Injection Drug Use in Ukraine
THE CHALLENGES OF PROVIDING HIV PREVENTION AND CARE

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March 2012
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Since the first identification of an HIV-infected individual in 1987 in Ukraine’s port city of Odessa, the country has been experiencing what has now become Europe’s most severe HIV epidemic, with a new peak of approximately 20,500 new HIV infections and 21,000 AIDS-related deaths registered in 2010, the most recent year with complete data.

As of 2009, people who inject drugs (PWID) represented about 60 percent of all HIV-infected people in Ukraine, and nearly 50 percent of new HIV infections registered in 2010 were among PWID. Despite this predominance of PWID among the country’s HIV infected population, fewer than 8 percent of all patients receiving antiretroviral treatment (ART) for AIDS in Ukraine in 2010 were PWID.

Ukraine made noteworthy progress in providing access for PWID to uncontaminated needles and syringes, beginning in the mid-1990s. Pilot programs to provide methadone through medication-assisted treatment (MAT) programs began in 2008. However, despite the recent passage of progressive national legislation, movement toward comprehensive care and treatment and prevention programs for PWID has been stymied by a number of technical, administrative, financial, and structural obstacles. As a result, PWID continue to have limited access to care and treatment for drug use, care and treatment for AIDS, and means for effectively preventing HIV infections.

A recently awarded grant to Ukraine from Round 10 of the Global Fund to Fight AIDS, Tuberculosis, and Malaria (henceforth, the Global Fund) has the potential to help address a number of these obstacles over the next several years. In addition, although the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) has not been a major source of HIV/AIDS funding in Ukraine to date, an increasing PEPFAR presence in Ukraine and the signing in 2011 of a formal bilateral Partnership Framework on HIV/AIDS between the governments of Ukraine and the United States provide the U.S. government with additional leverage to ensure that the 2012–2016 Global Fund grant has maximum impact in advancing HIV prevention and other services for PWID.

1. Phillip Nieburg, MD, MPH, is a senior associate with the Global Health Policy Center at CSIS. Lisa Carty, MPH, was, at the time of this assessment, deputy director of the CSIS Global Health Policy Center.
2. The HIV prevalence rate in Ukraine’s population is the highest in Europe.
4. Medication-assisted treatment (MAT) is also sometimes called opiate substitution therapy (OST). For consistency, MAT is the term used in this report. MAT with buprenorphine began in 2004, and MAT programs using methadone were approved in 2008.
Background

The extraordinarily high risk of HIV spread through sharing of syringes among PWID has been well documented, as has the efficacy of medical and public health interventions to prevent HIV transmission and provide effective antiretroviral treatment. In addition, data suggest that unprotected sex between PWID and their non-injecting sexual partners is a bridge for the spread of HIV to the general population. Thus, preventing the spread of HIV among PWID has multiple benefits, including reducing the likelihood of sexual transmission of HIV to the general population and reducing the frequency of mother-to-child transmission of HIV.

Despite these clear benefits of HIV prevention and drug treatment programs among PWID and their sexual partners, political tensions between public health and law enforcement approaches to harm reduction and drug treatment continue to impede the creation and scale-up of effective programs for PWID in many countries, including Ukraine. Successfully addressing the various challenges requires a comprehensive mix of programs for prevention, care, and treatment; social and legal support; and stigma reduction such as those included in the recent joint UNAIDS, UNODC, and WHO recommendations for interventions that are the essential components of a comprehensive program for people who inject drugs (box 1).

Indeed, a recent editorial in *The Lancet* noted that “people who inject drugs have been left behind in global efforts to scale up access to HIV prevention, treatment, care and support.” In the same regard, a June 2011 UN High-level Meeting on AIDS reaffirmed the importance of the underutilized evidence-based interventions that need to be financed, implemented, and scaled up in order to

Box 1
Essential Components of Comprehensive Programs for PWID*

- Access to uncontaminated needle and syringes;
- Access to opiate substitution therapy and other drug dependency treatment programs;
- Access to HIV testing and counseling;
- Access to antiretroviral therapy as needed;
- Prevention and treatment of sexually transmitted infections;
- Access to condom programming for people who use drugs and their sexual partners;
- Targeted HIV/AIDS and IDU information, education, and communication programs;
- Access to viral hepatitis C and hepatitis B prevention, diagnosis, and treatment;

*People who inject drugs.

Source: Adapted from the WHO, UNODC, UNAIDS Technical Guide as cited in footnote 6.

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reduce HIV transmission among PWID and their sexual partners. The resulting UN General Assembly’s Political Declaration on HIV/AIDS calls for a 50 percent reduction of HIV transmission among PWID by 2015.8

In July 2011, a team from the CSIS Global Health Policy Center visited Ukraine to assess the current injection drug use (IDU) and HIV situation, as well as domestic and external programs and policies addressing HIV-related aspects of IDU.9

The CSIS team selected Ukraine because of the severity of its HIV/AIDS epidemic and because it is a pivotal country in several other ways. First, the spread of HIV in Ukraine has been causally linked to the socially embedded challenges of drug use, including among PWID. In addition, for much of the last 20 years, Ukraine had been an HIV-prevention leader among countries of the former Soviet Union, with a long tradition of harm reduction among PWID through legal provision of access to needle and syringe (NSP) exchange programs. More recently, however, the expansion of medication-assisted treatment, or MAT, programs that provide methadone for PWID has been threatened by increasingly active police harassment of patients and health professionals at MAT program sites as well as by program limitations imposed by a number of legal, procedural, and other barriers.

At the same time, even as the operating environment for programs benefitting PWID seems to have become more difficult, both the U.S. government through the inauguration of a formal PEPFAR Partnership Framework with the Government of Ukraine (GOU) and the Global Fund via the commitment of additional funding through its Round 10 grant are now positioned to help accelerate progress in programs for PWID through their support for more comprehensive HIV prevention approaches.10 In particular, two of the three major goals of the PEPFAR Partnership Framework focus on HIV prevention and other services for PWID, an emphasis also shared by the proposed activities supported by the Global Fund's Round 10.

Thus, the rapidly evolving HIV/AIDS response in Ukraine provided an opportunity to examine how the contributions of various external entities, particularly PEPFAR and the Global Fund, could help promote and sustain more constructive approaches by the GOU in its policies on PWID and HIV prevention.11

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11. The CSIS team was well received by, and sincerely appreciates the frank exchanges with, many individuals involved in Ukrainian HIV/AIDS and PWID issues, representing the Government of Ukraine (GOU), indigenous nongovernmental organizations (NGOs), external NGOs, U.S. government entities, other international agencies, and recovering PWID, some of whom had already been infected with HIV.
Table 1: Burdens and Responses: Recent Estimates of Ukraine’s HIV/AIDS and Injection Drug Use Population

<table>
<thead>
<tr>
<th>Description</th>
<th>Estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estimated population of Ukraine (2009)</td>
<td>46 million</td>
</tr>
<tr>
<td>Estimated HIV prevalence among 15–49 year olds (UNAIDS, 2009)</td>
<td>1.1%</td>
</tr>
<tr>
<td>Proportion of women among HIV-infected adults</td>
<td>44%</td>
</tr>
<tr>
<td>Number of people registered with HIV infection (end 2010)</td>
<td>181,609</td>
</tr>
<tr>
<td>Estimated number of adults living with HIV/AIDS (2009)</td>
<td>360,000</td>
</tr>
<tr>
<td>Estimated number of adults needing antiretroviral drugs (2009)</td>
<td>92,000 (25.6% of PLWHA)</td>
</tr>
<tr>
<td>Number of adults receiving antiretroviral drugs (2009)</td>
<td>10,629 (11.6% of need)</td>
</tr>
</tbody>
</table>

National Injection Drug Use Burdens and Programs

<table>
<thead>
<tr>
<th>Description</th>
<th>Estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proportion of all HIV infections in Ukraine linked to IDU</td>
<td>60% (2009)</td>
</tr>
<tr>
<td>Estimated number of PWID (2009)</td>
<td>290,000</td>
</tr>
<tr>
<td>Proportion of opiate injectors among PWID (2008)</td>
<td>78%</td>
</tr>
<tr>
<td>Overall HIV prevalence among PWID (2009)</td>
<td>23.3%</td>
</tr>
<tr>
<td>Proportion of women among PWID</td>
<td>25%</td>
</tr>
<tr>
<td>Example of HIV prevalence differences by gender within single PWID study</td>
<td>Men: 20.1%</td>
</tr>
<tr>
<td></td>
<td>Women: 25.1%</td>
</tr>
<tr>
<td>Proportion of PWID who share syringes</td>
<td>12.6%</td>
</tr>
<tr>
<td>Estimated number of PWID needing ART</td>
<td>9,700</td>
</tr>
<tr>
<td>Number of PWID receiving ART (2010)</td>
<td>1,732</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description</th>
<th>Estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of individuals receiving MAT (2010)</td>
<td>6,025</td>
</tr>
<tr>
<td>Number of MAT sites (2011)</td>
<td>127</td>
</tr>
</tbody>
</table>


People Who Inject Drugs and the HIV/AIDS Situation in Ukraine

Injection of drugs remains a primary means of HIV transmission in Ukraine, although, as in other countries in the region, an increasing proportion of Ukraine’s new HIV infections in recent years is being reported in association with sexual transmission of HIV, including to and from the sexual partners of people who inject drugs, or PWID (see table 1).

Among PWID in different geographic locations in Ukraine, there is a wide range of HIV prevalence—as high as 55 percent in one regional survey. Surveillance for HIV infection at health facilities indicates that HIV prevalence is also high among men who have sex with men (MSM) in
some urban areas, as is HIV prevalence among female sex workers (FSW). Although exact numbers are uncertain, a significant proportion of both MSM and FSW are also PWID.

HIV prevalence among pregnant women in Ukraine’s antenatal programs was estimated to be about 0.9 percent in 2010. However, in five of Ukraine’s 24 oblasts (provinces), the HIV prevalence among pregnant women attending antenatal clinics has been ≥1 percent for the last three years. In addition, information covering the years 2000–2010 also indicates that approximately 39 percent of HIV-infected pregnant women identified in Ukraine over that period were themselves either PWID or sexual partners of PWID.12 High national coverage of programs for prevention of mother-to-child transmission (PMTCT) of HIV has spurred a decrease in mother-to-child transmission rates, from 27.8 percent of mother-infant pairs in 2001 to 6.3 percent in 2008.13 Still, the current figure remains well short of the European Union target of less than 2.0 percent.

The proportion of women among newly registered HIV-infected people has been increasing over time, with women representing 44 percent of all HIV-infected patients registered in Ukraine through 2010, the most recent year with complete data.

As demonstrated repeatedly in many countries,14 including Ukraine,15 women who inject drugs are more likely to be infected by HIV than are men who inject drugs, since women are often “second on the needle.” They are also more stigmatized than their male counterparts, including stigma expressed by men who inject drugs. Because of household responsibilities, including child care, women who inject drugs are less able than men to access harm reduction and drug treatment services. In addition, the requirement of their being registered in various programs to treat this illegal activity raises the specter of their loss of child custody. Pregnant women who inject drugs are less likely to access antenatal care early in their pregnancy and, while pregnant, are less likely to be offered methadone or other pharmacologic treatment for drug use.

However, only a limited number of programs exist in Ukraine to specifically address women’s unique HIV prevention and drug treatment challenges.16 Although the CSIS team heard several descriptions of current PWID programs in Ukraine that include women, the only program that was said to be able to address the child care responsibilities of such women to facilitate their care and treatment was described as small and restricted to women who were already HIV-infected.

Although prisons and/or jails have been shown in many countries to both house many PWID and amplify HIV transmission, few HIV/AIDS-related or PWID-related services were said to exist in Ukraine’s prisons or jails.

The years 2003–2010 have seen a steadily decreasing proportion of young people (15–24 year olds) among those PWID newly registered with HIV. While hard data on injection drug use in

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16. In the recently completed SUNRISE project, USAID reached approximately 1,350 female PWID in five oblasts with gender-specific HIV prevention activities.
Ukraine remain scarce, this increase in age of new PWID is consistent with two widely held impressions: a slow but steady shift in Ukraine of young people who use drugs away from injectable drugs—i.e., toward non-injectable drugs—and, for those who become or remain PWID, a shift toward non-opioid drugs for injection.

The HIV prevalence among 15–49 year olds in Ukraine's lower-risk general population is not known with certainty, but is assumed to be no greater than the 0.9 percent prevalence noted among the overall antenatal clinic population.

As in many other countries, HIV prevalence has been found to be high among Ukraine's tuberculosis (TB) patients. One regional survey indicated a 15.5 percent HIV prevalence among TB patients in the general population and a 21.9 percent HIV prevalence among incarcerated TB patients. Other data suggest that rates of active TB have been falling among incarcerated persons in recent years. However, the most recently available data indicate that more than half of recent AIDS deaths in the country were associated with TB. Of note, a current Round 9 Global Fund grant to Ukraine of nearly US$95 million is entirely focused on support for national TB control activities, including treatment of people with multidrug-resistant (MDR-) TB, many of whom are also infected with HIV.

Infection with Hepatitis C virus (HCV) is now attracting greater attention in Ukraine because of its high prevalence among Ukrainian PWID; the frequency of its severe long-term outcomes of cirrhosis and/or liver cancer; its worsening of HIV outcomes in co-infected people; and the fact that treating hepatitis C is far more complex and costly than its prevention. Unfortunately, the funding for addressing hepatitis C issues that was proposed in Ukraine's Global Fund Round 10 application was significantly reduced during the approval process of that award.

The team was told that although there has been some limited progress made in the gaps noted in a 2007–2008 external evaluation of Ukraine's HIV response, procurement systems remain weak and overall HIV prevention and drug treatment responses had not been scaled up sufficiently since that time to have a population-level impact. HIV/AIDS-specific laboratory capacity also remains inadequate.

**Ukrainian Government Policies and Approaches**

The Government of Ukraine, or GOU, remains inconsistent in its approach to care and treatment of PWID and to HIV prevention for PWID. While some components of the GOU appear committed to addressing PWID as a medical and public health issue, others continue to approach the issue exclusively from a law enforcement perspective. The GOU has to date provided the bulk of AIDS treatment resources for scale-up of ART but has not provided significant resources to support HIV prevention programs and/or services, most of which continue to be provided by indigenous NGOs supported by external resources.

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18. As of September 2011, Ukraine's prison inmates still had little or no access to services for HIV/AIDS, including laboratory confirmation of HIV infection, in part because confirmatory ELISA testing was not available within the prison system. Services for PWID were also limited or nonexistent. Services for IDU were also said to not exist in Ukrainian prisons.

19. The GOU has in the past supported some HIV prevention services through the State Social Service, which provided clean injection equipment for needle exchange programs to NGOs through 2008. The status of that program since 2008 could not be determined.
Recurring turnover of senior staff within the Ministry of Health has been a major obstacle to progress toward a comprehensive national HIV prevention and AIDS and PWID care and treatment response, with at least five health ministers in office during the last 5 years and numerous personnel changes at the deputy and department head levels as well. Each change has required further education and orientation of new MOH leaders about the current MAT, NSP programs, and other HIV prevention–related PWID programs and their challenges.

Widespread stigma against PWID, including stigma expressed by health workers, continues to play a large role in hampering an effective national response to PWID, including its HIV prevention aspects. A related concern is a lack of effective privacy and confidentiality protections within the health system that discourages many people from being HIV-tested and seeking care.

Specific challenges within the current Ministry of Health include a “vertical” health system structure in which health workers in one specialty (e.g., infectious disease) are unable to treat patients with problems (e.g., TB, opiate addiction) that are defined to be outside their specialty. Such restrictions are clearly problematic for the stated goals of providing integrated care at MAT and other PWID care sites.

MAT programs for PWID have been in place for some time but they have not yet been scaled up sufficiently to meet estimated needs. In particular, the current prominent role of the hospital-based and abstinence-based medical specialty of narcology is a challenge to expanding the coverage of successful PWID care and treatment programs. The team was told that the salaries of most Ukrainian physicians, including narcologists, are based on the number of inpatient hospital beds they oversee and that most narcologists are opposed to the use of MAT or any other outpatient-based PWID treatment.20 However, the team also was told that most Ukrainian narcologists are unfamiliar with the principles and success rates of MAT programs as implemented in other settings.

Meanwhile, the GOU has strongly supported—and continues to support—AIDS treatment with antiretroviral (ARV) drugs. However, as has been the case in several recent years, the placing of ARV drug orders for the upcoming year had once again been delayed as of the time of the team’s visit. This recurring issue with delayed procurement of ARV drugs has resulted in subsequent clinic and hospital “stock outs” of ARVs, with many patients experiencing treatment interruptions.

In addition, these late orders for medications have resulted in an inability to use the normal tender and bid purchase system, resulting in the need for “sole source” purchases, at much higher costs to the GOU. One estimate heard by the team more than doubled the ultimate ARV mediation purchase price for the most recent years and, under Ukraine’s fixed budget for medication purchase, cut more than 50 percent of ARV doses available to treat people with AIDS. The team heard suggestions from several sources that this kind of delay and consequent large price increase may have been allowed to occur in the past in order to increase profit margins for indigenous pharmaceutical suppliers. Although concerns about Ukraine’s Global Fund projects were not specifically mentioned in the September 2011 Report of the High Level Independent Review Panel on Fiduciary Controls and Oversight Mechanisms of the Global Fund to Fight AIDS, Tuberculosis and Malaria,21 concerns about this same issue of possible manipulation of medication tendering and

20. Up to the time of the team’s visit, MAT programs had never been part of narcological services in Ukraine.
bidding in many countries were highlighted in that report as a major generic risk to the future of the Global Fund’s portfolio.

Beyond this issue of generally reduced opportunity for AIDS patients in the overall population to receive antiretroviral treatment (ART) is the limited participation of eligible PWID in ART programs. The most recent data indicate that, although PWID represented about 60 percent of all HIV-infected people in Ukraine in 2009, HIV-infected PWID were only about 8.4 percent of all persons registered as needing ART and only 7.9 percent of all persons receiving ART. Thus, compared to other HIV-infected Ukrainians who were not PWID, HIV-infected PWID who needed ART were about 85 percent less likely to be receiving it.

Other challenges for the implementation of MAT programs in Ukraine include a lack of consensus on the appropriate entry criteria for methadone-based MAT programs—e.g., is there a minimal age for participation? Should PWID have failed other efforts to become drug-free before being accepted into MAT programs? In addition, unusually restrictive national narcotic laws and regulations set unreasonable security requirements (alarms, safes, etc.) for even minimal supplies of narcotics that cannot be met by most medical facilities; they prohibit giving more than a one-day supply of methadone to any patient, thus requiring daily patient visits to the clinic or hospital to receive medication and a three-physician commission to approve any dose change and any use of opiates (including methadone) beyond the first three days of use.\(^22\)

These and similar complex guidelines are said to have inhibited participation of a number of Ukrainian health professionals in the necessary expansion of MAT and palliative care programs. Beyond these legal restrictions is the rigorous scrutiny from law enforcement personnel that has included police interrogation of patients and health workers at many clinic sites. Finally, because of the time and staff required to process every individual MAT patient every day, most existing MAT sites are small, providing treatment to fewer than 50 patients each day.

Another major challenge is the ongoing tension between the Ministry of Interior’s strong opposition\(^23\) to the expansion of harm reduction approaches for PWID and the Ministry of Health’s overall approach of addressing PWID as a medical and public health problem requiring HIV prevention and PWID care and treatment.

The GOU is also implementing a process of overall government reform, beyond the health system per se, that has created some uncertainty about the location of institutional responsibility within the GOU. For example, Ukraine’s Ministry of Family, Youth and Sports was specifically identified in the Round 10 Global Fund proposal as the organization that would implement the “gender aspects” of the proposed program. However, that ministry’s total dissolution in late 2010 appears to leave the gender aspects and some of the social and family support aspects of the GOU’s PWID and HIV/AIDS programs planned for implementation with Round 10 Global Fund resources without any specific GOU office responsible for their implementation and/or monitoring.

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\(^22\) Although Ukraine’s restrictive narcotic laws are aimed at reducing drug abuse, they have the added impact of functioning to block patient access to not only methadone but also to effective use of narcotics such as morphine for palliative care, including effective pain control. See, for example, Talha K. Burki, “Ukraine failing to provide evidence-based palliative care,” *Lancet* 378 (Sept. 24, 2011): 1130, and Jason W. Nickerson and A. Attaran, “The inadequate treatment of pain: collateral damage from the war on drugs,” *PLoS Medicine* 9 (January 2012): 1–4.

\(^23\) In some English translations of Ukrainian documents, Ukraine’s Ministry of Interior is referred to as the Ministry of Internal Affairs. For simplicity, this report uses only the Ministry of Interior name.
The Role of the Global Fund to Fight AIDS, Tuberculosis, and Malaria

Since 2003, the Global Fund has been a pivotal and early driver of NGO-based programs in that country as well as a consistent and major supporter of Ukraine’s ongoing efforts to address HIV/AIDS among PWID. In the very first round of Global Fund awards (2003), Ukraine received approximately US$90 million to support programs largely focused on AIDS treatment. Although that initial award was suspended for a brief period in early 2004 because of concern about the slow rate of program implementation, it was quickly reinstated after a new principal recipient organization, the International HIV/AIDS Alliance, took over implementation responsibilities from the Ministry of Health, UNDP, and another national NGO.

Ultimately, those initial Global Fund resources were judged to have been used effectively. Ukraine’s subsequent Global Fund Round 6 grant of approximately US$131 million to the International HIV/AIDS Alliance and the All-Ukrainian Network of People Living with HIV/AIDS is still being implemented, is judged to have made satisfactory progress, and is more focused on HIV prevention among vulnerable groups, including PWID. Projects funded under that Round 6 award are scheduled to end in mid-2012. Ukraine’s still-active Round 9 Global Fund award is focused on TB treatment.

In the face of a virtual absence of GOU resources provided for PWID care and treatment, including HIV prevention, over the last 10–15 years, support from the Global Fund, UNAIDS, the U.S. government, international NGOs, and other external donors has helped create a vibrant and effective network of indigenous HIV/AIDS-related and PWID-related NGOs and civil society organizations (CSOs) that currently provide nearly all of the HIV prevention and treatment programs available to PWID in Ukraine. Although this kind of external support has been critical to the success of the indigenous NGO community in addressing HIV/AIDS and PWID issues, the almost total dependence of these NGOs on Global Fund and other external resources represents both a challenge to their sustainability but also an opportunity for constructive engagement by the GOU.

The most recent Global Fund Round 10 award to Ukraine, initially valued at just over US$300 million and scheduled to begin implementation in January 2012, could help address existing gaps and push the GOU toward greater positive engagement. The proposal and award are focused on five strategic priorities:

- Expansion and scale-up of prevention, care, treatment, and support services for MARPs and other vulnerable groups, including MAT for PWID and their partners;
- Encouragement of a more prominent stewardship role for the GOU and for regional and local governments in the national HIV/AIDS and PWID response;
- Decentralization and integration of social and medical services;
- Support for greater equity and stronger community voices;
- Ensuring adequate quality assurance, program monitoring, and program evaluation.

Early implementation of Round 10 programs has been complicated by controversy over the role of one of the three co-principal recipients (co-PRs). The Ukrainian AIDS Center (UAC) had been slated to assume a significant role in technical, logistic, operational, and management sup-
port for Global Fund grant implementation. However, a series of issues, including concern over the UAC’s ability to carry out some of these functions, resulted in delay in final grant negotiations. In the end, a compromise was reached that involved reducing slightly the initial phase of the award from US$94 million to approximately US$85 million along with a shifting of what were to have been some of the UAC’s responsibilities to the other two co-PRs. At least some of the outstanding balance of the Global Fund award can be made available in the next phase of the award, assuming that progress has been toward the grant’s early objectives.

The U.S. Role in Ukraine

The U.S. Agency for International Development (USAID) has been operating a regional office in Ukraine since 1992, expending more than US$1.6 billion over that period on a range of democracy and development projects. Its FY 2010 HIV/AIDS budget for Ukraine was approximately US$6.7 million.

That USAID/Kyiv mission has in the past supported a broad spectrum of HIV/AIDS-related projects addressing health system capacity development for the GOU and for indigenous NGOs; development and pilot-testing of methadone-based treatment for opiate addiction; improving early access of PWID and other high-risk groups to voluntary HIV testing and counseling; support to the GOU for policy and regulatory updates related to PWID care and treatment and to HIV/AIDS prevention and care; condom access and other gender-sensitive programs for high-risk groups; technical support for improving the HIV/AIDS and other diagnostic capacities of Ukraine’s public health laboratories; support for projects with AIDS orphans and other vulnerable children; and a media partnership to improve awareness of the facts and realities of HIV/AIDS and IDU.

In particular, the recently completed SUNRISE (Scaling-Up the National Response to HIV/AIDS through Information and Services) project supported since 2004 a collaboration of NGOs that in turn supported local communities in building capacity to provide access to a package of HIV prevention services that have included MAT since 2008 and that directly complemented other HIV prevention work being carried out using resources provided by the Global Fund.

Direct PEPFAR funding for HIV/AIDS programs in Ukraine began in 2007, although USAID’s HIV/AIDS control program support began as early as 2004 with the recently ended SUNRISE project. In FY2010, the last year for which budget data is available, USAID’s overall HIV/AIDS budget was just under US$6.7 million with US$1.3 million of that amount specifically allocated to HIV prevention among PWID.

The principles, priorities, and goals of the bilateral Partnership Framework signed by the governments of Ukraine and the United States in February 2011 are intended to guide the future HIV/AIDS-related activities of both parties (see box 2). The framework was the result of extensive negotiations, including the direct engagement of senior U.S. government officials in Washington and Kyiv.

The framework reflects the U.S. government’s emphasis on enhancing sustainability of national HIV/AIDS programs by directing resources and capacity building at both the central and the oblast (state) levels, by targeting technical assistance more specifically, and by making explicit efforts to coordinate its support with Global Fund–supported programs. Significantly, the framework includes specific language on the use of MAT and reflects a more overt human rights–based approach by the U.S. government. It emerged with a fair degree of specificity on key issues (box 2).

The inclusive and transparent approach taken by the U.S. government and the GOU in the preparation of the Partnership Framework, which included numerous collaborative discussions and consultations, was highly valued by external partners in Ukraine and has resulted in the generation of much goodwill and broad support for the framework’s goals. At the time of the team’s visit (five months after the framework’s signing), discussion was ongoing between the U.S. government and the GOU regarding how to move forward with the framework’s implementation. Many of the same external partners involved with the framework’s development expressed the hope that in this next, critical implementation phase, the United States would be as open and inclusive in its approach.

U.S. political support has also proven to be critically important beyond the benefits of the Partnership Framework. During the early 2011 police crackdown on MAT and other care and treatment programs for PWID, the direct intervention of the U.S. government with the GOU had a significant impact in encouraging more reasonable GOU actions and was greatly appreciated by members of Ukraine’s civil society and other external partners.

Box 2

- Based on equality and mutually advantageous foundations;
- Guided by applicable domestic law on both sides;
- Guided by and supportive of Ukraine’s 2009–2013 National AIDS Program (NAP);
- Working toward financial sustainability of NAP;
- Guided by the “three ones”;
- Strengthening of infectious disease surveillance, especially for HIV/AIDS and STIs;
- Consistent with PEPFAR’s goals to achieve concrete results;
- Ensuring a focus on outcomes and impacts;
- Based on mutual accountability, transparency, and collaboration in achieving results;
- Consolidation of GOU policies and programs to allow NGOs to provide prevention, care, and support to PLWHA in highly affected regions of Ukraine;
- Based on closer collaboration between NGOs, GOU, donors, and international organizations;
- Core partners—i.e., GOU’s MOH, U.S. PEPFAR team, UNAIDS, Global Fund’s portfolio manager in Ukraine, and other donor stakeholders like the Clinton Foundation, WHO, UNODC, GIZ, and the Renaissance Foundation—are all to be invited to participate in Partnership Framework discussion, planning, implementation, and monitoring activities.

Goal 1: Reduce level of HIV transmission among PWID and other most at-risk populations (MARPs);
Goal 2: Improve quality and cost-effectiveness of HIV prevention, care and treatment services for MARPs, especially PWID and their sex partners;
Goal 3: Strengthen national and local leadership, capacity, institutions, systems, policies, and resources to support achievement of NAP objectives.
Recommendations to Address Prevention, Care, and Treatment Needs among PWID and Their Sexual Contacts

1. Address gaps in the Ukrainian national plan for comprehensive prevention, care, and treatment for PWID

Although a comprehensive national program that effectively integrates consistent approaches to HIV prevention, AIDS care and treatment, and care and treatment of PWID can be implemented by a mix of national and local government components and civil society organizations (CSOs), only the GOU has the prerogative and authority to create such a national program. Creating such a comprehensive service package for PWIDs that will adequately address their HIV prevention needs requires both a well-integrated public health system and a national commitment to create, fund, and, ultimately, sustain the package.

The GOU needs to reenergize its progress toward expansion, national ownership, and sustainability of Ukraine’s national programs for PWID care and treatment, including HIV prevention and AIDS care, in a way that leads to (1) greater population access to evidence-based programs of comprehensive PWID care and treatment that include AIDS care and HIV prevention; (2) integration of MAT, other harm reduction approaches, and AIDS care and treatment within various GOU-supported programs and service delivery systems (e.g., narcology, TB, family planning, obstetrics, infectious diseases); and (3) continued adherence to hard-won, rights-based legislation regarding PWID and HIV/AIDS.

Several issues emerged as particularly critical priorities to be addressed in the near term with leadership, attention and resources.

- Inequity of ART access needs to be addressed by increasing the access of PWID to ART;
- Recent national legislation and related regulations on the rights of HIV-infected people and PWID need to be implemented;
- Leadership and resources must be provided to CSOs to allow them to continue addressing populations and specific issues that are difficult for the GOU to address effectively;
- GOU resources that are allocated specifically to HIV prevention issues need to be increased;
- The unique and difficult HIV prevention and drug treatment challenges of women who inject drugs need to be addressed through multiple channels with a goal of ensuring that both their medical and social support needs are met. The NGO community will continue to play a critical role in this regard, but the GOU must also do more, including ensuring that appropriate service provision standards are set and that there is clear leadership accountability for their achievement.

Finally, although other HIV/AIDS and PWID intervention programs may eventually need to be strengthened in Ukraine as emerging information clarifies the epidemiology of issues such increasing sexual transmission of HIV and/or changing patterns of drug use away from opiate injection, programs focused on care, treatment and HIV prevention for Ukraine’s highly marginal-
ized PWID population and their sexual partners will need to remain as core interventions for the foreseeable future.


The availability and full implementation of Ukraine’s Round 10 Global Fund award provides the country and its institutions with both adequate resources and a critical opportunity to make significant progress in implementing a comprehensive national program for PWID and for reduction of HIV transmission in general.

Taking advantage of that opportunity will require the GOU and all of its partners, including NGOs, UN and other international agencies, and bilateral and other external donors to focus on successful implementation of its initial Global Fund–supported programs. Equally important, there must be a focus on creating the technical and managerial capacities within Ukraine’s Ministry of Health necessary for it to function effectively as a co-principal recipient of the Round 10 Global Fund award.

3. Leverage the U.S.-Ukrainian Partnership Framework to effect long-term policy change

In contrast to many other PEPFAR countries, in Ukraine the U.S. government is not the major source of external resources to support the national HIV/AIDS response. Nevertheless, the United States clearly has a critical role to play in supporting both the GOU’s efforts and Global Fund programs by providing political leadership as well as technical, policy, and resource support. The 2011 bilateral Partnership Framework provides a powerful platform for advancing policy change and other critical reforms and putting the GOU’s programs on a more successful and sustainable footing in these specific ways:

- The United States should capitalize on the bilateral Partnership Framework’s focus on achieving key GOU policy reforms to push for time-bound GOU commitments on specific action steps to
  - reduce the level of HIV transmission among PWID;
  - improve the quality and cost-effectiveness of HIV services for PWID;
  - strengthen national and regional programs, including leadership.

  Among the most significant actions the GOU has committed to in the Partnership Framework agreement are: expanding access to the package of nine core harm reduction services, integrating MAT into ART services, increasing the role of and financial support for NGOs, improving commodity procurement and establishing an HIV/AIDS-specific line item in both national and local budgets.

- The United States should use the inclusion of specific five-year ”intended outcomes” in the Partnership Framework as a basis for setting intermediary benchmarks to measure progress annually on key framework goals.

- The framework document specifically mentions the need to establish measurable objectives. An annual joint stocktaking of those measurable objectives by the GOU and the U.S. govern-
The acute sensitivities and stigmatization surrounding health issues such as HIV/AIDS and PWID, combined with Ukraine’s complex political situation in recent years, creates a difficult work environment. A number of serious obstacles to full implementation of the Round 10 Global Fund award need to be addressed before sustained progress can be assured. In addition, the country’s ongoing processes of overall government reform, including health system reform, could, if not carefully managed, inadvertently derail some of the improvements planned for HIV prevention, AIDS care, and comprehensive treatment of PWID to be undertaken in Ukraine with Global Fund and GOU resources.25

At the same time, considering Ukraine’s cumulative experience to date and the availability of external resources, the country is poised for more rapid progress. If the outstanding major administrative and structural challenges can be addressed and the political will mobilized and sustained, the availability and eventual full implementation of Ukraine’s Round 10 Global Fund grant will provide the country and its institutions with both adequate resources and with an excellent opportunity over the next several years to use new policies, new laws and regulations, new practices,

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25. These improvements include plans and programs such as decentralization and integrations of social and medical services, encouragement of a more prominent role of the GOU in the national HIV/AIDS and PWID response, ensuring adequate quality assurance for provided services, etc.
and new resources to provide comprehensive and evidence-based AIDS care and PWID care and treatment to all of its affected citizens and to dramatically reduce the spread of HIV among its population. The U.S. government, through its political leadership and through the effective implementation of the bilateral Partnership Framework agreement, can play a critical role in keeping this process on track.
Currently, the U.S. Agency for International Development (USAID), the Peace Corps, the Defense Department’s HIV/AIDS Prevention Program (DHAPP), and the Global AIDS Program of the Centers for Disease Control and Prevention (GAP/CDC) are each involved in various aspects of PEPFAR’s HIV/AIDS-related and PWID-related activities in Ukraine.

The Peace Corps has had staff in Ukraine since 1993 and has worked on HIV prevention issues for the last several years. Its FY 2011 HIV prevention activities focused on issues related to sexual transmission of HIV. The FY 2010 PEPFAR funding for Peace Corps programs was approximately US$330,000.

The Department of Defense’s HIV/AIDS Prevention Program, or DHAPP, provides HIV prevention and AIDS treatment support to the Ukrainian armed forces. DHAPP, though it did not receive PEPFAR direct funding for its Ukraine programs in 2010, is slated to receive a share of approximately US$10 million in supplementary PEPFAR funds intended specifically for implementation of activities included in the bilateral Partnership Framework.

The Centers for Disease Control and Prevention (CDC) office in Ukraine opened in August 2010. Its activities to date have included technical support for collection, analysis, and interpretation of HIV/AIDS surveillance data as well as support for strengthening national laboratory capacity and for program monitoring and evaluation. The FY 2011 budget for that office is expected to be approximately US$4 million.

USAID has been operating a regional office in Ukraine since 1992, expending more than US$1.6 billion over that period on a range of democracy and development projects. Its FY 2010 HIV/AIDS budget for Ukraine was approximately US$6.7 million. In addition to its HIV/AIDS projects, the USAID/Ukraine mission has recently supported a range of health-related activities in the areas of family planning, maternal and infant health, access to safe water, and tuberculosis prevention and control.
Injection Drug Use in Ukraine
THE CHALLENGES OF PROVIDING HIV PREVENTION AND CARE

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