines expected to be released in April 2018, will include recommendations for pre-exposure prophylaxis (PrEP), 'Test and Start', partner notification and testing for HIV, self-testing, differentiated service delivery, multi-month scripting, and a de-emphasis on CD4 testing. In addition, a number of legislative changes will accompany the release of the Comprehensive HIV Guidelines including the decriminalization of HIV, new HIV testing algorithms, and permission for lay providers to conduct HIV testing.

Table 2.1.1 Host Country Government Results

	Total		<15				15-24				25+				Source, Year
			Female		Male		Female		Male		Female		Male		
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	
Total Population	42,414,905		3,169,986	7	3,365,550	8	2,106,858	5	2,226,345	5	17,493,481	41	14,052,685	33	Ukraine State Statistic Service, data as of January 2017 (excludes Crimea and Sevastopol) http://database.ukrcensus.gov.ua/MULT/Dialog/statfile_c.asp Assessed on Mar 7, 2018
HIV Prevalence (%)		0.6													HIV Newsletter #47, p.58, Spectrum EPP 5.5 for the beginning of 2017, all age groups
AIDS Deaths (per year)	7,770														HIV Newsletter #47, p.58, Spectrum EPP 5.5 for the beginning of 2017, adults, 15+
# PLHIV	238,000														HIV Newsletter #47, p.58, Spectrum EPP 5.5 for the beginning of 2017, all age groups
Incidence Rate (Yr)															
New Infections (Yr)	15,832														HIV Newsletter #47, p.58, Spectrum EPP 5.5 for the beginning of 2017, adults 15+
Annual births	396,415														Ukraine State Statistic Service, data for 2016 (excludes Crimea, Sevastopol and temporarily occupied territories) http://database.ukrcensus.gov.ua Assessed on Mar 7, 2018
% of Pregnant Women with at least one antenatal clinic visit	~97%														Proxy data: 97.6% of pregnant women were tested for HIV in 2015, HIV in Ukraine Bulletin No.45, page 101
Pregnant women needing ARVs	2,814														HIV Newsletter #47, p.132, proxy data: N of new pregnancies with HIV in 2016
Orphans (maternal, paternal, double)	~8,500														Conference presentation by the Ukrainian Ombudsman for Children, Jan 28, 2017, https://www.ukrinform.ua/rubric-society/2165052-kilkist-ditej-v-ukraini-zmensilas-majze-vdyci.html

Epidemiologic Data					HIV Treatment and Viral Suppression			HIV Testing and Linkage to ART Within the Last Year		
	Total Population Size Estimate (#)	HIV Prevalence (%)	Estimated Total PLHIV ¹ (#)	PLHIV diagnosed (#)	On ART (#)	ART Coverage (%)	Viral Suppression (%)	Tested for HIV (#)	Diagnosed HIV Positive (#)	Initiated on ART (#)
Total population	42,414,905	0.66	238,000	141,371 ⁴	88,270 ⁵ 9,967 ⁶	41 ⁷	90 ⁸	2,343,383 ⁹	18,194 ¹⁰	13,490 ¹¹
Population less than 15 years	6,535,536				2,480					
15-24 year olds	4,333,203									
25+ year olds	31,546,166									
Key Pop										
MSM	181,500	7.5	13,553	7,972 (95%CI: 7,318-8,592)**	6,255 (5,624-6,898)**	41.5				
FSW	80,100	5.2	4,184	2,223 (95% CI: 1,966-2,485)**	1,218 (95% CI: 983-1,456)**	29.1				
PWID	346,900	22.6	78,422	45,115 (95% CI: 43,446-46,661)**	29,737 (95%CI: 28,154-31,290)**	37.9				
Priority Population (Partners of PWID)	121,916	15	18,287	3,968	1,756	10				

⁴ CPH data as of 01/01/2018, including newborns with pending HIV status, <http://phc.org.ua/uploads/documents/83da57/edddc50bba7c43foc2091a68b9f087f7.pdf>

⁵ CPH data as of 01/01/2018, only Government controlled areas, <http://phc.org.ua/uploads/documents/85ec49/e26a14152a2e2edfec44628ac1c291a.pdf>

⁶ Data of N of PLHIV on ART in Non-GCA, presented by CPH at PEPFAR stakeholders' meeting on 01/30/2018, slide #2

⁷ For total ART patients in GCA and NGCA, using 238,000 as denominator

⁸ HIV Bulletin #47, English, p.185, data for 2016, of 49,497 tested for VL 44,746 had VL<1,000 copies/ml

⁹ HIV Bulletin #47, English, p.126, data for 2016

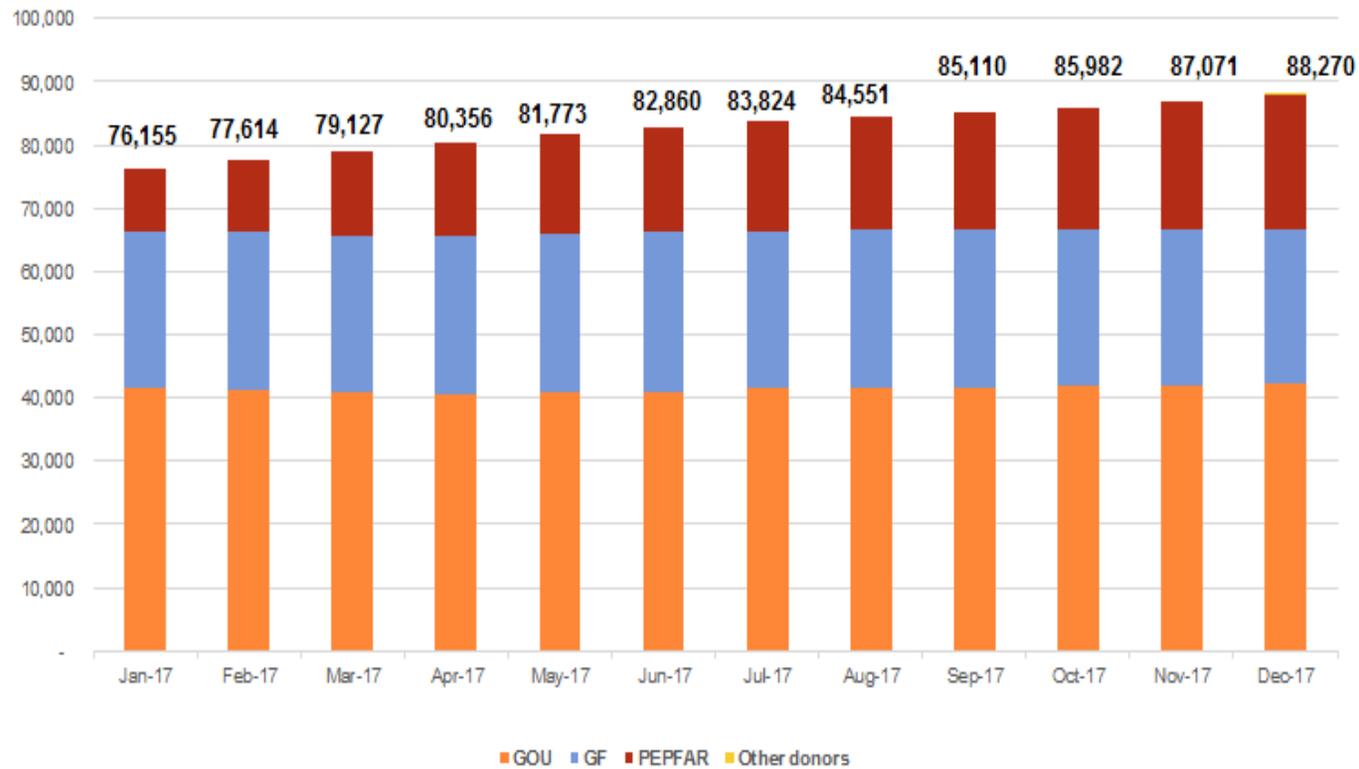
¹⁰ CPH 2017 data, including newborns with pending HIV status, <http://phc.org.ua/uploads/documents/83da57/edddc50bba7c43foc2091a68b9f087f7.pdf>

¹¹ Difference total N on ART between 01/01/2018 and 01/01/2017, only GCA, 2017: <http://phc.org.ua/uploads/documents/85ec49/43667fb2ada28042da20850649130824.pdf>

*** The estimation that was crosschecked by self-reported information by IBBS participants during HIV counselling with health provider: 9,809 (95% CI 9,189-10,341) MSM PLHIV diagnosed, 7,605 (95% CI: 6,953-8,226) MSM on ART; 2,863 (95% CI 2,611-3,096) FSWs PLHIV diagnosed, 1,573 (95% CI: 1,330-1,832) FSWs on ART 51,523 (95% CI 49,955-53,013) PWID PLHIV diagnosed, 32,852 (95% CI: 31,290-34,506) PWID on ART*

Figure 2.13 National and PEPFAR trend for Individuals Currently on Treatment

Total patients on ART in Ukraine by funding source , Jan-Dec 2017



2.2 Investment Profile

Since 2015, GFATM and PEPFAR remain the major contributors to Ukraine's AIDS response covering between 60-70% of the country's HIV programs costs in 2015-2018. The GoU contribution has increased (around 38%) and the GFATM investment continues to decrease (31%) over 2017-2018. Severe currency devaluation over four years of economic and social crisis and war in the East (National Bank of Ukraine: \$1 equaled 8 Ukrainian hryvnia (UAH) in 2013, 22 in 2015, and 27 UAH in 2017) caused a sharp drop in the GOU's share of HIV expenditures from \$31.8 million in 2014 to \$14.3 million in 2016.

In 2017, the GoU radically increased the State 2017 AIDS budget to \$32 million USD in response to intense CSO advocacy efforts to embrace the global commitment to 90-90-90 and Test-and-START. In 2017, the estimated total expenditure was ~\$84.6 million: the GFATM contributed 36%; PEPFAR - 26%; and the central GOU - 38%. The local GOU budget and other sources contributed an additional \$5 to \$7 million.

The GOU's funding structure has not changed significantly since 2015. The state budget covers ARVs and most of the laboratory commodities related to facility -based HTS, including rapid HIV tests for pregnant women and blood donors. The local GOU budgets cover baby milk formula for PMTCT, staff, and the operational costs of health facilities. Concurrently, local governments in PEPFAR-focal regions have started to buy rapid test kits to provide increased PITC in their primary and specialized (TB, STI, drug abuse treatment) facilities and began contracting HIV case management and support services from local NGOs.

The new 2018-2020 GFATM HIV-TB grant to Ukraine allocated around \$29.5 million for Ukraine's HIV program in 2018, with \$3.5 million earmarked for Donetsk and Luhansk NGCAs. The additional catalytic HIV funding portion includes \$3.9 million for activities with high KP impact, \$2.3 million for tackling human rights barriers to health services, and \$2 million to support Resilient and Sustainable Systems for Health in data systems. For the release of catalytic funding the GOU has to match GFTAM funds on a 50:50 basis.

GFATM and PEPFAR remain the primary providers of outreach prevention and support for key and priority populations. In the last two years, PEPFAR has become the largest funding source for strategic information (SI), HIV research and surveillance, and health system strengthening (HSS) activities covering training of facility-based and community-based health care staff. To support the government's effort to resume responsibility for prevention and support activities, PEPFAR has worked jointly with UNAIDS and GFATM to help the MoH develop a National HIV and TB Transition and Sustainability Strategy for 2017-2020. The strategy includes an Action Plan based on the UNAIDS Fast-Track Initiative/90-90-90 targets and was approved by the Cabinet of Ministers of Ukraine in March 2017. As Ukraine embraces major health system reforms, continued donor assistance is needed to sustain the current gains in the HIV response to achieve epidemic control.

Note: Please note that Table 2.2.1 and 2.2.2 contains information from the most recent 2015 National AIDS Spending Assessment by MoH/ CPH. For Table 2.2.5, 2014-18 funding was calculated by PEPFAR/Ukraine based on available MoH operational data and the new GFATM HIV-TB grant to Ukraine for 2018-2020.

Table 2.2.1 Annual Investment Profile by Program Area¹² (MoH/Ukraine's NASA 2015, USD)					
Program Area	Total Expenditure	% PEPFAR	% GF	% GoU	% Other¹³
Clinical care, treatment and support	47,581,882	3	54	39	4
incl. HTS	3,098,294	4	7	53	26
Community-based care, treatment, and support	2,763,502	1	62	25	12
PMTCT	2,757,091	0.2	0.5	92	7.4
VMMC	n/a	n/a	n/a	n/a	n/a
Priority population prevention ¹⁴	976,112	1	86	1	13
AGYW Prevention	n/a	n/a	n/a	n/a	n/a
Key population prevention ¹⁵	8,659,134	10	73	13	4
incl. PWID	8,273,686	10	73	14	3
incl. MSM	385,448	18	70	0	12
OVC	1,806,812	0	0	42	58
Laboratory	7,050,971	2	40	57	1
SI, Surveys and Surveillance	1,919,370	33	29	9	29
HSS	12,943,086	77	11	8	4
Total¹⁶	\$86,457,960	20%	41%	30%	9%

⁷ (MoH/CPH: Ukraine's National AIDS Spending Assessment , 2015), all amounts in 2015 USD: Nat Bank of Ukraine currency exchange rates: 2015: \$1 USD = 21.84 UAH; 2016: \$1 USD = 25.59 UAH; 2017: \$1 USD = 26.59 UAH

⁸ Other (NASA categories combined): Households' expenditures (OOPs); other bilats/ multilats, domestic and international charities,

⁹ PP prev in PEPFAR-Ukraine: prisoners, sex workers and their clients

¹⁰ KP prev in PEPFAR-Ukraine: PWID, MSM and their sexual partners

¹¹ Total shows only the sum of program areas in Table 2.2.1; all 2015 NASA expenditures amounts to \$97,736,452)

Table 2.2.2 Annual Procurement Profile for Key Commodities, NASA 2015 (MoH/CPH)

Commodity Category	Total Expenditure	% PEPFAR (ECF)	% GF	% GOU	% Other
ARVs	\$31,155,062	3	60	37	n/a
Rapid test kits	\$1,027,287	1.4	90.6	2	6
Lab reagents (incl. HIV tests/IFA)	\$1,626,504	0	0.6	99.4	n/a
Condoms (with lubricants)	\$1,489,455	47	12	0.02	41
Viral load (with CD4) commodities	\$6,981,689	1.7	40	58	0.3
VMMC kits	n/a	n/a	n/a	n/a	n/a
MAT	\$939,976	0	98.4	1.6	n/a
Total	\$43,219,973				

Table 2.2.3 Annual USG Non-PEPFAR Funded Investments and Integration

Funding Source	Total USG Non-PEPFAR Resources	Non-PEPFAR Resources Co-Funding PEPFAR IMs	# Co-Funded IMs	PEPFAR Co-Funding Contribution	COP	Objectives
USAID MCH						
USAID TB	\$5.4M FY18					
USAID Malaria						
Family Planning						
NIH	\$0					
CDC(GH Security)	\$0					
Peace Corps						
MCC						
Total	\$5,400,000					

Table 2.2.4 Annual PEPFAR Non-COP Resources, Central Initiatives, PPP, HOP

Funding Source	Total PEPFAR Non-COP Resources	Total Non-PEPFAR Resources	Total Non-COP Co-funding PEPFAR IMs	# Co-Funded IMs	PEPFAR COP Co-Funding Contribution	Objectives
Other PEPFAR Central Initiatives	\$875,000 (SAMHSA)					To support SAMHSA in-country activities
Total	\$875,000					

Table 2.2.5 GOU and donor funding for the AIDS national response in 2014-2018 (in USD)					
Year	Total Expenditure	% PEPFAR	% GF	%GoU (State+Local)	% Other
2014	86,107,837	13	42	37	8
2015	97,736,452	20	41	30	9
2016	83,433,099	25	46	17*	n/a
2017, estimate	84,620,512	26	36	38*	n/a
2018, estimate	94,395,892	35	31	34*	n/a

Sources: 2014/2015 – NASA; 2016 – MoH bulletin#47, GF PRs; 2017/2018 - MoH/ GoU Budget, GF Grant budgets, PEPFAR EA + Planning Levels; * Does not include data for the local GoU budget as it is not available for 2016- 2018 years

2.3 National Sustainability Profile

The Sustainability Index and Dashboard (SID 3.0) analysis was undertaken jointly with key national stakeholders (GOU, UNAIDS, UNICEF, UNDP, UNODC, GFATM, and national and regional CSOs) in October-November 2017.

Results of SID3.0 identified three main areas of strength – planning and coordination, policies and governance, and public access to information. The MoH has endorsed the global 90-90-90 strategy and the Fast Track Initiative based on the WHO Test-&Start approach. The final draft of the new National Comprehensive HIV Clinical Guidelines was developed during several rounds of multi-sectoral consultations with active engagement of national stakeholders and key population representatives. The NCPH developed the Strategy for Sustainability of the National HIV/AIDS and TB response by 2020 with full stakeholder participation and CCM endorsement. The Strategy was approved by the Cabinet of Ministers of Ukraine in March 2017.

The national HIV response also faces vulnerabilities. CSOs currently provide most prevention, care, and support services while supporting strategic information, health management information systems, research, procurement, and advocacy. CSOs remain dependent on external funding and their long-term existence is threatened by a reduction of GFATM assistance after 2020. The MoH procures approximately 80 percent of required ARVs and test kits and has not established a logistics management information system (LMIS) for HIV commodities. The GoU's inability to procure 100% of ARVs and test kits is due to excessive ARV costs from legacy use of patent protected branded ARVs. The NCPH has worked diligently to correct this and the GoU's recent adoption of TLD is a promising step forward. The health sector continues to undergo radical reforms. A new government agency for health state procurement will be established by 2019. The National Health Service of Ukraine was established in the 1st week of April, 2018.

Finally, the SID identifies quality management as an area of vulnerability for the government lacks a formal system of funding and implementing quality management in health care, and in HIV services in particular. Private sector engagement is another weak area in the country's response to HIV/AIDS with the government sector being the predominant player in the overall health care service provision. Private providers (less than 2 % of all the HCF) are currently not providing HIV services. National stakeholders are working together to mitigate the impact of these vulnerabilities through planned activities to introduce changes into the health and HIV-related legislation and through recently initiated developments for a new National HIV/AIDS State Program for 2019-2023.

SID Process: SID 3.0 was completed in partnership with UNAIDS and key national stakeholders in three stages: 1) On October 10, 2017 a working group led by the UNAIDS and PEPFAR, consisting of the MoH/NCPH, two GFATM PRs (Alliance for Public Health and PLHIV Network), and UN agencies had preliminary meeting where SID3.0 was pre-populated; 2) on October 23, 2017 key populations group representatives were invited for a consultation about the preliminary results; 3) and on October 25, 2017 the national stakeholder consultation took place in Kyiv to validate the completed SID 3.0 tool. The final SID 3.0 report for Ukraine was a result of consensus reached at that meeting.

Sustainability Strengths:

- **Planning and Coordination (Score: 9.3):** Ukraine has made significant strides in its capacity to develop, plan, budget and coordinate HIV/AIDS response activities with funding from different sources under costed and targeted national and regional AIDS programs. National HIV and TB Coordination Council at the Cabinet of Ministers of Ukraine (performing the function of CCM for the GFATM grants) serves as a multi-stakeholder mechanism of programmatic oversight for both GoU- and donor-funded programs. This platform also serves to improve the sustainability and effectiveness of the national AIDS response and inter-sectoral linkage with TB. Similar processes are observed at the sub-national level in most regions in the form of Oblast Coordination Councils actively supported by CSOs.
- **Policies and Governance (Score: 8.1):** The MoH has endorsed the global 90-90-90 strategy and Fast Track Initiative based on the WHO Test-&-Start approach. The final draft of the new National Comprehensive HIV Clinical Guidelines was developed during several rounds of multi-sectoral consultations including active engagement from key population representatives. The MoH led by the NCPH with support from UNAIDS and PEPFAR developed the Strategy for Sustainability of the National HIV/AIDS and TB response by 2020.
- **Public Access to Information (Score: 8.0):** Ukraine has made major strides in its capacity to provide epidemiologic, programmatic, and financial information related to the national HIV response open to public scrutiny. The MoH Center for Public Health website has significantly improved over the last two years with a National Portal of Strategic HIV/AIDS Information

developed with PEPFAR support and available to program managers, CSOs, and service providers.

Sustainability Vulnerabilities:

- **Commodity Security and Supply Chain (Score: 3.4):** While the score in this area has improved from the previous SID (2.5 in 2015) it indicates there is still systemic vulnerability in supply chain management. Although there are no indications that patients who are currently on treatment have ceased treatment because of the lack of commodities, in some regions health providers had been reluctant to add new patients because of concerns of potential stock-outs. PEPFAR is helping to develop an electronic HIV Management Information System and an LMIS module. A new treatment protocol is currently under public discussion and expected to be officially approved by the GoU by mid-2018.
- **Quality Management (Score: 3.2):** The score in this area has improved from the previous SID (2.2 in 2015). Recently, a Quality Improvement Curriculum for post-graduate education was adopted, and a set of Quality Improvement recommendations were approved by MoH/NCPH as organizational standards for public health management. However, the government lacks a budget line item for quality management, a data collection and analysis system to track performance improvement, and provision of oversight that ensures continuous quality improvement in HIV services. PEPFAR will continue to address these shortcomings by fostering innovations throughout the clinical cascade, including improving network-based and PITC HIV testing services, and linkage and retention, rolling out a national HIV Management Information System that collects data on HIV program indicators and allows analysis at different levels of the system.
- **Private Sector Engagement (Score: 3.0):** Although legislation does not bar national and sub-national governments from procuring private-sector medical services, currently private sector facilities do not provide HIV services, such as HIV testing, ART prescription, or dispensing. PEPFAR is tackling this deficiency by providing TA to introduce changes into the health and HIV legislation and regulatory acts. Additionally, there are plans to provide regional governments, newly formed regional public health centers, and local health care facilities with technical assistance to procure services from NGOs and emerging non-for-profit primary health care clinics. In addition, some PEPFAR-supported NGOs received TA to develop business plans and several of them have applied for low-interest social entrepreneurship loans from commercial banks.

2.4 Alignment of PEPFAR investments geographically to disease burden

As noted in the map below, PEPFAR directly funds oblasts (districts) and areas of the country that have the highest HIV burden. GFATM funding also follows a pattern of funding oblasts with a higher burden of PLHIV. For COP 2018, PEPFAR will focus additional resources and activities on Donetsk GCA in addition to the 11 high and medium burden oblasts that the program focused on in COP 2017. With this change, PEPFAR will further align investments with the regional (district) disease burden and complement GFATM's continued efforts to support activities in the NGCA of Donetsk.

Figure 2.4.1

PLHIV by Region



2.5 Stakeholder Engagement

PEPFAR/Ukraine organized a joint COP 2018 consultation meeting with national stakeholders, international donors, and implementing partners co-facilitated by GoU/ Ministry of Health Center for Public Health, UNAIDS, and PEPFAR on January 30th, 2018. The meeting agenda, Power Point presentations, and audio recordings are available upon request. The meeting brought together

national and local (e.g., oblast/district) stakeholders from different parts of the country including the GOU, CSOs, GFATM, UN agencies and other multilateral organizations, and external donors at a key point in COP 2018 development. Key objectives for the meeting included a discussion on GoU's vision for leveraging PEPFAR funding to achieve results for national HIV and TB programs in collaboration with the Global Fund investments into these programs through the new HIV-TB grant for 2018-2020. The participants also discussed national plans to achieve high level treatment coverage, taken into account anticipated issues (including ongoing decentralization of services and health financing reforms) and success in initiating currently registered and newly registered PLHIV on ART. They highlighted the need to develop a proactive and targeted National HIV Testing Strategy for detecting adequate numbers of new patients to be diagnosed and linked to ART. GFATM Principle Recipients (MoH/CPH, Alliance for Public Health, and PLHIV Network), regional/ local CSOs and key health providers presented the regional and CSO perspectives on impact of their GF-funded activities and opportunities for PEPFAR to ensure the country and local communities achieve their 90-90-90 targets and suggested directions for PEPFAR for COP 18.

The stakeholders reached consensus around proposed key priorities for COP 18: (1) Increase the number of PLHIV in PEPFAR regions who know their status through continued scale-up of HIV testing with higher yield modalities and optimized case finding and increasing demand for HIV testing; (2) Increase the number of PLHIV who are on safe and effective ART by promoting optimized ART regimens (including TLD) and build the capacity of CPH and health care providers to implement new National Treatment Guidelines; (3) Continue to test innovative approaches to reach PWID and MSM, including PrEP and self- and index-testing; and (4) utilize recent sub-national estimates to redirect resources to districts with highest burden and gaps in coverage, particularly Dnipro oblast.

The USG PEPFAR team has also consistently shared quarterly PEPFAR Oversight and Accountability Response Team (POART) monitoring and program results via presentations with national stakeholders. In addition, USG staff meets at least bimonthly with other national stakeholders, including GOU/CPH and UNAIDS representatives, and hold periodic calls with GFATM to ensure coordination on key technical and program issues.

3.0 Geographic and Population Prioritization

Progress towards epidemic control: In October 2017, the Ukrainian Parliament approved the Health Finance Reform law, a cornerstone of the Health Reform policy and an important first step in the development of a transparent and sustainable national health system. Ukraine continues to increase local and national funding for HIV services and improve access to HIV care and treatment. PEPFAR ECF-procured drugs allowed for progress in scaling up ART in 2016 and 2017 in PEPFAR regions. By January 1, 2018, estimated ART coverage in the 12 PEPFAR oblasts averaged ~41% with a range of 30% in Donetsk to 60% in Kyiv Oblast. In addition to the Health Finance Reform,

coordinated advocacy from national stakeholders produced major policy improvements in 2016-17, including:

- 2.5 fold increase in GOU funding for HIV commodities to procure ARVs for use in 2018; GOU will not request funding from PEPFAR in FY2019 to purchase ARVs.
- Establishment and staffing of a National Center for Public Health (NCPH) within the MOH – an entity with a broad mandate for public health that is organized on the foundation of the UCDC in overt recognition of the capacity built through PEPFAR and GFATM technical assistance.
- ARV manufacturer concessions especially for efavirenz/emtricitabine/tenofovir (Atripla) and dolutegravir (DTG) allowing for decreased reliance on expensive branded ARVs, extension of one-pill-a-day regimens, and a bold plan to rapidly scale-up access to tenofovir/lamivudine/dolutegravir (TLD).
- Acceptance by national stakeholders of procurement of only optimized regimens for new patients regardless of the source of funding (GOU, GFATM, PEPFAR).
- Development of new National Clinical Guidelines that establish DTG regimens as the preferred first line regimen and encourage its use for both new and existing ART patients.

By the end of FY2018, the country expects to have 99,497 individuals on ART in the 12 PEPFAR regions and, by end-FY2019, Ukraine will be on track to meet UNAIDS Fast Track target goals with 122,680 individuals on ART in the PEPFAR regions. In 2018-2019, the national program will shift its strategic focus to identifying new HIV-positive individuals in order to meet the 2019 treatment target as the proportion of previously diagnosed PLHIV not on ART rapidly decreases. In addition, the country faces several key hurdles to further scale up treatment including 1) building a consensus among the patient and provider communities on the benefits of immediate initiation of optimized ART regimens for all; 2) increasing the capacity for delivering ART through further decentralization and more efficient service delivery; and 3) further and sustained increase in GOU capacity to procure ARVs and commodities for full Fast Track coverage.

PEPFAR/Ukraine is supporting the country's efforts to address these issues. The country is expected to complete and roll out new HIV guidelines in 2018, and USG will support the implementation of the guidelines with an emphasis on education and support of providers and patients, including activities to create demand for optimized ART regimens and quality HIV services among patient communities. PEPFAR activities will support development of differentiated services in the HIV care delivery system and support accelerated decentralization of ART provision. Additionally, PEPFAR

activities will support education on ART optimization, continued reform in procurement processes, and additional advocacy to ensure adequate GOU resources.

The optimization of ART regimens will allow the GOU to support greater numbers of individuals on ART. 2017 procurements from GFATM and PEPFAR (COP 16) excluded branded LPV and were centered on generic Atripla with introduction of low cost DTG and generic atazanavir as alternates for specific situations. While the average annual cost of ARVs for new patients was ~\$320 under the procurement with 2015 ECF funds, the cost, using pricing available to Ukraine, fell to ~ \$150 with the COP16 procurements, and will continue to fall in 2017 and 2018 with increased use of DTG and TLD. Similar prices within the GOU procurements and the increase in GOU funding will allow the GOU to provide ARVs for patients initiated on ECF and COP16 procured ARVs during 2018 and allow for scale-up with GOU ARVs outside of PEPFAR scale-up regions. Ukraine's approved GFATM grant for 2018-2020 will provide short-term support of ARVs for patients currently on GFATM-procured drugs. Continued progress towards progressive substitution of highly effective alternates for LPV for existing patients should allow the GOU to extend support to all patients at UNAIDS Fast Track coverage levels by 2020, with only modest increases from current GOU funding levels.

Data for prioritization decisions and associated yields for epidemic control: PEPFAR-Ukraine reviewed epidemiology and program data to assess the program's progress in the priority regions and in populations originally selected in COP 15 for focused USG efforts. Data included 1) program data on GFATM-supported KP prevention services including HTS 2) GOU data on new/cumulative PLHIV in care, number on ART and retention on ART, reported mortality; 3) GOU data on HTS; 4) national 2017 SPECTRUM on incidence, prevalence, and mortality estimates; 5) KP population size estimates (PSE) and data from 2015 and early results from 2017-18 KP integrated bio-behavioral surveys (IBBS); and 6) published studies on HIV prevalence, incidence, and transmission in Ukraine. Ukraine issued subnational estimates of PLHIV in 2017 derived by the national monitoring and evaluation (M&E) working group in collaboration with oblast level M&E staff using SPECTRUM and modified Asian Epidemic Model (AEM) models.

Geographic focus:

Expanded priority districts for saturation: In COP 17, PEPFAR-Ukraine program expanded its geographic focus to the GCA of Donetsk. The GCA of Donetsk has the third largest estimated number of PLHIV among PEPFAR scale-up oblasts. GOU HIV care delivery capacity was severely impacted by the conflict as the major clinical and laboratory facilities were located in areas seized by Russian-supported forces (Donetsk oblast and city AIDS centers). Chief of Mission (COM) directives now allow USG travel within GCA Donetsk¹⁷ and the Embassy encourages agencies to increase support activities within the GCA. Additionally, this extension complements GFATM-supported treatment activities in NGCA Donetsk, helping to achieve both epidemic impact and ethical parity.

¹⁷ Security precautions apply within 20 miles of the line of contact which increase with proximity. Most large treatment sites (with the exception of Mariupol) are outside of this zone.

GCA of Donetsk: As of January 2016, per the Ukraine State Statistics Service, Donetsk was estimated to have 4,252,260 people in both its GCA and NGCA. SPECTRUM 2017 estimates suggest that there are 43,958 PLHIV in Donetsk and NCPH estimates that 25,960 are in GCA Donetsk. GCA Donetsk received limited ECF ARVs which were used for rapid initiation of new patients; however, estimated ART coverage with only ECF drugs will plateau at ~42%. With shifting of limited quantities of COP 16 ARV drugs and inclusion within COP17 activities, CPH aims to provide ART to 11,000 PLHIV by end-FY 18 and 15,500 by end-FY 19.

As a result of adding GCA Donetsk to PEPFAR/Ukraine's priority districts, the program will focus on the six regions with the highest HIV burden (Dnipropetrovsk, Mykolayiv, Odesa, GCA Donetsk, Kyiv City, and Kherson) and continue to work in six additional medium burden oblasts (Cherkasy, Poltava, Chernihiv, Zaporizhzhya, Kirovohrad, and Kyiv), with an estimated 83% of the PLHIV 2017.

In line with the 2016 program review the PEPFAR team continues to support an increased focus on three regions: Kyiv City, Odesa, and Dnipropetrovsk (especially Krivy Rih). These regions account for ~80,000 (42% of the estimated PLHIV in GCA Ukraine with only ~22% of the population). As such, the program continues to focus on hot spots like Krivy Rih and support activities for Kyiv and other cities such as Odessa that joined UNAIDS Fast Track Cities Initiative (FTCI). The program supports scale up activities to FTCI cities through existing PEPFAR implementing partners and the PEPFAR annual operational plans rather than under parallel or separate processes.

FTCI Update: Kyiv has ~2.8 million inhabitants and ~23,000 estimated PLHIV. However, Ukraine's capital city was historically viewed as a politically challenging place to implement HIV programs. Mayor Valery Klitchko committed to the UNAIDS FTCI in April 2016. In addition to PEPFAR support, the city secured private funding from the Pinchuk Foundation to provide an additional 1,700 courses ARVs starting in April 2017 through end-2018 to facilitate the scale up of individuals on treatment. The city has also adopted a strategic plan to reach its targets and has placed data on a public website to facilitate transparency. Kyiv has also served as a model to other cities including Odessa. As of January 1, 2018, Kyiv has ~ 8313 on ART and is expected to reach ~19,988 by end-FY2019 which will keep the city on track to reach its Fast Track treatment goals by 2020.

Populations that PEPFAR/Ukraine will prioritize:

Population Focus:

Age and gender: Ukraine's epidemic overwhelmingly affects adults over 25 years old. Case reporting data indicates that only 5.7% of 12,893 adult cases in 2015 were 15 – 24 years of age; SPECTRUM also estimates that <6% of adult cases are <25 years old. In both case reporting and modelling, the proportion in this age group has steadily decreased over the past decade. Among KPs, there is some divergence in trends. SPECTRUM estimates that 45% of PLHIV are female. As of January 2016, 47% of ART patients were female and females accounted for 50% of the 8,303 patients started on ECF ARVs in 2016.

KPs: PEPFAR-Ukraine continues to emphasize improving services to limit transmission among KPs. While case reporting data suggests that heterosexual transmission has been increasing since 2007, data suggest that transmission among KPs continues to play a major role. The PEPFAR-supported Modes of Transmission study of 2285 recently registered adult PLHIV used baseline data on the mode of HIV transmission from medical records, a sensitive standardized risk assessment questionnaire, and hepatitis C virus testing to find that the proportion of participants who were likely infected via parenteral transmission increased from 33% (recorded in medical records) to 60% (with the survey and HCV testing). The proportion of men reporting MSM risk increased from 5% to 7%. This study suggests that PWID and MSM represent a majority of recently registered PLHIV and a significant proportion of the remaining cases are likely to have been sexual partners of KPs, especially of current or former PWID.

In 2015, MSM were a KP of increasing concern. The 2013 IBBS had shown MSM to have the highest estimated incidence (by LAg testing) among KP; a similarly high incidence among MSM was reported from LAg testing of registered cases in Kyiv in 2013-14. In the 2015 IBBS, MSM in both <25 years old and 25+ age brackets showed increasing HIV prevalence compared with the 2013 IBBS. Preliminary results of the 2017-18 IBBS suggest HIV prevalence among MSM declined from 8.5% to 5.6%. A similar result was found when the analysis was limited to younger MSM aged 15-24 years old: 4.8% in 2015 and 2.6% in 2017. These results among MSM need further analysis and validation, but suggest that HIV prevalence among MSM has not continued to rise rapidly presenting a window of opportunity for improved prevention and treatment efforts. IBBS results for PWID showed a relatively stable prevalence of 22% in 2015 and 23% in 2017. However, among PWID 15-24 years old measured HIV prevalence increased from 4% to 5% after declining from 8% in 2009 to 4% in 2015. PEPFAR-Ukraine will continue to focus on improving linkage for PWID and increasing activities to reach and link MSM to services. Current network based recruiting of PWID will continue to be optimized to improve enrollment into case management and linkage to treatment. Based on promising results from a pilot study, PEPFAR-Ukraine will begin network recruiting using recency tests to enhance identification of recently-infected PWID and linkage of them and any infected sexual or injecting partners to treatment as part of the program's efforts to more effectively curtail HIV transmission.

Expected Results of refinement in prioritization:

Achievement of COP 2018 targets will raise coverage for PEPFAR scale-up oblasts to 60%. Discussions with stakeholders indicate that these ambitious targets represent an upper limit of absorptive capacity within this timeframe and will require intensive combined efforts to address potential bottlenecks. The expansion of priority oblasts to Donetsk in COP 2017 will allow continued scale-up in Donetsk after ECF ARVs are fully prescribed. Currently, GFATMs supports activities in the NGCA of Donetsk and has earmarked funds to continue its support to the NGCA under the new CN that was approved in 2017. Donetsk has historically had the highest burden of HIV. Successful control of the epidemic in Ukraine will require addressing Donetsk, particularly given its proximity to the war zone in eastern Ukraine and the potential to backslide on recent gains

of the national program towards the UNAIDS Fast Track goals if the high numbers of PLHIV in this oblast are not given greater access to treatment in the next two years.

Continued PEPFAR-Ukraine efforts to focus on services for KPs should mitigate anticipated issues affecting recruitment and retention for KPs and allow for continued scale-up according to the ambitious targets developed with NCPH and civil society partners.

Table 3.1 Current Status of ART saturation

Prioritization Area	Total PLHIV/% of all PLHIV for COP 2018	# Current on ART (FY17)	# of SNU COP17 (FY18)	# of SNU COP18 (FY19)
Attained				
Scale-up Saturation	0.0%	0	1	0
Scale-up Aggressive	74.0%	65,512	11	12
Sustained commodities	5.2%	5,022	13	3
Not Defined	16.8%	15,697	1	11

4.0 Program Activities for Epidemic Control in Scale-up Locations and Populations

4.1 – 4.3 COP 18 Programmatic Priorities for Epidemic Control

4.1 Finding the missing, getting them on treatment, and retaining them

Ukraine has made progress in slowing its HIV epidemic, especially transmission due to injecting drug use. Since 2004, the country has used external support to focus its HIV prevention programs on KPs, including PWID, FSW, and MSM. These HIV prevention programs, bolstered by rapid scale-up of ART by the GOU and GFATM from 2008 – 2014 and an emergency supply of ART from PEPFAR in 2016-17, contributed to a stabilization of reported HIV cases since 2012 and importantly, stabilization of HIV prevalence among PWID (IBSS 2017).¹⁸ COP 2018 activities are designed to complement the GFATM’s outreach prevention services (such as needle and syringe exchange) which covered ~ 65% of estimated PWID, 48% of FSW, and 24% of MSM in 2017.

¹⁸ slight increase in HIV prevalence among PWID in 2015 IBSS is felt to represent deliberate changes in sampling methodology to decrease sampling of PWID already in care as discussed during COP16

While the Modes of Transmission study data suggest prevalent cases appear to be linked to a history of injection use, the proportion attributable to sexual transmission has increased and contributing risks for incident cases are less clear. Persistently high rates of infection among young females in PMTCT in several regions suggest ongoing sexual transmission despite very low rates of HIV infection among young drug users. A better understanding of how young women's sexual partners were infected will be needed to effectively control HIV transmission.

HTC

As of October 2017, at least 52,000 PLHIV were undiagnosed in PEPFAR regions, and it is estimated that of those ~28,000 are PWID and ~10,000 are MSM.

To achieve epidemic control by rapidly scaling up ART to ~70,000 new PLHIV through COP 2017 and COP 2018, intensified efforts are required to identify PLHIV who currently do not know their status, particularly in hard-to-reach KP sub-groups and link them to treatment.

To enhance efforts to identify new PLHIV, PEPFAR will focus activities in COP 2017 on expanding high-yield testing modalities such as PITC and index testing, while also identifying and engaging PWID and MSM through innovative network-based approaches. COP 2018 will further expand these testing modalities, using regional and site level data to focus resources on areas with high prevalence, ensuring adequate coverage of testing by all partners.

The new National HIV Prevention and Treatment Guidelines and legislative changes required to implement the protocol will facilitate expansion of testing including: alignment of testing algorithms with WHO recommendations allowing for diagnosis with RTKs, task-shifting of HTS to non-medical personnel, and supporting mechanisms to maintain client confidentiality. It is anticipated that legislative changes will be enacted in the summer of 2018, and PEPFAR support will be instrumental to ensure the new policies are communicated and implemented.

PEPFAR Ukraine supports the development of Ukraine's National HIV Testing Strategy to standardize testing approaches, and guide the scope of testing in different populations. NCPH's oversight will be strengthened to stimulate PITC and partner testing in facilities that are not directly covered by PEPFAR implementing partners or GFATM. They will manage and plan resource utilization, and will track testing to ensure adequate coverage of the right kind of testing services in the right places.

Network-based KP recruiting:

PWID

Many undiagnosed PWID can be reached with HTS via PEPFAR network-based recruiting as demonstrated in FY2017 when PWID HTS revealed 4,763 HIV-positive individuals, including 3,655 (17% yield) who were newly identified. This testing compares favorably in yield to a standard outreach HTS model (positivity of 3.5%) and uses fewer staff and financial resources. PEPFAR is also supporting increased case management (CM) to link HIV-positive individuals to HIV care and

treatment. PEPFAR Ukraine has been working with partners to improve CM services and linkage to CM. In 2016, 50% of PWID identified as HIV positive were linked to CM and 23% were linked to care and treatment. Feedback from CMs suggested that both patient misperceptions of risk/benefit of ART and system issues in treatment sites (including access limitations, delays, and needs for multiple clinical and laboratory examinations) played a role in poor linkage.

First quarter data from FY2018 showed an increase in newly diagnosed PWID recruited through networks being started on ART (35%). Factors associated with increased linkage include establishment of new OCF sites, rapid confirmation of positive HIV test results, and improved communication between testing sites and AIDS Center staff. PEPFAR will conduct activities to understand PWID misperceptions around ART and develop effective messaging to address these.

Based on these findings, PEPFAR worked with partners to ensure rapid confirmation of positive HIV test results, and improved communication between testing sites and AIDS Center staff. First quarter data from FY2018 showed an increase in newly diagnosed PWID on ART (35%).

MSM

There are an estimated 8,000 – 10,000 undiagnosed MSM in PEPFAR regions; at least 80% of whom live in Dnipro, Odesa, Kyiv, and Donetsk. In FY2016 and 2017, PEPFAR Ukraine piloted an MSM HTS project, using social media platforms to connect and link MSM to HTS and care. Of ~4,600 MSM reached through online and in-person counseling, 52% were tested with a 7% yield. This innovative strategy shows promise in reaching harder-to-reach MSM, however the results showed that in-person and network based outreach are strategies that should be employed in conjunction with on-line outreach. In COP 17, MSM outreach testing activities, combined with online counseling and use of mobile applications will be implemented in Dnipro and Odessa. Building upon this strategy in COP18, MSM activities will expand to Mariupol in Donetsk. To increase effectiveness of outreach to club and beach settings, Oral Self-Tests will be distributed with referral information. PEPFAR will monitor best approaches for implementation of Oral Self –Tests – as they will be newly introduced into Ukraine. In Kyiv City, PEPFAR adapted the optimized case finding (OCF) network-based recruitment method for MSM with COP16 FTCl resources. During COP17, PEPFAR is supporting case-finding and linkage to care for MSM in Kyiv City. The program has been augmented with introduction of rapid recency testing for HIV to identify people with recent HIV infection to ensure index testing is targeted at networks likely to have ongoing HIV transmission. In COP18, OCF for MSM in Kyiv City will expand, while being adapted and fine-tuned based upon project results. PEPFAR is also supporting PrEP for MSM at two sites in Kyiv City.

PITC:

PITC has not been routinely practiced in most facilities outside of TB and AIDS centers. In COP 2016, PITC was implemented on a small scale by PEPFAR Ukraine in select medical facilities in four oblasts. Of the 2556 patients tested, based on clinical indications and risk factors, 340 (13%) screened positive. This activity may be especially useful in reaching significant numbers of PLHIV with longer-standing infections who have not previously sought or who have dropped out from HIV specialty services. In COP17, PITC coverage is expanding to nearly 200 healthcare facilities in PEPFAR oblasts to identify 4,092 new PLHIV in Q3 and Q4. PEPFAR will further scale-up PITC in COP18 to over 300 facilities to identify 11,109 new PLHIV through primary care, in-patient care, and specialized health services, linking them to HIV care and treatment through case managers. Because more than 70% of all PLHIV are between 30-49, in COP17, PEPFAR is supporting implementation of age-based testing in two facilities in the Dnipro region where HIV prevalence among pregnant women is >2%. Based on the results of this approach implemented in COP17, PEPFAR will expand age-based testing in hospital-based settings in high-prevalence areas.

Index testing:

Index testing and partner notification has not been routinely offered to PLHIV, though PEPFAR Ukraine piloted a community-based index testing model that had yields of 11% in COP16. Global Fund is expanding community-based index testing to 11,450 people in PEPFAR areas in 2018. Through the new HealthLink program, PEPFAR is expanding Index Testing in COP 17 to identify 1,692 new PLHIV – focusing testing on all newly identified PLHIV through PITC and MSM testing, who are not reached through GF efforts. To capture new cases, COP 18 will see further expansion of index testing to identify 5,019 new PLHIV. Partner notification and index testing will focus on target populations such as pregnant PLHIV, MSM, PWID, and all PLHIV newly initiating ART. Systems will be implemented to ensure index testing for partners of 100% of HIV-positive women identified in antenatal clinics as these partners and their networks represent an important access point to stop the heterosexual component of the epidemic.

ART Treatment and Retention

To work towards 90% ART coverage by 2020, improved care services and support are needed to decrease the loss of PLHIV following registration at an AIDS Center along with activities to re-engage the ~27,000 PLHIV who are no longer in active care.

PEPFAR conducted a situational analysis in COP 2017 to address challenges, barriers, and solutions for improved utilization of case managers, including peers, within GOU HIV services. Case managers will be a link between facility and community based services – providing social support necessary to link them to testing, treatment and care services, track LTFU, and provide tailored support to enhance adherence and retention in care. Linking post-release prisoners to treatment, care, and support will improve treatment retention among this population. Case managers will

support post-release prisoners with pre-release counseling, and will link them with HIV treatment services upon release.

Despite serious constraints on the availability of GOU procured ARVs in 2017, Ukraine added >12,000 patients onto ART (16% scale-up) largely due to ECF-supported ARVs. Building on recent progress, key stakeholders, including the NCPH and civil society, have set ambitious targets for 2018-19 ART scale-up towards Ukraine's UNAIDS Fast Track Targets. COP 2018 activities are designed to complement GFATM and GOU resources in attaining the ambitious 2018 goals; these activities include TA to support implementation of improvements in ART policies and services and procurement of additional ARVs including TLD and laboratory commodities to support an additional 32,000 new ART patients.

After requiring PEPFAR support in COP16 and COP17 to cover anticipated stock-outs of ARVs during calendar year 2017, several successes have improved the ability of the GOU to support existing patients, extend support to patients receiving ECF and COP16 ARVs, and scale-up in 2018. Procurement for ARVs and laboratory commodities was transferred to international agencies for the period 2016–2019; these procurements in 2016 produced unit-prices similar to GFATM/PEPFAR standards with substantial cost-savings. In December 2016, intense advocacy from civil society and NCPH succeeded in increasing the GOU requested budget for HIV procurements by 2.5 fold. Intense advocacy from civil society with manufacturers on pricing and patent protection succeeded in obtaining favorable pricing including for generic Atripla and DTG. The NCPH, supported by WHO and PEPFAR, has succeeded in ensuring that all ART procurements use optimized ART regimens, predominantly generic Atripla in 2016 and DTG in 2018 for new patients. PEPFAR will support the GOU to establish an independent state procurement agency by 2019 with effective anti-corruption measures in place and the capacity to continue to procure health commodities at the current unit-prices.

Civil society and the NCPH worked to ensure that ambitious targets for ART scale-up, aligned with COP 2017 targets, were included in the new GFATM grant proposal for 2018 - 2020 including a request for continued support for the ~23,000 patients currently on GFATM-procured ARVs; this will allow GOU resources in 2018 to support all ART patients previously supported by GOU or PEPFAR (through ECF and COP16) and to extend ART for an additional 8,000 patients outside of PEPFAR priority regions.

Improving coverage will require continued major increases in the accessibility of treatment. Although ART is provided at >280 HCF in GCA Ukraine, treatment has been concentrated at the regional AIDS centers and a small number of large affiliates; within the 12 PEPFAR regions in 2016, 25 of 192 ART sites (12 oblast AIDS centers and 13 large affiliates) cared for nearly 40,000 (71%) of ART patients. Recognizing the need to extend services, regions have opened and staffed new clinics, for example the number of ART sites in Odesa region increased from 27 in 2016 to 52 in January 2018. In some regions, significant numbers of ART patients have been shifted to non-HIV-specialty-care infectious disease providers in other sites. COP 2018 resources will assist with implementing

differentiated and improved services and task-shifting as well as further decentralization to additional sites outside of the HIV specialty care system.

In 2016, 39,464 patients on ART for >6 months had VL testing; 91% had VL<1,000. Shortages of VL commodities prevented full coverage but supplies are adequate for 2018. COP 2018 resources will support improved adherence activities to help ensure continued high adherence and VL suppression, including initiating HIV drug resistance (DR) surveillance. PEPFAR-supported mechanisms will work with the ART system to develop improved activities targeting PLHIV with unsuppressed viral loads for enhanced adherence support, retesting, and expeditious regimen change if appropriate. In larger/urban treatment centers, these activities may take the form of 'viremia clinics' while for smaller rural sites, they will utilize the centralized laboratory testing for comprehensive identification of viral nonresponders with comprehensive distance support of the treating practitioner by oblast experts ('Odesa model').

Other policy issues are helping set the stage for improving coverage. Ukrainian ART guidelines issued in December 2015 were permissive for initiating all PLHIV, especially for certain subgroups including PWID, onto ART at any CD4 while otherwise prioritizing PLHIV with CD4<500. Comprehensive new guidelines are expected to be issued in mid-2018; current drafts include explicit recommendations for rapid ART initiation for all PLHIV, differentiated services, and multi-month scripting. COP 2018 activities involve support for comprehensive technical assistance to treatment facilities to implement the guidelines, including supportive mentoring and monitoring, training in new guidelines including development of Test and Start practices, and improvement of procedures and policies at regional and facility levels.

TB/HIV

TB/HIV continues to be a major cause of morbidity and mortality for PLHIV. While HIV status is established for >95% of confirmed TB cases (through HIV testing of those not already registered as HIV-positive) and symptomatic TB screening of HIV patients has improved, continued high mortality appears linked to late presentation, delayed initiation of ART, late TB diagnosis, and a high prevalence of MDR-TB. USG regions now have joint TB/HIV plans on improving TB/HIV case management and coordination of services, which are approved by regional orders. PEPFAR will support improved linkages between the vertical disease treatment programs and encourage and monitor rates of early initiation of ART (within 2 months). A monitoring system has been implemented within the GOU system; preliminary results from 2016 indicate a 58% initiation rate of ART within 2 months. With PEPFAR technical assistance, Ukraine adopted an ambitious target to increase this to 90% within 2018 – 2020. HIV testing of TB suspects will be expanded prioritizing TB facilities providing diagnostic services for patients suspected of TB.

4.2 Prevention, specifically detailing programs for priority programming

a. Military

Military active duty personnel are classified as a higher-risk and vulnerable population due to an ongoing war with Russia-supported 'separatists' in eastern Ukraine. Approximately 40,000 soldiers are deployed to the Anti-Terrorist Zone (ATO) every year. The Ukraine Armed Forces drafts approximately 34,000 conscripts annually. PEPFAR through DoD/Defense HIV/AIDS Program (DHAPP) will continue to support implementation of comprehensive HIV/AIDS prevention programs among servicemen. PEPFAR support includes standardized HIV prevention training for all military recruits/conscripts and support for demand creation for HIV testing especially among those who are identified as the higher risk groups (ATO and high burden areas). To identify those at higher risk, our Implementing Partner together with the Military Medical Department of MoD will create a standard questionnaire for military medical personnel to use during regular scheduled check-ups. In addition, DHAPP with assistance of Mil-to-Mil and California National Guard-Ukraine State Partnership Program (SPP) will engage Ukraine Chaplain Corps to help refer soldiers that identify themselves at higher risk to VCTs for testing. DoD prevention activities will also include a series of trainings for the core Military medical personnel (125 persons) that deals with infectious diseases, to include HIV and TB. DHAPP will assist Preventive Medicine Section of Military Medical Department to develop a military-oriented Manual on VCT and self-testing.

HIV testing support for the Ukrainian military will include clinical mentoring/supportive supervision, HTC training, HTC guidance development, infrastructure and commodities support of fixed military HIV testing sites. Whereas the prior DoD HIV testing strategy was to test everyone, HIV testing support in COP 2018 will be focused on higher risk groups to increase HIV testing yield. The DoD will procure, distribute, and provide TA for the use of 10,000 HIV rapid test kits (RTKs). HIV RTKs will be delivered and distributed among three Operations Districts with focus on high burden areas and post deployment testing in the ATO Zone.

b. Prison Settings:

In 2017 in PEPFAR regions, 64.7% of people in prison settings were tested for HIV, while 1,197 PLHIV were identified. During COP 17, PEPFAR's new prison activity is increasing testing coverage by initiating routine screening for new prisoners, annually during incarceration, and upon pre-release. To maintain confidentiality, HIV screening will be conducted as part of each prisoner's health screening upon entry into the penitentiary system in a private setting. All medical records remain confidential in accordance with Ukrainian legislation, and informed consent will be required for a PLHIV prisoner to receive case management services. With the step-wise introduction of MIS in the prison sector starting in COP18, all patient information will be coded – to improve confidential medical record-keeping practices. All PLHIV will be linked to care in the civilian sector upon release.

c. OVC

Based on CPH data as of 1/1/2017, 2,848 HIV-positive children were on ART and 45 more children required therapy. Most OVC in Ukraine come from socially and economically disadvantaged families and many of the children are orphaned by the epidemic. These HIV-positive children do not have sufficient skills to manage their economic life and many of them experience difficulties in socialization, often related to their caregiver's fear of societal stigma and discrimination. PEPFAR Peace Corps promotes adherence to ART among OVC through promoting socio-emotional support for the families, strengthening family bonds and life skills, reducing stigma and self-stigma, promoting healthy behavior, and through increasing financial literacy. Caregivers also receive training on status disclosure, ART-adherence, (self) stigma-reduction, effective communication with their children, socio-emotional support, and financial literacy. PEPFAR does not fund pediatric care and treatment. However, PEPFAR OVC activities link with activities from other institutions, including a national reference pediatric clinic, AIDS Centers, and NGOs. PEPFAR will support linkages of OVC to HIV services through the "Network of PLHIV," which has developed local-level programs to engage OVC into HIV-services. The percentage of OVC that will age out of these programs is low. Based on CPH estimates, the number of children living with HIV aged 15-17 represents less than 15% of HIV infected children (<18). Based on the success of the OVC-related PEPFAR activities and the increase of outreach (FY16- 249 OVC; FY17 - 631 OVC reached), PEPFAR will continue growing the program. All current and planned OVC activities only take place in PEPFAR-focus regions.

4.3 Policies, partner management and innovative evidenced-based solutions

Policies

Current governmental regulations restrict performance of diagnostic HTS to qualified medical personnel in clinical settings. However, PEPFAR provided TA to develop new clinical guidelines, focusing on removing barriers to diagnostic testing in non-clinical settings by non-medical personnel and on developing an accreditation process for these personnel. The current draft of the new guidelines, expected to be released in FY 2018, recommends fundamental policy changes that will facilitate expansion of HTS. These include community testing using trained certified non-medical personnel, expansion of PITC, acceptance of verbal consent, and promotion of the expanded use of rapid tests, including emphasizing confirmation based on two rapid tests, and support for self-testing. Changes to Ukrainian laws have been drafted and legislative acts have been developed with PEPFAR support.

Partner performance management

Ongoing review of partner data for network-based HTS and Community Initiated Treatment Initiative (CITI) model among PWID tracked issues with low entry into CM and linkage to clinical care. Site visits and collection of additional data indicate these issues are not primarily related to partner performance but, as noted above, are due to a combination of physical/systems access issues and perceptions of low utility of ART among the population. Improved coordination of

implementer and QI activities at ART sites to address access has been developed and case managers conducted CM meetings at the regional health facilities, AIDS centers (rather than in the community) to address the region-specific issues and structural barriers. Multi-disciplinary teams in the PEPFAR treatment mechanism and CM teams will work with ART sites to strengthen coordination and tracking of PWIDs to better understand and address gaps in achieving linkage and treatment initiation targets. Other enhancements to the CITI model envision intensive case engagement such as motivation counselling, education on treatment literacy, transportation to appointments, providing food packages for PWID who register and initiate ART, and consistent follow up via telephone calls and texting. Improved messaging regarding the benefits of early ART initiation are integrated in the HealthLink project initiated in COP17.

Innovative evidence-based solutions

PEPFAR COP 2018 funds will support MSM prevention NGOs to link MSM into prevention services and HTS through targeted outreach, internet and network-based approaches. Other major complementary COP 2018 activities are described under HTS; NGOs will recruit PWID and MSM for HIV testing services using network and social media recruiting to increase early diagnosis and linkage to ART and further reduce HIV transmission to sexual and injecting partners. Participants will also receive KP-appropriate prevention messaging.

MAT: As of February 1, 2018, 10,252 people were receiving MAT at 186 sites in 25 regions of Ukraine. MAT has been implemented with GFATM support during 2005-2017. A sustainable transition of MAT to the GOU is a key goal of GFATM and the GOU. PEPFAR will continue to advocate for this transition and MAT scale-up within the National HIV prevention Program 2019-2023. Innovative MAT models will be piloted with PEPFAR support aiming to improve MAT access and quality, and ensure sustainable MAT services in PEPFAR priority regions. Linkage of HIV-positive MAT clients to ART will be a focus of PEPFAR partners. PEPFAR Ukraine and PEPFAR partners will continue to work to improve MAT guidelines and government regulations related to MAT.

PrEP: COP17 funds were used to implement a PrEP program at two sites in Kyiv City, including HIV testing every 3 months and rapid (same day if possible) ART initiation for those who test positive. COP 18 funds will support procurement of a limited amount of PrEP for CPH implementation.

4.4 Commodities

Commodity issues critical to HTC include large shortfalls in the GOU procurement of diagnostic test kits in previous years; however the GOU has increased its commitments to procure critical laboratory supplies in 2018 and 2019. Despite GOU coverage of ELISA, there remain gaps in coverage of RTKs. Through PEPFAR TA to develop local AIDS programs, many local governments are investing in RTKs – however the needs are not fully met through these investments. COP 2017 included funds for 110,000 RTKs to support PEPFAR-funded PITC and index testing and to ensure adequate availability at additional key HCF in PEPFAR priority regions. COP 18 includes a request to procure 479,367 RTKs to support further expansion of PITC and partner testing. Additionally,

10,040 oral self-tests are requested to be utilized through outreach efforts to MSM in high-prevalence regions of Odessa, Dnipro and Mariupol. PEPFAR-Ukraine continues to support pharmaceutical procurement system and supply chain management reform.

In 2017, civil society and GOU successfully negotiated low-cost DTG with the manufacturer and, as of January 2018 >3000 PLHIV were on DTG-based regimens. DTG-based regimens are the preferred first line treatment in the current draft new national HIV treatment guidelines that are scheduled to be released mid-2018. GOU has ordered TLD and supplies are expected to arrive in November 2018. GOU will not be requesting ARVs from PEPFAR in COP 2018.

In Ukraine, ARV requests originate at the regional level. Thus, the speed of the transition to TLD will depend on requests for specific ARVs by regional providers. In FY2018, PEPFAR Ukraine will continue to support clinical mentoring and QI training to optimize ART and support adherence, and create demand for TLD at the regional level.

To ensure unimpeded scale-up and optimization of ART in PEPFAR regions, PEPFAR will procure 128,976 VL test systems in COP 2018. The State budget and GF will cover all ELISA and CD4 test needs.

DOD will procure, distribute, and provide appropriate technical assistance for HIV RTKs in order to support UAF's critical need to improve post-deployment HIV testing for soldiers mobilized in the ATO. HIV RTKs will be delivered and distributed among three Operations Districts with focus on Southern Operation Command (Odesa and Mykolaiv) and Eastern Operations Command (Dnipropetrovsk). Testing will be realized through activities of testing and counseling cabinets of Territorial Military Clinical Centers.

CPH is committed to distributing PEPFAR procured RTKs to PEPFAR-assisted areas. In addition, they have further committed to distributing the amount of RTKs needed to meet HTC targets to PEPFAR assisted facilities. This will be done in cooperation between CPH and oblast health authorities. Further, rapid HIV SD Bioline test kits will be procured locally through Alliance for Public Health to perform HIV assisted rapid testing by NGOs as part of the optimized HIV case-finding model for PWIDs and their partners in social risk networks. These RTKs will assist in reaching the HTC_TST annual targets for PWIDs and for MSMs in PEPFAR-assisted areas.

PEPFAR supported procurement of PrEP for 3,500 people in COP 17 for CPH implementation. COP 18 resources are planned to support an additional 2,100 courses of PrEP through the CPH.

4.5 Collaboration, Integration, and Monitoring

The PEPFAR-Ukraine team has leveraged a strong interagency working relationship over the last few years to ensure coordination amongst USG agencies and their implementing partners as well as with external stakeholders, including GFATM and its principal recipients, as well as UNAIDS. Last December, the MOH indicated that it will take a greater role in coordinating all partners involved in the national HIV response. In recent years, government and stakeholder driven

coordination has yielded needed results for the national program (e.g. preventing ARV stock outs) and the collaboration has deepened to focus on technical issues that need to be addressed to scale up the numbers of individuals in the HIV clinical cascade with the recent focus on UNAIDS 90-90-90 Fast Track goals.

a. Strengthened cross technical collaborations and implementation across agencies and with external stakeholders, including the GFATM and MOH

PEPFAR-Ukraine technical resources are shared across agencies with increased cross-agency input into design of new procurements and development of workplans. In addition, technical capacity is shared with the GFATM and MOH with USG-supported technical experts (both locally employed staff and partner-supported) participating in the GFATM grant proposal development working groups and MOH technical working group. Joint collaboration with other USG agencies and external stakeholders have resulted in the following activities and strengthened HIV prevention/testing and treatment services

- Jointly mapped HIV clinical cascade with GOU, CSOs, and donors to note challenges and to address them. The PEPFAR-Ukraine team noted losses in treatment centers and initiated QI and other activities to promote retention. These strategies are being revised in COP 17 to be more impactful.
- Jointly prevented ARV stock outs to ensure continued treatment scale up.
- Jointly discussed how to increase HIV testing yield with GFATM and national stakeholders.
- The PEPFAR/Ukraine team actively ensures linkage between a United States Agency for International Development (USAID) mechanism working on MAT policy (i.e. Deloitte) and a CDC mechanism focused on advocacy for MAT. Also, Substance Abuse and Mental Health Services Administration (SAMHSA) staff has been working with both agencies to strengthen the impact of USG efforts.

b. Strengthening Implementing Partner (IP) management and monitoring and the implementation of innovative strategies across the cascade, in a timely manner, to improve impact within shorter time periods;

Partner performance will be managed systematically using a multi-faceted approach, to facilitate timely performance improvements. Activity managers will continuously engage with implementing partners, meeting at least quarterly, to stay abreast of issues impacting performance as they arise. Each quarter the inter-agency team will share IP narrative reports among the USG team; analyze project data to assess progress towards reaching targets prior to each POART call; and review expenditure trends and pipeline. Every six months agency leads will assess overall IP performance, and develop remediation plans if required.

c. Improved integration of key health system interventions, including HRH and laboratory (VL) activities, across the cascade; and

PEPFAR continues to support strengthening of HIV clinical care training through strengthening regional training centers to a) improve ART training modules; b) increase numbers of healthcare workers (including primary care doctors) in ART and HIV management; c) develop more sustainable decentralized training capacity; and d) train nurses to be able to assume increased HIV clinical responsibilities as envisaged under new clinical guidelines. PEPFAR will continue to make major investments in building the capacity of CSOs and government institutions, policy change, strengthening GFATM PRs, and building human capacity.

PEPFAR-Ukraine provides direct technical assistance to increase VL capacity. A high-level PEPFAR laboratorian is on the laboratory working group and participates in strategic planning with the HIV National Reference Laboratory. Working with GOU, PEPFAR-Ukraine has mapped current viral load equipment capacity and regions requiring capacity support as scale-up occurs.

Using this mapping, CPH is negotiating with suppliers lease agreements that supplied an additional VL platform in Cherkasy in 2016 and commitments to provide an additional 8 VL platforms. VL test kit availability is adequate for full testing of both ART and pre-ART patients.

d. Improving efficiencies of service delivery through improved models of care delivery across community and facility sites.

PEPFAR Ukraine resources will support development of improved service delivery at HCF providing HIV care through QI activities and other technical assistance. The experience of increased decentralization of ART provision will be studied to identify and disseminate best practices and ways of overcoming common barriers. Expansion of a USG-supported HIV Management Information System (MIS) system to facilitate analysis of data on cascade and quality of care indicators will continue with extension beyond major oblast HIV care facilities and transition to GOU support. A laboratory module will be added to increase the utility to HCF.

New efforts will also include qualitative data collection to inform the design of activities to improve provision of testing, linkage, and adherence, especially for KPs.

4.1 Targets for scale-up locations and populations

Entry Streams for ART Enrollment	Tested for HIV (APR FY19) HTS TST	Newly Identified Positive (APR FY19) HTS TST POS	Newly initiated on ART (APR FY 19) TX_NEW
Adults			
TB Patients	5,103	682	1,411
Other Testing*	365,515	20,432	30,983
TOTAL new adult cases (PEPFAR testing augmentation)	370,618	21,114	32,394

**Includes key populations of PWID, MSM, and prisoners reached with a mix of targeted facility and community testing modalities; also includes priority populations of adults reached with facility index testing, PITC in select settings (inpatient and other facility setting), voluntary counseling and testing (VCT), as well as military testing.*

***NB:** *Table 4.1.2 VMMC Coverage and Targets by Age Bracket in Scale-up Districts is not required for the Ukraine program as it has no VMMC investments*

Target Populations	Population Size Estimate (scale-up SNU)	Coverage Goal (in FY19)	FY19 Target
KP_PREV PWID 12 scale-up oblasts	208,262	22%	44,084
KP_PREV MSM 4 scale-up oblasts	67,520	14%	9,313
KP_PREV Prisons	35,000	82%	28,561
TOTAL	310,782	26%	81,958

SNU	Estimated # of Orphans and Vulnerable Children	Target # of active OVC (FY19Target) OVC_SERV
Dnipropetrovsk		120
Odessa		120
Mykolayiv		100
Chernihiv		65
Kirovohrad		30
Kherson		45
Poltava		55
Cherkasy		65
TOTAL		600

5.0 Program Activities for Epidemic Control in Attained and Sustained Locations and Populations

5.1 COP 2018 Programmatic Priorities

N/A

5.2 Targets for attained and sustained locations and populations

Sustained Support Volume by Group		Expected result APR 18	Expected result APR 19
HIV testing (all populations)*	<i>HTS_TST</i>	125,169	370,618
HIV positives (all populations)*	<i>HTS_TST_POS</i>	10,051	21,114
Treatment new	<i>TX_NEW</i>	40,956	32,394
Current on ART	<i>TX_CURR</i>	100,860	122,680
OVC	<i>OVC_SERV</i>	400	600
Key populations	<i>KP_PREV</i>	43,899	81,958

*Includes military

5.3

Prioritized activities for Sustained SNU include:

- HIV testing and counseling on request or as indicated by clinical symptomology or identified risk behaviors
- Care services for PLHIV
- Treatment services including routine clinic visits, ARVs, and care package
- Essential laboratory services for PLHIV

6.0 Program Support Necessary to Achieve Sustained Epidemic Control

Ukraine's COP 2018 above-site investments amount to \$9.9 million USD representing 30% of the total planned allocation. Six technical approaches represent the focus of above-site activities: (1) Host Country Institutional Development – 16%; (2-3) Laboratory and Information System – each at 14%; (4-5) Workforce Development and Policy & Governance – 11% each, and (6) Financial Management Policies and Procedures – 10.5%. These priority activities complement major health systems (financing, eHealth, procurement) reforms in Ukraine and reflect strong stakeholder consensus. They also leverage investments in COP 16 for greater impact.

1) Health Commodities Insecurity has improved significantly since the GoU has confirmed its commitment to fully fund the need for ARVs in 2019 for more than 144,000 PLHIV. This figure includes 88,000 current patients on ART, of which 21,514 individuals receive PEPFAR-funded ARVs. Additionally, GFATM will support around 28% of the total ART courses, including 16,000 in the NGCAs. In COP 2018 the GoU is not requesting PEPFAR support for ARVs due to cost efficiencies achieved from better ART regimens.

The GoU still relies heavily on external donor support for laboratory and testing commodities. PEPFAR will provide 128,976 VL tests for PLHIV in 12 PEPFAR regions and 500,000 RTKs. GFATM will provide approximately 23% of the total amount of VL and RTKs primarily in the NGCAs.

The GOU has requested technical assistance (from PEPFAR and the new GFATM HIV-TB grant) to build programmatic and managerial capacities for health procurement and supply chain. Rational pharmaceutical and supply chain management, including quantification of commodities, are important for the country as it is still heavily influenced by the availability of funds and lacks systems for forecasting, planning and managing supplies. The development of an LMIS will help deliver, track, and manage stocks in facilities.

2) Improve Detection, Linkage, and Retention in Care of PLHIV/Key Populations

Ukraine needs an efficient testing strategy to augment standard outreach in detection and linkage of PWID and MSM through support of PITC in health care facilities, index testing, and expanded KP network recruitment. Optimized Case finding through network-based recruiting and case management developed in COP 2017 remains an effective intervention to reach undiagnosed PWID and link them to care. Additional work is needed to improve CM services as rates of linkage to CM services are within 60% and initiation of treatment is still low at 17%.

To increase testing and yield, scaling up PITC (that was advocated for, got legal support, and initiated in COP 2017) will be supported at specialized (TB, drug rehabilitation, STI, family planning/reproductive health) and primary care clinics will be supported to reach scale in 12 PEPFAR regions. Improvement and expansion of OCF/CITI for PWID and MSM will increase

detection of PLHIV and improve linkage to care. Network-based recruitment using recency testing will link recently infected individuals to care and help treat individuals with high transmission risks.

The GoU has also adopted innovative service delivery models including differentiated services and dispensing 3-6 month supplies of ART. This resulted from intensive COP 16 investments that led to revised National HIV Clinical Guidelines and strong stakeholder and civil society advocacy. Development of improved adherence activities will improve patient retention, adherence and decrease loss to follow-up.

A lack of a public health approach to HIV service delivery is a serious barrier to scaling up HTS and treatment services for KPs. The current system prioritizes specialized and high threshold care, rather than primary or preventive care. The government, in partnership with NGOs and USG support, is working to establish standards and certification for HIV outreach, prevention, support, and care services. Local social services administrations have started to contract NGOs for non-clinical, social care services despite regulatory and institutional barriers that still exist. The removal of these barriers will allow for health authorities to contract NGOs for outreach prevention, HTS with rapid tests, case management, and retention services.

PEPFAR's investment in a unified HMIS with the capacity to track patients through the continuum of care (developed in COP 2016 and scaled up in COP 2017) has led to improvements in data use for decision-making. In COP 2018 the HMIS will be supplemented with a laboratory module. The CPH will assume leadership of the biennial IBBS surveys in 2020 and will require capacity strengthening to undertake these activities.

3) Test-and-START

With PEPFAR support, the CPH has developed an ART optimization strategy and succeeded in ensuring consensus among all regions to plan and request their state-funded ART procurements using optimized ART regimens. However, Ukraine will need significant support in implementation of the National HIV Comprehensive Treatment Guidelines. Major legal changes for the new HIV guidelines allowing self-testing, PrEP, task-shifting and ART prescription by other than ID doctors (incl. family physicians and GPs) have been already developed in COP17. They are expected to be approved in the Ukraine's Parliament by the fall of 2018. With this strong legal backing, lessons learned from planning, costing, organization of, PITCs with rapid tests and ARV dispensing in primary and community care settings, tested initially in selected districts and communities, will be applied and scaled up in PEPFAR's focal regions.

4) Efficient Service Delivery Models continue to be a priority area for above-site activities to ensure proactive new HIV case detection and enrolment in HIV care for aggressive ART scale-up in 2018. The ongoing health financing reform, underpinned by eHealth solutions, is going to change the amount and mechanisms of financial compensation for providers, which is likely to affect their motivation as well as operational modalities of service provision. To assess and address the impact of these changes on the reach, enrolment, and retention in care of key population groups, including

PWID, MSM, their sexual partners, and sero-discordant couples, USAID will leverage non-PEPFAR funded health reform activities to support PEPFAR investments in synergistic ways.

7.0 Staffing Plan

Cost of Doing Business (CODB)

CODB in COP 2018 is 19.6% of the total planning envelope. The team used applied pipeline aggressively in COP 17 to offset CODB expenses; in COP 18, applied pipeline is reduced compared to previous years due to “catch up” of outlays in FY 18. CODB will increase 3.3% over COP 17, for a total of \$6,230,807. The team projects little growth in “fixed” costs related to stable outputs like non-ICASS administrative costs and the overall ICASS bill. However, mandatory costs related to salaries and benefits, relocation, and travel will increase, and comprise the bulk of the increase for COP 18. [REDACTED] Lastly, travel costs are projected to increase significantly to accommodate enhanced focus on site-level management (not including SIMS visits) and expanded geographical CDC outreach to partners in focus oblasts.

Staffing

[REDACTED]

STAFFING OUTLOOK

At present, the team is operating efficiently with a low staffing footprint and poised to fill all exiting vacancies. The team is comprised of technical staff and managers, with a low number of administrative positions. LE staff comprises nearly 80% of all fully PEPFAR-funded positions, and occupy leadership roles in the interagency.

APPENDIX A -- PRIORITIZATION

SNU Prioritization –

Table A.1

SNU	COP16 Prioritization	PLHIV at end of FY17	TX_CURR: COP16 (FY17) Results	Achieved Coverage in FY17	COP17 Prioritization	PLHIV at end of FY18	TX_CURR: COP17 (FY18) Target	Target Coverage in FY18	TX_CURR: FY18 Q1 Results	Achieved Coverage at FY18 Q1	COP 2018 Prioritization	PLHIV at end of FY19	TX_CURR: COP 2018 (FY19) Target	Target Coverage in FY19
TOTAL		145,460	49,194	44%		166,760	100,860	60%	65,591	39%		166,760	122,680	74%
Dnipropetrovs'ka Oblast'	ScaleUp Agg	32,760	14,173	43%	ScaleUp Agg	37,400	23,892	64%	14,909	40%	ScaleUp Agg	37,400	25,981	69%
Odes'ka Oblast'	ScaleUp Agg	25,980	10,647	41%	ScaleUp Agg	29,500	17,776	60%	11,126	38%	ScaleUp Agg	29,500	20,993	71%
M. Kyiv	ScaleUp Agg	16,560	7,993	48%	ScaleUp Agg	23,100	12,980	56%	7,930	34%	ScaleUp Agg	23,100	19,988	87%
Donets'ka Oblast'	Sustained Com	16,600	0	N/A	ScaleUp Agg	25,960	12,450	48%	7,539	29%	ScaleUp Agg	25,960	15,488	60%
Kyivs'ka Oblast'	ScaleUp Agg	8,720	4,071	47%	ScaleUp Agg	7,700	6,302	82%	4,481	58%	ScaleUp Agg	7,700	7,165	93%
Mykolayivs'ka Oblast'	ScaleUp Sat	9,420	5,589	59%	ScaleUp Sat	10,900	7,217	66%	5,692	52%	ScaleUp Agg	10,900	8,091	74%
Chernihivs'ka Oblast'	ScaleUp Agg	6,440	0	N/A	ScaleUp Agg	6,000	3,473	58%	2,442	41%	ScaleUp Agg	6,000	4,261	71%
Kirovohrads'ka Oblast'	ScaleUp Agg	5,940	1,594	27%	ScaleUp Agg	4,400	2,549	58%	1,726	39%	ScaleUp Agg	4,400	3,741	85%
Zaporiz'ka Oblast'	ScaleUp Agg	7,000	2,620	37%	ScaleUp Agg	5,300	4,190	79%	2,781	52%	ScaleUp Agg	5,300	4,786	90%
Khersons'ka Oblast'	ScaleUp Agg	6,360	2,507	39%	ScaleUp Agg	5,700	3,630	64%	2,576	45%	ScaleUp Agg	5,700	4,211	74%
Poltavs'ka Oblast'	ScaleUp Agg	4,520	0	N/A	ScaleUp Agg	4,900	2,928	60%	2,126	43%	ScaleUp Agg	4,900	3,592	73%
Cherkas'ka Oblast'	ScaleUp Agg	5,160	0	N/A	ScaleUp Agg	5,900	3,473	59%	2,263	38%	ScaleUp Agg	5,900	4,383	74%

Table A.2 ART Targets by Prioritization for Epidemic Control						
Prioritization Area	Total PLHIV	Expected current on ART (APR FY 18)	Additional patients required for 80% ART coverage	Target current on ART (APR FY19) TX_CURR	Newly initiated (APR FY 19) TX_NEW	ART Coverage (APR 19)
Scale-Up Aggressive	166,760	100,860	32,548	122,680	32,394	73.6%

APPENDIX B – Budget Profile and Resource Projections

B1. COP 18 Planned Spending

Table B.1.1 COP 2018 Budget by Approach and Program Area

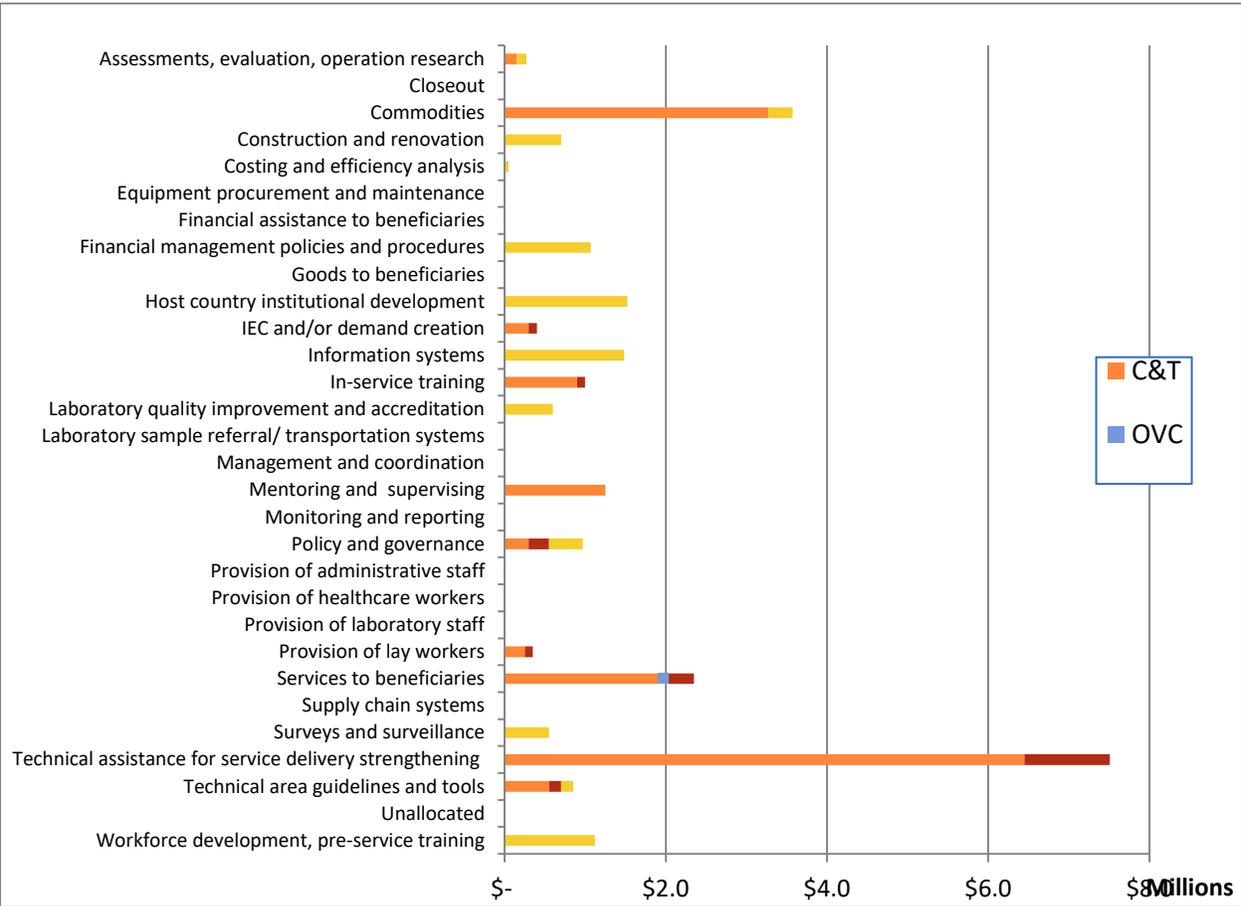


Table B.1.2 COP 2018 Funding by Budget Code

COP18 NEW FUNDING BY BUDGET CODE						
Program Area	Budget code	Site-level	Table 6	Commodities	M&O	TOTAL
C&T	HBHC	\$ 1,606,256	\$ 225,000	\$ 9,900	\$ -	\$ 1,841,156
	HTXS	\$ 3,649,665	\$ 850,000	\$ 2,951,851	\$ -	\$ 7,451,516
	PDCS	\$ -	\$ -	\$ -	\$ -	\$ -
	PDTX	\$ -	\$ -	\$ -	\$ -	\$ -
	HTXD	\$ 12,013	\$ -	\$ 120,868	\$ -	\$ 132,881
	HVTB	\$ 938,625	\$ -	\$ -	\$ -	\$ 938,625
	HVCT	\$ 3,483,113	\$ 225,000	\$ 454,523	\$ -	\$ 4,162,636
PREV	MTCT	\$ -	\$ -	\$ -	\$ -	\$ -
	CIRC	\$ -	\$ -	\$ -	\$ -	\$ -
	HMBL	\$ -	\$ -	\$ -	\$ -	\$ -
	HMIN	\$ -	\$ -	\$ -	\$ -	\$ -
	HVAB	\$ -	\$ -	\$ -	\$ -	\$ -
	HVOP	\$ 891,517	\$ 50,000	\$ -	\$ -	\$ 941,517
	IDUP	\$ 466,800	\$ 200,000	\$ -	\$ -	\$ 666,800
OVC	HKID	\$ 133,000	\$ -	\$ -	\$ -	\$ 133,000
HSS	HLAB	\$ 117,880	\$ 1,455,000	\$ 182,120	\$ -	\$ 1,755,000
	HVSI	\$ -	\$ 1,971,300	\$ -	\$ -	\$ 1,971,300
	OHSS	\$ -	\$ 3,418,950	\$ -	\$ -	\$ 3,418,950
M&O	HVMS	\$ -	\$ -	\$ -	\$ 5,845,284	\$ 5,845,284
	TOTAL	\$ 11,298,869	\$ 8,395,250	\$ 3,719,262	\$ 5,845,284	\$ 29,258,665
	% TOTAL	39%	29%	13%	20%	100%

APPENDIX C – Tables and Systems Investments for Section 6.o

Ukraine’s COP 2018 above-site investments amount to approximately \$9.9 million USD, representing 30% of the total planned annual allocation. COP 16 above-site investments have demonstrated positive impact and are supporting the GoUs ambitious targets to achieve 90-90-90. COP 16 and 17 PEPFAR investments in ART procurement provided treatment to 21,514 people. In

COP 2018, the GoU is not requesting PEPFAR support for ARVs due to cost efficiencies achieved from better ART regimens. Commodity security remains a critical area for PEPFAR and Global Fund investments and COP 2018 resources will support the establishment of a new central government procurement mechanism and logistical supply management information system. PEPFAR's past investments in a unified HMIS with the capacity to track patients through the continuum of care has led to improvements in data use for decision-making. In COP 2018 the HMIS will be supplemented with a laboratory module.

Table 6 Attachment

Row	Funding Agency	Implementing Partner Name	Program Area	COP18 Strategic Objective	Approach	COP18 Activity (above-site, above-service delivery)	Key Systems Barrier	Related SID 3.0 Element	SID 3.0 Element Score
1	HHS/CDC	APHL	HSS	Technical assistance on quality management systems	Policy and governance	The Public Health and HIV laboratory strategies drafted in 2016-2017 will be updated	Detection, linkage, retention of KPs	10. Laboratory: 4.5	4.5

Row	Expected Outcome	Expected Timeline for Achievement of Outcome (1, 2, or 3 years)	Relevant Indicator or Measurement Tool	COP18 Baseline Data	Year One (COP18) Annual Benchmark (Planned)	Note: FY19 Q2 and Q4 results will be recorded here for monitoring.
1	<p>The Public Health and HIV laboratory strategies updated</p> <p>Twinning partnership with APHL member labs established</p>	1 year	<p># of strategy/ framework documents on Public Health Lab Strategies developed</p> <p># of exchange visits btw labs</p> <p># of web-based meetings btw Public health laboratories to exchange experience of public health network</p>	<p>The fundamental reform of Health Care and the establishment of the Public Health System are processes that are ongoing in Ukraine and include the substantial reorganization of the entire laboratory system, including HIV laboratories</p>	<p>1 Strategy document on Public Health Laboratories developed</p> <p>4 of exchange visits btw labs conducted</p> <p>6 web-based meetings btw Public health laboratories to exchange experience of public health network conducted</p>	

Row	Year Two (COP/ ROP19) Annual Benchmark	Note: FY19 Q2 and Q4 results will be recorded here for monitoring.	Year Three (COP/ ROP20) Annual Benchmark	Note: FY19 Q2 and Q4 results will be recorded here for monitoring.
1				

Row	Funding Agency	Implementing Partner Name	Program Area	COP18 Strategic Objective	Approach	COP18 Activity (above-site, above-service delivery)	Key Systems Barrier	Related SID 3.0 Element	SID 3.0 Element Score
2	HHS/CDC	ASM	HSS	TA to CPH to implement QA around rapid testing for different modalities, HIV self-testing	Technical area guidelines and tools	Implementation of sustainable PT program in HIV NRL for HIV RT to ensure proper quality of HTS Support of Bioresource center of medical universities with training materials on quality HTS	Detection, linkage, retention of KPs	10. Laboratory: 4.5	4.5

Row	Expected Outcome	Expected Timeline for Achievement of Outcome (1, 2, or 3 years)	Relevant Indicator or Measurement Tool	COP18 Baseline Data	Year One (COP18) Annual Benchmark (Planned)	Note: FY19 Q2 and Q4 results will be recorded here for monitoring.
2	<p>PT program for HIV rapid testing developed and implemented</p> <p>SOPs on QI/QA on rapid testing developed.</p> <p>Bioresource centers at medical universities contribute to in-country HIV-testing workforce development.</p>	1 year	<p># of mentoring visits to the National Ref Lab</p> <p># of visit for assisted HIV self testing sites (aHIVST)</p> <p># of trainings for lay providers on QI/QA of rapid testing</p>	<p>Ukraine does not have law to allow testing by lay providers that present barriers to delivery of HIV testing. Significant scale-up of ART in 2018-2020 planned. Successful ART scale up strategy depends on the timely HIV diagnosis predominantly among KP. The majority of new HIV cases will be identified using HIV RT that requires the involvement of additional medical professionals and lay providers to HTS provision. Quality of the HIV RT testing by lay providers, PITC required improvement</p>	<p>Curriculum on PT of HIV RT developed</p> <p>National framework documents developed to recognize HIV testing performed by lay providers as a medical testing</p> <p>Bioresource centers at medical universities have materials on HIV RT</p>	

Row	Year Two (COP/ ROP19) Annual Benchmark	Note: FY19 Q2 and Q4 results will be recorded here for monitoring.	Year Three (COP/ ROP20) Annual Benchmark	Note: FY19 Q2 and Q4 results will be recorded here for monitoring.
2				

Row	Funding Agency	Implementing Partner Name	Program Area	COP18 Strategic Objective	Approach	COP18 Activity (above-site, above-service delivery)	Key Systems Barrier	Related SID 3.0 Element	SID 3.0 Element Score
3	HHS/CDC	ASCP	HSS	Accreditation for Health laboratories, educate laboratory staff, scale-up VL practices to support UNAIDS 90-90-90.	Laboratory quality improvement and accreditation	Support stepwise accreditation process for the Ukrainian PH and HIV laboratories	Detection, linkage, retention of KPs	10. Laboratory: 4.5	4.5
4	HHS/CDC	CLSI	HSS	Capacity Building/Laboratory Strengthening	Technical area guidelines and tools	Strengthen capacity and functions of the PH reference laboratories in Ukraine	Detection, linkage, retention of KPs	10. Laboratory: 4.5	4.5

Row	Expected Outcome	Expected Timeline for Achievement of Outcome (1, 2, or 3 years)	Relevant Indicator or Measurement Tool	COP18 Baseline Data	Year One (COP18) Annual Benchmark (Planned)	Note: FY19 Q2 and Q4 results will be recorded here for monitoring.
3	<p>Ukrainian and PH and HIV laboratories progress towards SLIPTA/SLMTA compliance</p> <p>PPP activities initiated btw CDC and Roche training initiative</p>	1 year	<p># of laboratories initiated SLIPTA/SLMTA</p> <p># of visits by CPH to the labs to monitor the stepwise process and identify areas for improvement</p> <p># report on corrective actions of major nonconformities</p>	<p>Ukraine Laboratory services requiring constant update and strengthening for improved testing, ART scale up, epidemiological surveillance and other related activities. It is expected that SLIPTA/SLMTA will contribute to continuous QI</p>	<p>SLIPTA implementation plan with prioritization of potential applicant laboratories developed</p> <p>3 labs initiated SLMTA</p> <p>3 visits by CPH lab branch to the regional labs to monitor SLMTA process conducted</p> <p>3 reports on corrective actions issued</p>	
4	National lab guidelines for HIV molecular tests developed	1 year	<p>3 Trainings for national SME's</p> <p>2 mentoring visits to CPH NRL</p> <p># of Standards translated to Ukrainian</p>	<p>Ukraine laboratories use in practice old outdated guidance on molecular testing which slow down VL scale up</p>	<p>National lab guidelines for HIV molecular tests developed</p> <p>Trainings and international standards will be the base to develop updated version of the National guidance on HIV molecular testing</p>	

Row	Year Two (COP/ ROP19) Annual Benchmark	Note: FY19 Q2 and Q4 results will be recorded here for monitoring.	Year Three (COP/ ROP20) Annual Benchmark	Note: FY19 Q2 and Q4 results will be recorded here for monitoring.
3				
4				

Row	Funding Agency	Implementing Partner Name	Program Area	COP18 Strategic Objective	Approach	COP18 Activity (above-site, above-service delivery)	Key Systems Barrier	Related SID 3.0 Element	SID 3.0 Element Score
5	State/EUR	NPHC Laboratory Renovation	HSS	Renovate space for the National HIV Reference Laboratory (NHRL) of the Center for Public Health	Construction and renovation	This mechanism will provide construction monitoring services (CMS) for third-party oversight of the laboratory renovation of the National HIV Reference Laboratory in Kyiv.	Detection, linkage, retention of KPs	10. Laboratory: 4.6	4.6
6	HHS/CDC	Alliance MAT	PREV	Facilitate development of MAT 2019 clinical protocol and standards on treatment of opioid dependency (TOD), piloting of viable MAT models	Technical area guidelines and tools	Develop 2019 National Clinical Protocol (NCPTOD) and Treatment standards on treatment of opioid dependency (TS on TOD) and update in-service MAT training curricula accordingly. Pilot and evaluate viable/sustainable MAT models	New and Efficient service delivery models	6. Service Delivery: 4.6	4.6

Row	Expected Outcome	Expected Timeline for Achievement of Outcome (1, 2, or 3 years)	Relevant Indicator or Measurement Tool	COP18 Baseline Data	Year One (COP18) Annual Benchmark (Planned)	Note: FY19 Q2 and Q4 results will be recorded here for monitoring.
5	RPSO will select a third-party design firm to provide construction monitoring services for the renovation project. The third party CMS will ensure compliance with the terms of the contract, help ensure quality of the work performed, and safeguard against waste, fraud, and abuse.	1 year	# of companies interested in the solicitation expressed their interest 1 Agreement with design firm signed	The Regional Procurement Support Office in Frankfurt, Germany, intends to issue a Firm-Fixed-Price type design-build contract Rre-solicitation notice for the Ukraine lab renovation project will be published in March 2018	Design firm to provide construction monitoring services for the NRL renovation project selected after the bidding procedures	
6	Improved quality and sustainability of MAT	1 year	#of NCPTOD developed/revised #TS on TOD developed # viable/sustainable MAT models piloted/evaluated	NCPTOD needs revision There're no TS on TOD MAT model piloting/assessment procedures developed and approved	1 NCPTOD revised 1 TS on TOD developed 3 viable/sustainable MAT models piloted/evaluated	

Row	Year Two (COP/ ROP19) Annual Benchmark	Note: FY19 Q2 and Q4 results will be recorded here for monitoring.	Year Three (COP/ ROP20) Annual Benchmark	Note: FY19 Q2 and Q4 results will be recorded here for monitoring.
5				
6				

Row	Funding Agency	Implementing Partner Name	Program Area	COP18 Strategic Objective	Approach	COP18 Activity (above-site, above-service delivery)	Key Systems Barrier	Related SID 3.0 Element	SID 3.0 Element Score
7	HHS/CDC	NPHC/U CDC Epi/Surv /QI	HSS	Implement Laboratory QM/QI system to ensure quality of HIV related testing (HIV serology, VL, CD4, OI)	Laboratory quality improvement and accreditation	NRL and CPH will aim to increase the number of labs implementing QI and gaining ISO 15185 accreditation NRL and CPH will work to ensure adoption and implementation of Strategic Laboratory Plan which is to be developed as a part of COP17 SILAB project	Detection, linkage, retention of KPs	10. Laboratory: 4.5	4.5
8	HHS/HRSA	ITECH	HSS	Support for clinical trainings, training data base & training evaluation	Workforce development, pre-service training	Support development, updates of HIV clinical in-service training curricula for physicians and nurses, support Train Smart HIV in-service training data base	Detection, linkage, retention of KPs	7. Human Resources for Health: 6.0	6.0

Row	Expected Outcome	Expected Timeline for Achievement of Outcome (1, 2, or 3 years)	Relevant Indicator or Measurement Tool	COP18 Baseline Data	Year One (COP18) Annual Benchmark (Planned)	Note: FY19 Q2 and Q4 results will be recorded here for monitoring.
7	<p>QI approach implemented at labs</p> <p>Number of labs with accreditation increased</p> <p>Adoption and implementation of Strategic Laboratory Plan</p>	2 years	<p># of labs with QI/QA implemented</p> <p>Strategic Laboratory plan adopted and implemented</p> <p># of labs initiate the process for accreditation</p>	Regulations to Monitor Quality of Laboratories and Point of Care Testing (POCT) Sites	<p>NRL HIV Lab achieve ISO 15185 accreditation</p> <p>Adoption and implementation of Strategic Laboratory Plan</p>	
8	Improved access to ART and its quality	1 year	<p>#of of HIV clinical in-service training curricula for physicians and nurses developed/updated</p> <p>#of of HIV in-service training data bases supported</p>	<p>5 HIV clinical in-service training curricula for physicians need revision. 2 new curricula for physician are to be developed</p> <p>There's no HIV clinical curricula for nurses</p> <p>TrainSmart training data base needs support</p>	<p>5 HIV clinical in-service training curricula for physicians are revised and updated</p> <p>2 new HIV clinical in-service curricula for physician are developed</p> <p>1 new HIV clinical in-service curricula for nurses developed</p> <p>1 HIV in-service training data base supported</p>	

Row	Year Two (COP/ ROP19) Annual Benchmark	Note: FY19 Q2 and Q4 results will be recorded here for monitoring.	Year Three (COP/ ROP20) Annual Benchmark	Note: FY19 Q2 and Q4 results will be recorded here for monitoring.
7	one Lab successfully passed National ISO accreditation			
8				

Row	Funding Agency	Implementing Partner Name	Program Area	COP18 Strategic Objective	Approach	COP18 Activity (above-site, above-service delivery)	Key Systems Barrier	Related SID 3.0 Element	SID 3.0 Element Score
9	HHS/HRSA	AIHA Twinning HRSA	PREV	Technical assistance to the Government of Ukraine for the strengthening of blood transfusion services	Policy and governance	<p>Provide TA for MOH on Strategy for National Blood system development</p> <p>CIMS implementation</p> <p>Continuous QI/QA at the blood centers</p> <p>Linkage of HIV + donors to AIDS centers</p> <p>Improve the quality of HIV, HBV, and HCV testing by participation in EQA scheme</p>	Detection, linkage, retention of KPs	9. Quality M-nt: 3.2	3.2

Row	Expected Outcome	Expected Timeline for Achievement of Outcome (1, 2, or 3 years)	Relevant Indicator or Measurement Tool	COP18 Baseline Data	Year One (COP18) Annual Benchmark (Planned)	Note: FY19 Q2 and Q4 results will be recorded here for monitoring.
9	<p>Strategy for National blood system reform finalized</p> <p>National CIMS identified</p> <p>Blood centers achieving compliance toward meeting the requirements for international or national certification as a stepwise approach toward accreditation</p> <p>Strengthening initial screening of donors using a medical and behavioral screening questionnaire</p> <p>All pilot sites with a testing lab have participated in all stages of the extended EQA in 2017 and passed with a score not less than 90%</p>	1 year	<p># MOH WG meetings related to Strategy of Blood System Reform and its implementation plan development</p> <p>#the report on CIMS available in Ukraine for the National Blood Donor Registry and recommendations to MOH for selection of CIMS for national used</p> <p>Proposal for national Blood Computer information system (CIMS) developed</p>	<p>Under current health reform there is a need to form National Blood Safety strategy</p> <p>There is no one unique National CIMS in Ukraine</p> <p>There is a need to have National CIMS to ensure the accuracy and reliability of data collected.</p> <p>In 2016 410, 929 donors screened,1332 (0,3%) HIV confirmed positives indentified</p> <p>CIMS will be used to determine the safety and acceptability of donors and the associated blood, and blood components for transfusion.</p>	<p>Report on the scope, costs of CIMS, improvement to satisfy the needs of the national blood service in using the CIMS for national and local purpose identified and submitted to MOH</p> <p>Pilot sites have achieved acceptable levels of improvement according to a defined roadmap to meet international and EU requirements for accreditation</p> <p>Effective linkage Algorithm identified, accepted and implemented by AIDS Centers</p>	

Row	Year Two (COP/ ROP19) Annual Benchmark	Note: FY19 Q2 and Q4 results will be recorded here for monitoring.	Year Three (COP/ ROP20) Annual Benchmark	Note: FY19 Q2 and Q4 results will be recorded here for monitoring.
9				

Row	Funding Agency	Implementing Partner Name	Program Area	COP18 Strategic Objective	Approach	COP18 Activity (above-site, above-service delivery)	Key Systems Barrier	Related SID 3.0 Element	SID 3.0 Element Score
10	HHS/CDC	NPHC/U CDC Epi/Surv /QI	HSS	Build national HIV SI and surveillance systems	Host country institutional development	CPH will organize a training series to build their capacity in data analysis, surveillance, HIV epidemic modelling, writing reports, and providing effective presentations. In addition, this approach will address host country funding of KP surveillance	Detection, linkage, retention of KPs	13. Epid &Health Data: 6.0	
11			HSS	Build national HIV SI and surveillance systems	Surveys and surveillance	In addition, CPH will be working on IBBS protocol for 2020	Detection, linkage, retention of KPs	13. Epid &Health Data: 6.0	
12	HHS/CDC	NPHC/U CDC Epi/Surv /QI	HSS	Build national HIV SI and surveillance systems	Surveys and surveillance	In COP 18 CPH SILAB project will conduct a study on HIV drug resistance among ART experienced and naïve adults.	Detection, linkage, retention of KPs	13. Epid &Health Data: 6.0	

Row	Expected Outcome	Expected Timeline for Achievement of Outcome (1, 2, or 3 years)	Relevant Indicator or Measurement Tool	COP18 Baseline Data	Year One (COP18) Annual Benchmark (Planned)	Note: FY19 Q2 and Q4 results will be recorded here for monitoring.
10	<p>CPH staff will improve their knowledge on data analysis, surveillance, HIV epidemic modelling, writing reports, and providing effective presentations</p> <p>Partial funding of KP surveillance by Ukraine's government incorporated into the National AIDS Program for 2019-2023</p>	1 year	<p>CPH staff will improve their knowledge on data analysis, surveillance, HIV epidemic modelling, writing reports, and providing effective presentations</p> <p>Partial funding of KP surveillance by Ukraine's government incorporated into the National AIDS Program for 2019-2023</p>	Based on gaps identified in two assessments conducted during COP17 an assessment of the HIV surveillance system and an assessment of the HIV M&E system plan on trainings will be developed	<p>CPH staff will improve their knowledge on data analysis, surveillance, HIV epidemic modelling, writing reports, and providing effective presentations</p> <p>Partial funding of KP surveillance by Ukraine's government incorporated into the National AIDS Program for 2019-2023</p>	
11	Protocol for IBBS 2020 among KPs developed and approved	1 year	Protocol for IBBS 2010 among KPs developed and approved	IBBS from METIDA will be transition to CPH	Protocol for IBBS 2020 among KPs developed and approved	
12	<p>Data collected, lab samples shipped to Atlanta and analyzed</p> <p>Report on HIV DR study developed and disseminated</p>	1 year	<p>Data collected, lab samples shipped to Atlanta and analyzed</p> <p>Report on HIV DR developed and disseminated</p>	<p>The last HIV DR survey in Ukraine was conducted in 2012</p> <p>There is no HIV DR data available</p> <p>Considering the implementation of ART optimisation strategy and ART scale up there is a need to monitor HIV DR data on regular basis</p>	<p>Data collected, lab samples shipped to Atlanta and analyzed</p> <p>Report on HIV DR study developed and disseminated</p>	

Row	Year Two (COP/ ROP19) Annual Benchmark	Note: FY19 Q2 and Q4 results will be recorded here for monitoring.	Year Three (COP/ ROP20) Annual Benchmark	Note: FY19 Q2 and Q4 results will be recorded here for monitoring.
10				
11				
12				

Row	Funding Agency	Implementing Partner Name	Program Area	COP18 Strategic Objective	Approach	COP18 Activity (above-site, above-service delivery)	Key Systems Barrier	Related SID 3.0 Element	SID 3.0 Element Score
13	HHS/CDC	NPHC/U CDC Care and Treatment	C&T	Support development of national ART policies and development of evidence-based clinical recommendations on ART	Technical area guidelines and tools	Activities to support implementation of evidence-based HIV treatment and clinical recommendations on: rapid ART initiation, differentiated services, multi-month scripting, pre-exposure prophylaxis, a change from protease inhibitors to integrase inhibitors as first-line ART for PLHIV initiating therapy, and the transition of PLHIV on AZT, NVP, LPV to more effective and safer antiretrovirals.	Test and START	6. Service Delivery: 4.6	4.6
14			HSS	Build institutional and technical capacity of the CPH in SI	Surveys and surveillance	During October 2018-March 2019 METIDA NCE will finalize the study initiated in FY18 "Risk Factors for HIV among Young HIV-positive Females and their Partners"	Detection, linkage, retention of KPs	13. Epid & Health Data: 6.0	6.0

Row	Expected Outcome	Expected Timeline for Achievement of Outcome (1, 2, or 3 years)	Relevant Indicator or Measurement Tool	COP18 Baseline Data	Year One (COP18) Annual Benchmark (Planned)	Note: FY19 Q2 and Q4 results will be recorded here for monitoring.
13	COP18 deliverables will include a decrease in the time for ART initiation, an expansion of ART access points, differentiated services, and multi-month scripting in all 12 focus regions, increased access to and use of pre-exposure prophylaxis, and an increase in the number of PLHIV receiving integrase inhibitors as first-line ART.	2 years	<p># tools developed to review ART regimens for appropriateness, drug combinations developed and piloted at regions</p> <p>% of supported ARTs sites have a system QA/QI system in place</p> <p>% of supported ARTs sites that implemented optimized dispensing services</p>	New Ukrainian HIV treatment and prevention guidelines are expected in mid-2018;	<p>Tools to review ART regimens for appropriateness, drug combinations developed and introduced in 12 PEPFAR regions</p> <p>National ART optimization strategy based on WHO recommendation implemented in 12 PEPFAR regions</p> <p>Optimized ART dispensing practices: dispense 3-6 month supply for ART practice at 50% pilot sites in PEPFAR regions</p>	
14	In COP18 the study will be finalized, its results will contribute to the gaps of HIV epidemiology in the country (information on heterosexual way of transmission).	1 year	Report on the results of the study published	There is a misconception among health care providers that heterosexual ways of HIV transmission prevails	The study initiated in FY18 "Risk Factors for HIV among Young HIV-positive Females and their Partners" finalised and report published	

Row	Year Two (COP/ ROP19) Annual Benchmark	Note: FY19 Q2 and Q4 results will be recorded here for monitoring.	Year Three (COP/ ROP20) Annual Benchmark	Note: FY19 Q2 and Q4 results will be recorded here for monitoring.
13	<p>Optimized ART dispensing practices: dispense 3-6 month supply for ART practice at 80% sites in PEPFAR regions</p> <p>Training of Trainers on TEST and Start</p> <p>Development of improved adherence tools to minimize LTFU</p>			
14				

Row	Funding Agency	Implementing Partner Name	Program Area	COP18 Strategic Objective	Approach	COP18 Activity (above-site, above-service delivery)	Key Systems Barrier	Related SID 3.0 Element	SID 3.0 Element Score
15	HHS/CDC	Follow On Alliance METIDA	HSS	Build institutional and technical capacity of the CPH in SI	Host country institutional development	Increase capacity of National CPH, regional CPH and regional HIV M&E centers to collect, analyze and use HIV SI data, including DQA. Strengthen CPH capacity to conduct IBBS.	Detection, linkage, retention of KPs	13. Epid & Health Data: 6.0	6
16	HHS/CDC	Follow On Network ACCESS	HSS	Build capacity of GoU to manage and sustain HIV MIS, ensure HIV MIS interoperability with other systems	Information systems	Development and approval of regulations enabling HIV MIS commercial use and interoperability with other MIS Maintenance of central data repository and software updates	Detection, linkage, retention of KPs	6. Service Delivery: 4.6	4.6

Row	Expected Outcome	Expected Timeline for Achievement of Outcome (1, 2, or 3 years)	Relevant Indicator or Measurement Tool	COP18 Baseline Data	Year One (COP18) Annual Benchmark (Planned)	Note: FY19 Q2 and Q4 results will be recorded here for monitoring.
15	CPH prepared to supervise IBBS in 2020 CPH leads DQA activities and provide guidance for the regions	1 year	# of Trainings on SI for CPH # regional visits by CPH on DQA	METIDA APH has been leading IBBS study. In COP 18 METIDA will build CPH capacity and transition IBBS study to CPH SI team	CPH prepared to independently organize IBBS in 2020	
16	Improved quality of medical information, better linkage to care and treatment, improved quality of treatment	1 year	#of regulations enabling HIV MIS commercial use and interoperability with other MIS developed and approved #of central data repositories maintained #of HIV MIS software complexes kept updated	No regulations enabling HIV MIS commercial use and interoperability with other MIS developed and approved One central data repository need maintenance HIV MIS software complex is to be kept updated	1 regulation enabling HIV MIS commercial use and interoperability with other MIS developed and approved One central data repository maintained One HIV MIS software complex kept updated	

Row	Year Two (COP/ ROP19) Annual Benchmark	Note: FY19 Q2 and Q4 results will be recorded here for monitoring.	Year Three (COP/ ROP20) Annual Benchmark	Note: FY19 Q2 and Q4 results will be recorded here for monitoring.
15				
16				

Row	Funding Agency	Implementing Partner Name	Program Area	COP18 Strategic Objective	Approach	COP18 Activity (above-site, above-service delivery)	Key Systems Barrier	Related SID 3.0 Element	SID 3.0 Element Score
17	HHS/CDC	<Placeholder - 70401 Ukraine HHS/CD C>	HSS	Technical assistance to CPH on improving public health laboratories services	Host country institutional development	TA based on Twinning initiative-long-term partnerships and frequent communication between international and Ukrainian professionals will transform the public health labs, including the HIV labs, to sustainable, cost-effective, and dynamic systems	Detection, linkage, retention of KPs	10. Laboratory: 4.5	4.6

Row	Expected Outcome	Expected Timeline for Achievement of Outcome (1, 2, or 3 years)	Relevant Indicator or Measurement Tool	COP18 Baseline Data	Year One (COP18) Annual Benchmark (Planned)	Note: FY19 Q2 and Q4 results will be recorded here for monitoring.
17	<p>Laboratory Network Management structure will be established to support the implementation of a National Laboratory Strategy</p> <p>Twinning partnership with APHL member labs will continued to meet CPH needs and strengthened lab data quality for HIV surveillance and effectiveness of HIV testing strategy implementation</p>	2 years	<p># meetings to monitor implementation of operational plan on Public Health Lab Strategies</p> <p># of exchange visits btw labs</p> <p># of web-based meetings btw Public health laboratories to exchange experience of public health network</p>	<p>The establishment of the Public Health System in Ukraine will require a synchronous improvement of the PH laboratory services. In accordance with the results of the Ukraine PHL system assessment in 2015-2016, Ukraine has constraints on the establishment of PH basic laboratory functions.</p>	<p>1 report on Laboratory Network Management structure developed</p> <p>4 of exchange visits btw labs conducted</p> <p>12 web-based meetings btw Public health laboratories to exchange experience of public health network conducted</p>	

Row	Year Two (COP/ ROP19) Annual Benchmark	Note: FY19 Q2 and Q4 results will be recorded here for monitoring.	Year Three (COP/ ROP20) Annual Benchmark	Note: FY19 Q2 and Q4 results will be recorded here for monitoring.
17	<p>1 report on operational implementation Public Health Lab Strategy developed</p> <p>4 of exchange visits btw labs conducted</p> <p>12 web-based meetings btw Public health laboratories to exchange experience of public health network conducted</p>			

Row	Funding Agency	Implementing Partner Name	Program Area	COP18 Strategic Objective	Approach	COP18 Activity (above-site, above-service delivery)	Key Systems Barrier	Related SID 3.0 Element	SID 3.0 Element Score
18	HHS/CDC	<Placeholder - 70402 Ukraine HHS/CDC>	HSS	Accreditation for Health laboratories, Sustainable QMS education and initiation of the PPP in -service trainings for laboratory specialists	Laboratory quality improvement and accreditation	Support stepwise accreditation process for the Ukrainian PH and HIV laboratories	Detection, linkage, retention of KPs	10. Laboratory: 4.5	4.5

Row	Expected Outcome	Expected Timeline for Achievement of Outcome (1, 2, or 3 years)	Relevant Indicator or Measurement Tool	COP18 Baseline Data	Year One (COP18) Annual Benchmark (Planned)	Note: FY19 Q2 and Q4 results will be recorded here for monitoring.
18	<p>TA based on SLIPTA/SLMTA tools trainings and mentoring support for national subject matter experts during SLIPTA assessment visits to oblast-level laboratory sites.</p> <p>QMS curriculum review activities with the Postgraduate Educational Institution for lab specialists.</p> <p>PPP activities continued btw CDC and Roche training initiative</p>	2 years	<p># of laboratories initiated SLIPTA/SLMTA</p> <p># of visits by CPH to the labs to monitor the stepwise process and identify areas for improvement</p> <p># report on corrective actions of major nonconformities</p>	<p>Ukraine Laboratory services requiring constant update and strengthening for improved testing, ART scale up, epidemiological surveillance and other related activities. It is expected that SLIPTA/SLMTA will contribute to continuous QI</p>	<p>3 labs continued SLMTA</p> <p>3 visits by CPH lab branch to the regional labs to monitor SLIPTA process conducted</p> <p>1 meeting on the results of SLMTA implementation</p> <p>2 meetings on QMS curriculum review</p> <p>2 trainings under PPP</p>	

Row	Year Two (COP/ ROP19) Annual Benchmark	Note: FY19 Q2 and Q4 results will be recorded here for monitoring.	Year Three (COP/ ROP20) Annual Benchmark	Note: FY19 Q2 and Q4 results will be recorded here for monitoring.
18	<p>1 Laboratory obtained nationally recognized accreditation</p> <p>3 visits by CPH lab branch to the regional labs to monitor SLIPTA process conducted</p> <p>1 meeting on the results of SLMTA implementation</p> <p>2 meetings on QMS curriculum review</p> <p>2 trainings under PPP</p>			

Row	Funding Agency	Implementing Partner Name	Program Area	COP18 Strategic Objective	Approach	COP18 Activity (above-site, above-service delivery)	Key Systems Barrier	Related SID 3.0 Element	SID 3.0 Element Score
19	HHS/CDC	<Placeholder - 70404 Ukraine HHS/CD C>	C&T	Technical assistance to GOU in strengthening organizational capacity and normative base to fight HIV/AIDS and related co-morbidities	Policy and governance	<p>Technical support to the implementation of the new national ART protocol and ART optimisation</p> <p>Institutionalisation of HIV DR surveillance in Ukraine</p>	Test and START	6. Service Delivery: 4.6	4.6

Row	Expected Outcome	Expected Timeline for Achievement of Outcome (1, 2, or 3 years)	Relevant Indicator or Measurement Tool	COP18 Baseline Data	Year One (COP18) Annual Benchmark (Planned)	Note: FY19 Q2 and Q4 results will be recorded here for monitoring.
19	<p>ART optimization strategy implemented in full scale</p> <p>New ART protocol implemented in 12 oblasts</p> <p>Test and Start Policy implemented in 12 PEPFAR regions</p> <p>TA for HIV DR prevention and strengthening HIV surveillance. Integration of HIVDR prevention and surveillance in national routine M&E programmes.</p>	1 year	# TWG and workshops on HIVDR surveillance	There is no data available on HIV DR surveillance	<p>All PEPFAR supported facilities to have SOPs and Tools on Test and Start implementation</p> <p>HIVDR routine surveillance system implemented</p>	

Row	Year Two (COP/ ROP19) Annual Benchmark	Note: FY19 Q2 and Q4 results will be recorded here for monitoring.	Year Three (COP/ ROP20) Annual Benchmark	Note: FY19 Q2 and Q4 results will be recorded here for monitoring.
19				

Row	Funding Agency	Implementing Partner Name	Program Area	COP18 Strategic Objective	Approach	COP18 Activity (above-site, above-service delivery)	Key Systems Barrier	Related SID 3.0 Element	SID 3.0 Element Score
20	HHS/CDC	<Placeholder - 70404 Ukraine HHS/CDC>	HSS	Technical support to GOU in fighting HIV and related co-morbidities according to the best international practices	Workforce development, pre-service training	ART training and mentorship of the national specialists by the experts of the WHO Collaborative Centre on HIV and hepatitis treatment, Copenhagen, Denmark	Test and START	6. Service Delivery: 4.6	4.6
21	HHS/CDC	ALLIANC E_ METIDA (ending) NGO Support for SI Activities	HSS	Build institutional and technical capacity of the CPH in SI	Host country institutional development	Increase capacity of National CPH, regional CPH and regional HIV M&E centers to collect, analyze and use HIV SI data, including QGIS and DQA.	Detection, linkage, retention of KPs	13. Epid & Health Data: 6.0	6.0
22	HHS/CDC	ALLIANC E_ METIDA (ending) NGO Support for SI Activities							

Row	Expected Outcome	Expected Timeline for Achievement of Outcome (1, 2, or 3 years)	Relevant Indicator or Measurement Tool	COP18 Baseline Data	Year One (COP18) Annual Benchmark (Planned)	Note: FY19 Q2 and Q4 results will be recorded here for monitoring.
20	<p>CPH treatment specialists are trained on the last international standards for ART at WHO Collaborative Centre on HIV</p> <p>Test and START Policy, ART optimisation implementation facilitated and monitor by CPH Treatment team</p>	1 year	# Trainings conducted by the experts of the WHO Collaborative Centre on HIV	Implementation of ART optimisation, rapid scale up of ART require facilitation and monitoring from CPH Treatment team. WHO will strengthen the capacity of CPH team to lead the ART scale up	<p>All PEPFAR supported facilities to have SOPs and Tools on Test and Start implementation</p> <p>At least one quarterly visit to 2-3 PEPFAR oblasts to be done by WHO experts. During one visit 2-3 high volume AIDS clinics will be visited. Three trainings on ART by WHO international experts from WHO Collaborative Centre on HIV</p>	
21	CPH prepared to supervise IBBS in 2020 CPH leads DQA activities and provide guidance for the regions	1 year	<p># of Trainings on SI for CPH</p> <p># regional visits by CPH on DQA</p>	METIDA APH has been leading IBBS study. In COP 18 METIDA will build CPH capacity and transition IBBS study to CPH SI team	CPH prepared to independently organize IBBS in 2020	
22						

Row	Year Two (COP/ ROP19) Annual Benchmark	Note: FY19 Q2 and Q4 results will be recorded here for monitoring.	Year Three (COP/ ROP20) Annual Benchmark	Note: FY19 Q2 and Q4 results will be recorded here for monitoring.
20				
21				
22				

Row	Funding Agency	Implementing Partner Name	Program Area	COP18 Strategic Objective	Approach	COP18 Activity (above-site, above-service delivery)	Key Systems Barrier	Related SID 3.0 Element	SID 3.0 Element Score
23	HHS/HRSA	ITECH	HSS	Support for clinical trainings, training data base & training evaluation	Assessments, evaluation, operation research	Addressing need for reliable SI data, during COP18 ITECH will finalize the evaluation of HIV Medical Information System (MIS) in three regions of Ukraine (total budget \$100,000, \$ 30,000 in COP18).The result of evaluation will be used to scale up to PEPFAR regions/	Detection, linkage, retention of KPs	13. Epid &Health Data: 6.0	6.0
24	USAID	Serving Life	HSS	Improve existing and develop new MOH and MOJ evidence-based policies, orders, and guidelines related to the expansion of integrated HIV, TB, DR-TB programs for pretrial detainees, prisoners and ex-prisoners, and ensure that a comprehensive package of services is included in national strategies and budgets.	Financial management policies and procedures	Workshops for local administrations to identify the appropriate social contracting mechanism for NGOs to provide package of care for prisoners	Commodity insecurity	6. Service Delivery: 4.6	4.6

Row	Expected Outcome	Expected Timeline for Achievement of Outcome (1, 2, or 3 years)	Relevant Indicator or Measurement Tool	COP18 Baseline Data	Year One (COP18) Annual Benchmark (Planned)	Note: FY19 Q2 and Q4 results will be recorded here for monitoring.
23	<p>Completed evaluation of HIV MIS Results disseminated</p> <p>Recommendations for improvement accounted for in further MIS scale-up</p>	1 year	One report on HIV MIS evaluation completed	<p>In Ukraine the HIV treatment system has faced challenges related to information management and data use: sites used paper based tools to automate certain information management processes for ART</p> <p>HIV treatment clinics lacked in the use of analyses of local treatment data for program improvement</p>	Recommendations for improvement accounted for in further MIS scale-up	
24	Local budgets are located for the NGO service providers in penitentiary sector through social contacting mechanism in the selected pilot sites	3 years	# of NGOs received social contracts through state and/or local budgets	COP 18 baseline data will be identified in the 3rd quarter of Year 1	At least 3 NGOs in the 3 selected regions (1 per each) are involved in comprehensive service provision for prisoners through social contracting	

Row	Year Two (COP/ ROP19) Annual Benchmark	Note: FY19 Q2 and Q4 results will be recorded here for monitoring.	Year Three (COP/ ROP20) Annual Benchmark	Note: FY19 Q2 and Q4 results will be recorded here for monitoring.
23				
24	Scaling up social contracting through NGOs involved in comprehensive service provision for prisoners for another 3 selected regions		Scaling up social contracting through NGOs involved in comprehensive service provision for prisoners for all the selected regions	

Row	Funding Agency	Implementing Partner Name	Program Area	COP18 Strategic Objective	Approach	COP18 Activity (above-site, above-service delivery)	Key Systems Barrier	Related SID 3.0 Element	SID 3.0 Element Score
25	USAID	SAFEMed	HSS	Strengthening Pharmaceutical Governance	Host country institutional development	TA to ensure successful procurement of ARV, MAT drugs and testing commodities by a new government Central Procurement Body (CPB), or alternative mechanisms (international organizations); CPB capacity building and strengthening CPB's interface with sub-national procurement entities. SOPs for stock management development.	Commodity insecurity	8. Commodity Security & Supply Chain: 3.4	3.4
26	USAID	SAFEMed	HSS	Pharmaceutical Sector Finance Optimized	Financial management policies and procedures	TA to develop legislation mechanisms and tools to finance procurement of RTK for the provider initiated testing at the primary health care through a State-Guaranteed Health Benefits Package. Advocacy for increased procurement and supply of quality generic drugs to be included into the state drug reimbursement program.	Commodity insecurity	8. Commodity Security & Supply Chain: 3.4	3.4

Row	Expected Outcome	Expected Timeline for Achievement of Outcome (1, 2, or 3 years)	Relevant Indicator or Measurement Tool	COP18 Baseline Data	Year One (COP18) Annual Benchmark (Planned)	Note: FY19 Q2 and Q4 results will be recorded here for monitoring.
25	Draft of government ARV/tests procurement for 2020 budget year developed by April 2019; ARV/tests procurement integrated in PROZZORO; 4 high-burden oblasts have HIV commodities (RTK, VL) procured through CPB; no stock outs	2 years	GoU Procurement Plan for HIV Commodities in 2020; MoH operative reports on HIV commodities distribution and deliveries; # of incidents of stock-out of ARVs; # of incidents of stock-out of testings kits (RTKs, VL)	By March 19, 2019 the Law on International Procurement of drugs for the State health programs expires; More than 50 Re-distribution orders of MoH to prevent ARV and VL stock-outs in 2017	Draft of government ARV/tests procurement plan for 2020 budget year developed by April 2019; Draft solution to include ARV and RTKs procurement in the GoU's PROZZORO system developed; Re-distribution orders of MoH to prevent ARV stock-outs in PEPFAR focal oblasts decreased by 50%	
26	HIV commodities are included into State-Guaranteed Health Benefits Package. Minimum legislative package drafted and submitted to the Government of Ukraine; Financing tool of procurement of RTK at the local level developed and piloted in 2 selected oblasts	2 years	# of Legal and regulatory acts on the State-Guaranteed Health Benefits Package, including HIV commodities; Financing tool of procurement of RTKs at the local level; #of regions piloting financila tool to procure RTKs	State-Guaranteed Health Benefits Package at the PHC is under development by MoH by April 2018	HIV commodities are included into State-Guaranteed Health Benefits Package. Minimum legislative package drafted and submitted to the Government of Ukraine; Financing tool of procurement of RTK at PHC developed and piloted in 2 selected oblasts	

Row	Year Two (COP/ ROP19) Annual Benchmark	Note: FY19 Q2 and Q4 results will be recorded here for monitoring.	Year Three (COP/ ROP20) Annual Benchmark	Note: FY19 Q2 and Q4 results will be recorded here for monitoring.
25	<p>GoU ARV/tests procurement plan for 2021 budget year developed by March 2020; ARV and RTKs procurement are included into the GoU's PROZZORO system and utilized by the 4 high burden regions; Re-distribution orders of MoH to prevent ARV stock-outs in PEPFAR focal oblasts decreased by 85%</p>			
26	<p>50% of the PEPFAR focal regions utilise financing tool to procure RTKs</p>			

Row	Funding Agency	Implementing Partner Name	Program Area	COP18 Strategic Objective	Approach	COP18 Activity (above-site, above-service delivery)	Key Systems Barrier	Related SID 3.0 Element	SID 3.0 Element Score
27	USAID	SAFEMed	HSS	Availability and Appropriate Use of Essential Medicines Increased	Information systems	TA to the Public Health Center and oblasts to quantify commodities (RTK and VL) under the new HIV protocol, and to develop and test quantification tool for ARVs, testing commodities. Develop and pilot LMIS: capacity building to apply and operate LMIS for efficient planning and managing HIV supplies	Commodity insecurity	8. Commodity Security & Supply Chain: 3.4	3.4
28	USAID	Health Link	C&T	Increased and sustained demand for high quality prevention and treatment services among PLWH and KP	IEC and/or demand creation	HealthLink will implement a communication strategy, to facilitate communication with KP and PLHIV on the benefits of early HIV treatment, and will promote KP and PLHIV to engage in treatment activities. It will use messages and approaches to deliver accurate and relevant information about HIV treatment tailored to specific KP groups.	Test and START	6. Service Delivery: 4.6	4.6

Row	Expected Outcome	Expected Timeline for Achievement of Outcome (1, 2, or 3 years)	Relevant Indicator or Measurement Tool	COP18 Baseline Data	Year One (COP18) Annual Benchmark (Planned)	Note: FY19 Q2 and Q4 results will be recorded here for monitoring.
27	LMIS for the HIV commodities supply chain management developed and inter-operable with the eHealth system. 50 procurement specialists trained in evidence-based quantification and supply planning; Quantification tool for RTK and VL for primary and specialized health care facilities developed	2 years	LMIS working model; # of procurement staff trained; quantification tool for RTKs and VL	Draft version fo LMIS developed; Draft Quantification tool for RTKs and VL developed	Draft version fo LMIS developed; Draft Quantification tool for RTKs and VL developed; 50 procurement specialists trained in evidence-based quantification and supply planning;	
28	Demand creation materials developed for specific KP groups; distributed through sub-grantees, KP groups, and health facilities, communications approaches using targeted media (web-based and mobile application) are implemented, leading to increased demand for HIV testing and ART initiation (especially among MSM and PWID). Community ranking of providers implemented.	2 years	# of communication tools; # of communication materials developed; # od communication materials distributed; # of health providers ranked through community	Formative studies on barriers and enablers to care conducted by Sept 2018; Draft communication strategy developed by Jan 2019	Communication strategy developed and launched for implementation	

Row	Year Two (COP/ ROP19) Annual Benchmark	Note: FY19 Q2 and Q4 results will be recorded here for monitoring.	Year Three (COP/ ROP20) Annual Benchmark	Note: FY19 Q2 and Q4 results will be recorded here for monitoring.
27	LMIS for the HIV commodities supply chain management developed and inter-operable with the eHealth system; Quantification tool for RTKs and VL is used by 50% of PEPFAR regions			
28	Communication strategy is implemented in all PEPFAR focal oblasts			

Row	Funding Agency	Implementing Partner Name	Program Area	COP18 Strategic Objective	Approach	COP18 Activity (above-site, above-service delivery)	Key Systems Barrier	Related SID 3.0 Element	SID 3.0 Element Score
29	USAID	Health Link	C&T	Increased numbers of people who know their HIV status, are linked to care and treatment, and are retained in care and treatment	Assessments, evaluation, operation research	Operational research conducted on new models of outreach and linkage for MSM, new testing models, and assessment of community based models to support ART adherence. This is implemented through an innovations component of the activity.	New and Efficient service delivery models	6. Service Delivery: 4.6	4.6
30	USAID	Health Link	C&T	Reduced stigma, self-stigmatization and discrimination toward PLWH and KPs	Assessments, evaluation, operation research	HealthLink will conduct the Stigma Index to collect information and to identify the dynamics of stigma and discrimination, realization of human rights according to PLHIV's experience (compared to the similar research of 2010, 2013 and 2016) as a barrier to access to the cascade of HIV testing and treatment services.	Detection, linkage, retention of KPs	6. Service Delivery: 4.6	4.6

Row	Expected Outcome	Expected Timeline for Achievement of Outcome (1, 2, or 3 years)	Relevant Indicator or Measurement Tool	COP18 Baseline Data	Year One (COP18) Annual Benchmark (Planned)	Note: FY19 Q2 and Q4 results will be recorded here for monitoring.
29	At least 3 innovative models for outreach, testing and linkage are tested, results are analyzed and recommendations made for improvement or scale-up.	1 year	# of innovative models for outreach, testing and linkage; operation research report		At least 3 innovative models for outreach, testing and linkage are tested, results are analyzed and recommendations made for improvement or scale-up.	
30	Improved evidence base to impact policy with respect to PLHIV and for the implementation of programs aimed at protecting their rights and combating HIV-related stigma and discrimination. Better understanding of the dynamics of stigma and discrimination manifestations against PLHIV compared with the similar research conducted in 2010, 2013 and 2016.	1 year	# of regions involved in HIV Stigma Index study; # of PLHIV participated in the HIV Stigma Index study	2016 Stigma Index Report	HIV Stigma Index conducted in all of the PEPFAR focal regions; Report produced and submitted	

Row	Year Two (COP/ ROP19) Annual Benchmark	Note: FY19 Q2 and Q4 results will be recorded here for monitoring.	Year Three (COP/ ROP20) Annual Benchmark	Note: FY19 Q2 and Q4 results will be recorded here for monitoring.
29				
30				

Row	Funding Agency	Implementing Partner Name	Program Area	COP18 Strategic Objective	Approach	COP18 Activity (above-site, above-service delivery)	Key Systems Barrier	Related SID 3.0 Element	SID 3.0 Element Score
31	USAID	Health Link	HSS	Civil society advocacy actions lead to improved access to quality and effective health services	Financial management policies and procedures	Advocate for local, regional, national level policies and budgeting for HIV services (incl. PrEP), and improved public oversight of government procurement. Increase local budgets for: rapid test kits, prevention and social services, pharmaceuticals.	Commodity insecurity	8. Commodity Security & Supply Chain: 3.4	3.4
32	USAID	Health Link	HSS	Increased numbers of people who know their HIV status, are linked to care and treatment, and are retained in care and treatment	Costing and efficiency analysis	Cost analysis of differentiated models of case management, and recommendation for sustainable models to be integrated into health systems, as a formal component of health service delivery.	Detection, linkage, retention of KPs	12. Technical/ Allocative Efficiencies: 4.4	4.4
33	USAID	Health Link	HSS	Reduced stigma, self-stigmatization and discrimination toward PLWH and KPs	Workforce development, pre-service training	Institutionalize pre-service medical training for stigma and discrimination as a standard part of medical and nursing school curriculum in three oblasts, based on analysis done in COP17. Include stigma and discrimination related questions on standardized medical school exams.	Test and START	7. Human Resources for Health: 6.0	6.0

Row	Expected Outcome	Expected Timeline for Achievement of Outcome (1, 2, or 3 years)	Relevant Indicator or Measurement Tool	COP18 Baseline Data	Year One (COP18) Annual Benchmark (Planned)	Note: FY19 Q2 and Q4 results will be recorded here for monitoring.
31	Increased GoU investment in HIV services for KPs and key commodities. All 12 PEPFAR oblasts will implement these activities. Seven new sub-grants provided to CSOs in: Kirovograd, Dnipro, Zaporizhia, Mykolaiv, Kherson, Odesa, and Donetsk. Five sub-grants from previous year will continue. Local budgets for 2020 will include funds for rapid test kits, and social services.	3 years	# of regions with public oversight of HIV commodities procurement; # of CSOs involved in advocacy for and oversight of HIV commodities procurement; # of local budgets including funds for RTKs and HIV-linked social services	Baseline data will be collected by Quarter 4 of FY2018	Seven new sub-grants provided to CSOs in: Kirovograd, Dnipro, Zaporizhia, Mykolaiv, Kherson, Odesa, and Donetsk. Five sub-grants from previous year will continue. Local budgets for 2020 will include funds for rapid test kits, and social services	
32	Cost analysis report finalized with recommendations for how to institutionalizing case management within the health system, or as services procured with local budgets. Report shared with MoH and stakeholders.	1 year	Report of the Cost analysis of differentiated models of case management	0	Cost analysis report finalized with recommendations for how to institutionalizing case management within the health system, or as services procured with local budgets. Report shared with MoH and stakeholders.	
33	Training program in three medical universities in PEPFAR-focus regions are incorporated into the existing curriculum	1 year	# of medical pre-service educational institutions that incorporated S&D issues in the training curriculum	0	Training program with S&D part are incorporated into the existing curriculum and standardized medical school exams in three medical universities in PEPFAR-focus regions	

Row	Year Two (COP/ ROP19) Annual Benchmark	Note: FY19 Q2 and Q4 results will be recorded here for monitoring.	Year Three (COP/ ROP20) Annual Benchmark	Note: FY19 Q2 and Q4 results will be recorded here for monitoring.
31	X % of increase in local GoU investments in citicla HIV commodities (RTKs) and HIV services provided by CSOs		X % of increase in local GoU investments in citicla HIV commodities (RTKs) and HIV services provided by CSOs	
32				
33				

Row	Funding Agency	Implementing Partner Name	Program Area	COP18 Strategic Objective	Approach	COP18 Activity (above-site, above-service delivery)	Key Systems Barrier	Related SID 3.0 Element	SID 3.0 Element Score
34	USAID	Health Link	PREV	Increased and sustained demand for high quality prevention and treatment services among PLWH and KP	IEC and/or demand creation	To increase demand for HIV prevention activities, such as early initiation of treatment, especially for discordant couples, access to MAT, safe sex counseling, and PrEP, HealthLink's communication strategy will address the issues and beliefs that prevent people from accessing these services. Messages will be tailored for specific KP and population groups.	Test and START	6. Service Delivery: 4.6	4.6
35	USAID	Serving Life	HSS	Improve existing and develop new MOH and MOJ evidence-based policies, orders, and guidelines related to the expansion of integrated HIV, TB, DR-TB and HCV programs for pretrial detainees, prisoners and ex-prisoners, and ensure that a comprehensive package of services is included in national strategies and budgets.	Information systems	The project will provide the technical assistance to the MOJ on introduction and implementation of MIS VIL program in selected prison settings through trainings, on-the-job coaching and mentoring.	Detection, linkage, retention of KPs	13. Epid & Health Data: 6.0	6.0

Row	Expected Outcome	Expected Timeline for Achievement of Outcome (1, 2, or 3 years)	Relevant Indicator or Measurement Tool	COP18 Baseline Data	Year One (COP18) Annual Benchmark (Planned)	Note: FY19 Q2 and Q4 results will be recorded here for monitoring.
34	Demand creation materials developed for specific KP groups are distributed through sub-grantees, KP groups, and health facilities, communications approaches using targeted media (web-based and mobile application) are implemented, leading to increased demand for PrEP, MAT, prevention programs, etc (especially among MSM and PWID). 60% of KP access prevention and health care services over the last 12 months, measured by IBBS.	1 year	# of communication materials for PrEP/ MSM developed; # of communication materials for PrEP/ discordant couples developed; # of communication materials for MAT / PWID developed; # of communication materials distributed;	Baseline data will be collected by Quarter 4 of FY2018	Demand creation materials developed for specific KP groups (MSM, PWID, discordant couples) and distributed through sub-grantees, KP groups, and health facilities in 12 PEPFAR focal oblasts; 60% of KP access prevention and health care services over the last 12 months, measured by IBBS.	
35	MISVIL program is implemented in selected penal facilities ensuring better access and improved quality of services through data entry and information analysis in project regions	3 years	# of penal facilities where MISVIL program is implemented	Penal facilities of Vinnytska oblast, non-PEPFAR region, are in the process of piloting of MISVIL program	50% of penal facilities successfully implemented MISVIL program	

Row	Year Two (COP/ ROP19) Annual Benchmark	Note: FY19 Q2 and Q4 results will be recorded here for monitoring.	Year Three (COP/ ROP20) Annual Benchmark	Note: FY19 Q2 and Q4 results will be recorded here for monitoring.
34				
35	70% of penal facilities successfully implemented MISVIL program		95% of penal facilities successfully implemented MISVIL program	

Row	Funding Agency	Implementing Partner Name	Program Area	COP18 Strategic Objective	Approach	COP18 Activity (above-site, above-service delivery)	Key Systems Barrier	Related SID 3.0 Element	SID 3.0 Element Score
36	USAID	Serving Life	HSS	Improve existing and develop new MOH and MOJ evidence-based policies, orders, and guidelines related to the expansion of integrated HIV, TB, DR-TB and HCV programs for pretrial detainees, prisoners and ex-prisoners, and ensure that a comprehensive package of services is included in national strategies and budgets.	Assessments, evaluation, operation research	To understand low enrollment in care, the assessment of such barriers as stigma, inmate refusal (in hopes of gaining early release), and caste and gender dynamics will be conducted among prison staff and inmates. Development of the assessment protocol, tools, methods and reporting requirements.	Detection, linkage, retention of KPs	9. Quality M-nt: 3.2	3.2
37	USAID	Health Link	HSS	Civil society advocacy actions lead to improved access to quality and effective health services	Policy and governance	HealthLink advocates for implementation of policies (local, regional, national) and legislation that improves equitable access to health services. Patient Advisory Boards to be established at Regional Centers for Public Health to ensure public engagement in planning for health services. Includes support to National AIDS Plan, and implementation of new Testing Policy.	Detection, linkage, retention of KPs	2. Policies & Governance: 8.1	Additionally: Domestic Resources mobilization: 7.0

Row	Expected Outcome	Expected Timeline for Achievement of Outcome (1, 2, or 3 years)	Relevant Indicator or Measurement Tool	COP18 Baseline Data	Year One (COP18) Annual Benchmark (Planned)	Note: FY19 Q2 and Q4 results will be recorded here for monitoring.
36	Assessment results will be used for adapting the overall training approach related to HIV, TB, and DR-TB treatment adherence; revising training materials to reflect evaluation findings; and creating peer counsellors among prisoners to advocate benefits of treatment	2 years	Report on the assessment findings submitted to the project's beneficiary and donor	0 (no such assessment has been doen before)	Findings of the conducted assessment are applied to the adaptation of the training program related to HIV, TB, DR-TB and HCV as well as to the revision of the training materials and creation of peer counselors among prisoners	
37	Six Patient Advisory Boards established. HealthLink participates in development of National AIDS Plan, and new Testing Policy is implemented locally.	2 years	# of Patient Advisory Boards; # of CSOs participating in the National AIDS Plan and new Testing Policy development	Patient Advisory Boards - 0; # of local CSOs participating in NAP development - less than 5; # of local CSOs participating in Testing Strategy development - 0	Six Patient Advisory Boards established. HealthLink participates in development of National AIDS Plan, and new Testing Policy is implemented locally.	

Row	Year Two (COP/ ROP19) Annual Benchmark	Note: FY19 Q2 and Q4 results will be recorded here for monitoring.	Year Three (COP/ ROP20) Annual Benchmark	Note: FY19 Q2 and Q4 results will be recorded here for monitoring.
36	Health care and non-health care staff working at pre-trial and prison settings enhanced their knowledge and skills through the participation in the adapted training program based on training materials revised on the basis of the assessment findings		Enhanced knowledge and skills of health care and non-health care staff working at the pre-trial and penal settings are applied for better motivation of detainees and prisoners for early treatment, improved treatment adherence and increased treatment coverage	
37	Scale-up of Patient Advisory Boards in six more PEPFAR-focal regions			

Row	Funding Agency	Implementing Partner Name	Program Area	COP18 Strategic Objective	Approach	COP18 Activity (above-site, above-service delivery)	Key Systems Barrier	Related SID 3.0 Element	SID 3.0 Element Score
38	DoD	TBD	HSV1	Creation of confidential Patient tracking system Integration of military patient tracking system with civilians AIDS centers to document refferal	Information systems	Development of software that will allow encrypted data exchange between Military Medical Departmet and civilian AIDS centres	Detection, linkage, retention of KPs	13. Epid &Health Data: 6.0	6

Row	Expected Outcome	Expected Timeline for Achievement of Outcome (1, 2, or 3 years)	Relevant Indicator or Measurement Tool	COP18 Baseline Data	Year One (COP18) Annual Benchmark (Planned)	Note: FY19 Q2 and Q4 results will be recorded here for monitoring.
38	Integration of military patient tracking system with civilians AIDS centers to document referral	1 year	Procurement of one software programm and 12 laptops One training for the staff	0	One software programm procured and certifiefied by security service Data base managers trained (10 people: to per 5 sites)	

Row	Year Two (COP/ ROP19) Annual Benchmark	Note: FY19 Q2 and Q4 results will be recorded here for monitoring.	Year Three (COP/ ROP20) Annual Benchmark	Note: FY19 Q2 and Q4 results will be recorded here for monitoring.
38				