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UKRAINE

RESPOND Quality Improvement Collaborative

Partnership and Technical Assistance from
the United States Government

USAID Office of Health

December 15, 2015



PEPFAR – President’s Emergency Plan for AIDS Relief

- 2003: HIV/AIDS was a death sentence
 - 30 million had AIDS virus
 - 4 million required ART but only 50,000 were on it
- Three Phases
 - Phase I (2003-2008): Emergency Response
 - Phase II (2008-2014):
 - ◆ Scale-up of ARVs, PMTCT, comprehensive prevention programs
 - ◆ Partnership Frameworks (government ownership and sustainability)



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PEPFAR – President’s Emergency Plan for AIDS Relief

■ Phase III:

- ◆ Sustainable Control of the HIV/AIDS Epidemic
- ◆ 90-90-90
- ◆ Data-driven Approach that focuses on populations at greatest risk in geographic areas with the highest disease burden

■ Five Action Agendas

- Impact: focuses resources on high-risk populations
- Efficiency: increases transparency, oversight & accountability
- Sustainability: reaching epidemic control and having the systems in place to sustain the control
- Partnership: multi-lateral partnerships
- Human rights: reducing stigma and discrimination



PEPFAR/Ukraine

■ United States Government Partners

- US Agency for International Development
- US Centers for Disease Control
- Peace Corps
- US Department of Defense
- Substance Abuse and Mental Health Services Agencies (2016)

■ Funding Level

- 2015-2016: \$28.3M + \$10.4M in commodity support for 18,000 scale-up patients



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PEPFAR – President’s Emergency Plan for AIDS Relief

■ Priorities

■ Key Populations

- ◆ People Who Inject Drugs (PWID)
- ◆ Female Commercial Sex Workers
- ◆ Men who have Sex with Men

■ Priority Populations

- ◆ Prisoners
- ◆ Sexual Partners of PWID

■ High Burden Geographic Areas

- ◆ Dnipropetrovsk, Kyiv City, Odessa, Mykolayiv, Kherson

■ Medium Burden Geographic Areas

- ◆ Kyiv Oblast, Zaporizhzhya, Cherkasy, Poltava, Chernigiv, and Kirovograd

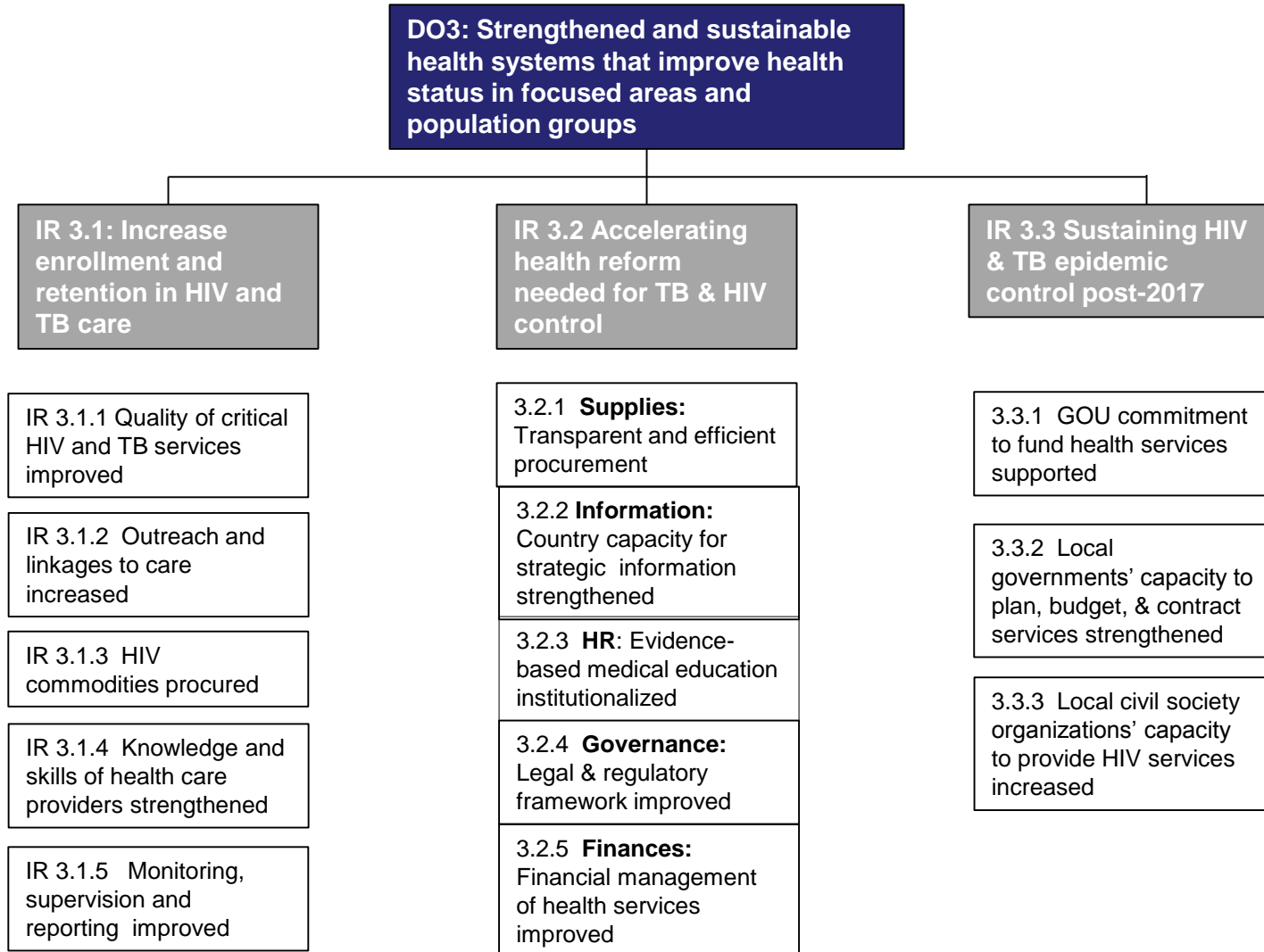


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PEPFAR – President’s Emergency Plan for AIDS Relief

- Target: 72% of HIV+ PWIDs (from 47%) by 2017
- Requirements
 - Sufficient volume of drugs and diagnostic tests
 - Number of PLHIV linked to treatment and care is expanded
 - ◆ Increase treatment eligibility level to <500
 - ◆ Optimized Case Findings (detect new cases and drop-outs)
 - Quality of Services is Improved to Retain PLHIV in treatment and care
 - Prevention, care, and support services are sustained





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Context & Challenges

Health Care Reform

- Frequent personnel changes at the MoH and uncertain status of the current MoH leadership
- Slow pace of health reform
- Lack of a unitary “health reform project”

Financing for Health

- Global Fund phases out in 2017 – concerns about sustainability of GF supported NGOs
- GOU (national and regional) unable to fully fund AIDS and TB Programs
- Health not yet a priority for the government

Plus: Economic instability and the war in the East!

Pharmaceuticals

- Delayed annual government procurements of essential HIV drugs (\$22M in additional support)
- Full supply of ARV drugs through March 2016, after that potential threats to supply
- Methadone not purchased by GoU

Health System

- Parallel and stand-alone services not coordinated
- Absence of Health Management Information System
- Medical staff underpaid; increasing informal payments
- New HIV treatment protocol under development



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Thank You!