

## Global Fund Proposal

**Country: Ukraine**

**Disease Focus: HIV/AIDS**

### Section 1: Introduction

Ukraine is a lower middle-income country in Eastern Europe whose transition to democracy was hindered by public resistance and the legacy of corruption, which stalled efforts at economic and social reform (CIA World Factbook, 2020). In the 20 years following its independence, Ukraine's economic performance fluctuated before it found itself consistently among the worst in the region (CIA World Factbook, 2020). Additionally, in 2014, a violent conflict began within the nation; the numerous casualties and international criticism resulted in the Ukrainian president's abrupt departure (CIA World Factbook, 2020). Shortly after, Russia invaded Ukraine's Crimean Peninsula, which instigated political conflict between the two nations (CIA World Factbook, 2020). Following these events, an economic crisis ensued, and Ukraine has been working to increase national prosperity ever since.

Considering health care in Ukraine is governed directly by local authorities and funded by budgetary resources, in their current state, the country's health systems cannot provide the necessary assistance to combat the declared HIV/AIDS epidemic. Ukraine's debt burden leaves its health systems receiving only 6.7% of the Gross Domestic Product (CIA World Factbook, 2020), which amounts to \$141 in total health expenditure per capita (World Bank, 2016). However, 240,000 people are living with the disease (CIA World Factbook, 2020) and new cases of infection continue to be registered across the country.

This program aims to ameliorate the HIV/AIDS epidemic in Ukraine by employing trained professionals, distributing medical resources, and developing accessible facilities. The principal goals are to educate, prevent, and treat.

## Section 2: Goals and Logic Model

Inputs	Strategies & Activities	Outcomes
<b>Staff</b> <ul style="list-style-type: none"> <li>• 27 physicians</li> <li>• 27 outreach workers</li> </ul>	<ul style="list-style-type: none"> <li>• Travel between fixed sites in their respective region and conduct HIV/AIDS tests</li> <li>• Manage mobile units in their respective region to broaden the range of service</li> </ul>	<ul style="list-style-type: none"> <li>• Increase the presence of HIV/AIDS professionals available to provide health services and distribute resources</li> </ul>
<b>Stuff</b> <ul style="list-style-type: none"> <li>• 200 sterile needles per drug injector</li> <li>• HIV/AIDS informational pamphlets</li> </ul>	<ul style="list-style-type: none"> <li>• Supply community centers and clinics to carry out their needle exchange programs</li> <li>• Supply mobile units with educational resources</li> </ul>	<ul style="list-style-type: none"> <li>• Decrease the number of infected needles being circulated</li> <li>• Enable the education of key populations</li> </ul>
<b>Space</b> <ul style="list-style-type: none"> <li>• 27 clinics</li> <li>• 27 mobile units</li> </ul>	<ul style="list-style-type: none"> <li>• Serve as a facility to conduct HIV/AIDS testing, manage antiretroviral treatment, and distribute educational resources</li> </ul>	<ul style="list-style-type: none"> <li>• Increase accessibility to HIV/AIDS services</li> </ul>
<b>Systems</b> <ul style="list-style-type: none"> <li>• Increase access to antiretroviral therapy</li> </ul>	<ul style="list-style-type: none"> <li>• Suppress the viral loads of those living with HIV/AIDS</li> </ul>	<ul style="list-style-type: none"> <li>• Reduce HIV/AIDS incidence</li> </ul>

Ukraine is composed of 27 regions. The employment of 27 physicians, tasked with traveling between fixed sites in their respective regions to conduct HIV/AIDS tests, in conjunction with the employment of 27 outreach workers, tasked with managing mobile units in their respective regions to broaden the range of HIV/AIDS services, will increase the presence of HIV/AIDS professionals across the nation and subsequently enable treatment and education.

In compliance with recommendations from the World Health Organization, the acquisition of 200 sterile needles per drug injector would sufficiently supply community centers and clinics, allowing them to carry out needle exchange programs to decrease the number of infected needles being circulated. Considering 25% of new HIV infections in Ukraine in 2017 were caused by injecting drug use (Avert, 2019), this would help prevent HIV/AIDS transmission in this manner. Additionally, the informational pamphlets would be distributed across the nation, increasing the Ukrainian people's understanding of the disease, especially those who are most at risk.

The establishment of 27 specialized clinics and 27 mobile units would create facilities to both conduct HIV/AIDS testing and manage antiretroviral treatment, thus, increasing accessibility to HIV/AIDS services. In turn, this increase in access, specifically to antiretroviral therapy would suppress the viral loads of more people living with HIV/AIDS, therefore reducing HIV/AIDS incidence in Ukraine.

The combined efforts of these interventions are designed to develop a more structured health system that is tailored to HIV/AIDS. By doing so, there becomes a well-equipped foundation that permits the education, prevention, and treatment of HIV/AIDS in Ukraine. This is what the country needs because there is currently only general health care; there is no specialized focus on HIV/AIDS despite its heightened presence. This program is all-encompassing, and it strives to impact a wider, more representative body of people, especially those who were historically overlooked but most at risk.

To ensure that this program operates efficiently and achieves the desired results, routine check-ins with the outreach workers will be scheduled to confirm that different geographic communities are being visited and that marginalized populations are being reached. Additionally, unsterile needle intake versus sterile needle output will be monitored using facilities' records.

### **Section 3: Link to Policies and Programs**

In 2014, Ukraine's Ministry of Health established a plan of action to initiate a full-scale reform of the national health care system. The strategy focused on improving quality, ensuring access, and mitigating financial risks (Ministry of Health of Ukraine, 2014). Unfortunately, progress on the endeavor has been delayed indefinitely while Ukraine attempts to overcome its economic crisis. That being said, this program will assume responsibility of improving health care quality and ensuring access to resources and services. It will carry this

out by employing trained professionals and establishing well-equipped, geographically dispersed medical facilities.

Since domestic assistance was historically unavailable, Ukraine receives a great deal of support from international organizations aimed at combating HIV/AIDS. USAID, UNAIDS, PEPFAR, and the World Health Organization provide Ukraine with recommendations and target goals regarding HIV/AIDS education, stigma and discrimination reduction, and HIV/AIDS prevention and treatment. As a result, the country has been able to provide antiretroviral therapy, implement needle exchange and condom distribution programs, and provide sexual education in schools (Owczarzak, 2015). This program will build on the efforts to provide antiretroviral treatment and implement needle exchange programs. It will do so by establishing a clinic in each region that has the capacity to offer antiretroviral treatment and the resources to maintain a needle exchange program.

However, in 2019, Ukraine pledged to allocate \$16 million to the country's HIV/AIDS response. The funds were intended to be used for information services and consultations, harm reduction programs, the distribution of condoms, and HIV/AIDS testing (UNAIDS, 2019). By deploying mobile outreach workers, supplying community facilities with sterile needles, and stationing qualified physicians in each region, this program will be able to supplement the information services and consultations, harm reduction programs, and HIV/AIDS testing being offered by the state.

#### **Section 4: Issues**

##### **Involvement of beneficiaries of the program (e.g. people with or at risk of HIV/AIDS, TB, malaria)**

The number of people getting tested for HIV/AIDS in Ukraine has declined in recent years. Moreover, people who are infected with the disease, particularly those from stigmatized communities, avoid harm reduction assistance due to fear of criminalization. However, by mobilizing HIV/AIDS professionals in Ukraine, people with or at risk of the disease have increased access to health services. With more availability to HIV/AIDS preventative and treatment resources, it is hopeful that the beneficiaries of the program will seek such assistance because they are now easily accessible. Additionally, the services of this program will not pose a financial burden upon those who participate.

##### **Community participation**

Successfully providing health services requires a degree of popular consensus, meaning local communities need to be engaged in the process.

Unfortunately, the general public in Ukraine has tended to show a lack of trust in both doctors and the benefits of change (Lekhan, 2015). This program will instigate community participation by providing both affected and unaffected people with HIV/AIDS education. In doing so, it is hopeful that the knowledge and resources will be disseminated throughout the various regions to help combat HIV/AIDS by making sure the population is aware of how to prevent the disease's spread.

### **Gender equality issues**

Of the 240,000 HIV/AIDS cases in Ukraine, only 36% are women (UNAIDS, 2019). However, 67% of adult women with HIV/AIDS are being treated, whereas, only 43% of adult men with HIV/AIDS are being treated (UNAIDS, 2019). Despite men being more susceptible to contracting the disease, they are less likely to seek treatment once infected. This program will decrease this gender disparity by normalizing HIV/AIDS treatment. Educating the public on HIV/AIDS will ameliorate the stigma around the disease, and the heightened presence of HIV/AIDS services across the nation will encourage people to accept its place in society and ultimately take advantage of its resources.

### **Social equality issues**

HIV/AIDS is prevalent among people who inject drugs, men who have sex with men, and sex workers. These populations are heavily stigmatized, which contributes to their disinterest in seeking treatment. This program will combat this social issue by providing education to the public about HIV/AIDS to decrease the negative perceptions of the groups at risk of contracting the disease. Furthermore, this program will decrease the number of infected needles being circulated and increase the access to HIV/AIDS treatment to decrease the overall incidence rate. However, it is important to note that those who seek to use these resources will not be punished for their background, as this program seeks to maintain safety instead of criminalize behavior.

### **Human resources development**

The distribution of human resources at treatment locations within Ukraine is notably unbalanced. Some facilities are overstaffed while others are understaffed (World Health Organization, 2013). To balance this disparity, this program ensures that there is at least one fixed site in every region, and at each of said facilities, there is at least one physician specialized in HIV/AIDS. Moreover, this program ensures that there is at least one mobile unit in every region, and at each of said facilities, there is at least one outreach worker.

## **Section 5: Potential Opposition**

Potential opposition to the program could come from the Ukrainian general public, who may be under the belief that allocating more funds and resources to the fight against HIV/AIDS is impractical because ameliorating the issue is reliant on individuals actively and independently seeking help. To address this opposition, this program will engage people with or at risk of HIV/AIDS by working in local communities and establishing relations to make HIV/AIDS services more approachable and desirable.

Additionally, after recently taking interest in transitioning from donor funded to nationally funded disease-specific health care, the Ukrainian government may oppose further work from external organizations, as bearing more of the burden of the response to HIV/AIDS would enable officials at the local and regional levels to assume more authority over how to utilize resources (Green, 2017). To address this obstacle, this program will work alongside the Ukrainian government instead of independently. The endeavors of this program will supplement those in place by the Ukrainian government.

## **Section 6: Impact If Not Implemented**

If this plan is not implemented, overlooked regions of Ukraine, characterized by their current inaccessibility to HIV/AIDS services, will remain a low priority in terms of receiving health care. Additionally, information about HIV/AIDS prevention and treatment will not disseminate throughout the nation. In turn, the number of people practicing unsafe habits, such as having unprotected sex or injecting drugs with infected needles, will continue to increase along with the stigmas of these populations. Moreover, the number of people being tested and treated for the disease will continue to decrease due to the inaccessibility and sparsity of HIV/AIDS services. Overall, these negative outcomes from not conducting this program would enable an increase in the HIV/AIDS incident rate in Ukraine and cause political, economic, and social turmoil.

## Section 7: References

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