



PEPFAR

U.S. President's Emergency Plan for AIDS Relief

Ukraine Country Operational Plan

COP 2021

Strategic Direction Summary

April 23, 2021

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Summary of Changes in COP21 SDS

COP21 Strategic Direction Summary (SDS) incorporates key changes in epidemiological data, program data, program activities, targets, and finance allocations in comparison to COP20 SDS.

Epidemiological country profile and program achievements

The tables and graphs with demographic, epidemiological, and program data were updated to represent the most recent information (Tables 2.1.1, Table 2.1.2, Figure 2.1.3, Figure 2.1.4, Figure 2.1.5, Figure 2.1.6, Figure 2.1.7, Figure 2.1.8, Figure 2.5.1.1, Figure 2.5.1.2, Figure 2.5.1.3, Table A.1).

COP21 MER Targets

The tables with targets were updated according to the COP21 Data Pack Tool calculations (Table 3.1, Table 4.7.1, Table 4.7.3, Table 4.7.4).

Budget Profile and Resource Projections

The Tables and graphs in Appendix B were updated according to the COP21 Fast Tool information (Figure B 1.1., Table B 1.2, Table B 1.3, Table B1.4,)

2.2 New Activities and Areas of Focus for COP 2021, Including Focus on Client Continuity of Treatment

- Removal of treatment initiation and adherence and retention support for prison population, due to transition of this program
- Including ARV home based deliveries for patients who cannot refill their medicines due to COVID-19
- Enhancing support for ART patients to prevent treatment interruptions
- Provision of technical assistance for ART sites, including implementation of screening tool to identify patients at risk of treatment interruptions
- Improving and expanding mental health screening and therapeutic services
- Improving linkage of HIV testing clients to PrEP and MAT services

2.3. Investment profile

The investment profile section was updated according to the results of the latest HIV Resource Alignment exercise (Table 2.3.1., Table 2.3.2).

4.1. Finding the missing and getting them on treatment

- Reorganization of the section according to testing strategies.
- General updates include: PWID included as a target population for multi-testing and adult men for community strategies; emphasis on safe and ethical index; adverse events

reporting; further focus on linkage strategies for self-testing; mental health screening for PWID.

- Transition from prison settings, with focus on offering index services to index clients within the penal sector and index testing offered to elicited contacts in the community.
- Removal of the “secret shopper” for monitoring index testing -- due to COVID concerns. Inclusion of virtual monitoring visits.
- Military initiatives reflect a shift in focus from HIV combination prevention programming to optimization of HIV case-finding (military section updated and moved). Inclusion of SABERS study.

4.3 Prevention, specifically detailing programs for priority programming

- Scale-up of mobile MAT services and integrated services, e.g., testing for HIV, TB, Hepatitis C, referrals to diagnostics, treatment and support services.
- Expansion and improvement of take-home MAT dosing practice.

4.4 Commodities

- Expansion of logistic for implementation of multi-month dispensing of ARV drugs

1.0 Goal Statement

Ukraine made significant progress toward epidemic control in 2020, increasing volume and efficiency of case-finding, accelerating linkage to treatment, and achieving 95 percent viral suppression across the 12 PEPFAR scale-up aggressive regions. Ukraine's progress reflects strong stakeholder engagement from the Ministry of Health, the National Center for Public Health (CPH), and civil society. The Government of Ukraine (GoU) is implementing national policies to streamline diagnosis and improve the quality of care provided to people living with HIV (PLHIV).

The GoU remains committed to the Strategic Development Goals and UNAIDS 95-95-95 targets. PEPFAR Ukraine's robust case-finding, treatment, and retention plans for COP 2021 would bring the 12 PEPFAR scale-up aggressive areas to 82/91/95 by the end of COP 2021, setting the stage for accelerated progress towards 95-95-95 thereafter.

In order to achieve these ambitious goals, PEPFAR-Ukraine's Country Operational Plan (COP) 2021 goals are to:

- Ensure rapid update of ART through:
 - Scaling and optimizing implementation of effective case-finding modalities, including index testing, social network testing, self-testing and multi-testing.
 - Focusing technical assistance (TA) and continuous quality improvement (CQI) on facility-based testing in the six highest-burden oblasts, where 76% of the PLHIV who do not know their status are located.
 - Supporting continued improvements to the policy environment to facilitate further acceleration of linkage to treatment.
- Ensure client-centered treatment and lifelong retention through:
 - Support for removal of remaining bottlenecks to accelerated ARV regimen optimization and full implementation of multi-month dispensation (MMD).
 - Refinement and expansion of continuous quality improvement (CQI) programs to ensure client-centered diagnosis and treatment services.
 - Launching of client-centered retention packages providing PLHIV with wrap-around services to address barriers to adherence.

PEPFAR Ukraine will concentrate resources on accelerating focused case-finding and linkage to find approximately 12,446 undiagnosed PLHIV. PEPFAR will focus on scaling methods that facilitate earlier identification of PLHIV, including index testing, social network testing, and improved provider-initiated testing and counseling (PITC). Case-finding programs will focus outreach on key populations (KP) through expanded community-based and mobile testing, scale-up of self-testing and blended approaches, and multi-testing.

PEPFAR-Ukraine continues to prioritize testing and linkage activities for people who inject drugs (PWID) and men who have sex with men (MSM) in collaboration with community and civil

society organizations. PEPFAR Ukraine will continue recency testing in COP 2021, targeting selected facilities in all 12 PEPFAR regions. This testing will contribute to refined understanding of the changing shape of the epidemic, particularly among KPs and young people; this testing will be used to inform planning for acceleration of ART uptake among these population groups.

PEPFAR Ukraine will build on COP 2020 progress in expanding ART coverage by supporting continued and intensified region-by-region CQI, working with CPH, WHO-supported treatment, testing, and laboratory mentors, and national and regional stakeholders to develop client-centered treatment, based on quarterly performance data and analysis of site-level results. Based on in-depth analysis of program data, PEPFAR Ukraine will increase the intensity and focus of continuity on treatment activities and will launch tailored packages of client-centered services to address barriers to adherence and to provide psychosocial and other support for clients at risk of interruption in treatment. To support multi-month dispensation (MMD) and regimen optimization, PEPFAR Ukraine will work with the GoU to ensure ARV procurements are timely, uninterrupted, and in line with WHO treatment recommendations.

Ukraine has achieved 95% viral load (VL) suppression rates in all but four of the 12 PEPFAR regions. To close remaining gaps, PEPFAR Ukraine will support a client-centered HIV lab network optimization strategy in COP 2021, focused on improving VL testing coverage and VL suppression in geographies that lack streamlined access to VL testing services.

PEPFAR Ukraine will continue close coordination with CPH and the Global Fund on prevention services. PEPFAR Ukraine will support continued scale-up of PrEP in COP 2021, with a focus on making pre-exposure prophylaxis (PrEP) available at all sites providing ARVs, working to remove legal barriers to PrEP availability in pharmacies, and building demand through communications campaigns targeting high-risk groups.

PEPFAR Ukraine has allocated funds to maximize impact in priority areas, including index testing, mobile case-finding for PWID, CQI activities, and new retention packages. The COP 2021 plan emphasizes financial sustainability, while seeking out efficiencies at every stage of the process, including focusing resources on rapidly completing health systems investments and relying on local partner expertise for efficient completion of key ART uptake communications campaigns. Of the funds allocated to current implementing mechanisms for COP 2021 (\$25.8 million), 76 percent (\$19.6 million) goes to indigenous organizations.

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. The Ukraine State Statistics Service estimates Ukraine's total population as 41.7 million as of January 2021. Ukraine's census data predates the Euromaidan protests and the ongoing war

in the eastern Donbas region. Approximately 2.3 million people live in Russian-occupied Crimea and another approximately 3 million in areas controlled by Russian-led forces in the Donbas region of eastern Ukraine. Over 1.5 million people from these regions are internally displaced.

Spectrum 2021 results – the latest currently available – are based on the official 2020 population estimate of 44 million (including Russia-occupied Crimea). However, due to emigration and other factors, many experts believe a more accurate estimate of Ukraine’s population may be 35-39 million. In addition, increasing numbers of Ukrainians work abroad, either permanently or temporarily. According to World Bank data, personal remittances from Ukrainians working in other countries nearly doubled from \$7.4 billion to \$14.8 billion between 2014 and 2018. Given this demographic context, PEPFAR Ukraine will use the Spectrum 2021 lower-bound estimate for the 12 PEPFAR-supported regions as a basis for COP 2021 epidemiological calculations and target setting. PEPFAR Ukraine will step up survey and research activity in COP 2020 and 2021 to improve knowledge of population and epidemiological data in Ukraine’s shifting demographic environment, with Bio-Behavioral Surveys planned for MSM, and sex workers (SW).

Spectrum 2021 national level estimates indicate there are approximately 257,434 PLHIV in Ukraine (0.6% of the total population), with the majority of cases among men. Case-reporting data show 177,760 (69%) of PLHIV knew their status and were registered at an AIDS Center as of January 2021. An estimated 79,700 PLHIV remain unaware of their status or have not yet registered at an AIDS Center. Approximately 17% of total estimated PLHIV live in occupied Crimea or in non-government-controlled areas (NGCAs) of Luhansk/Donetsk. 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 or oblasts accounts for 75% of estimated PLHIV and 54% of the population.

In 2020, HIV accounted for an estimated 3,185 deaths (0.8% of all deaths in Ukraine in 2020). Tuberculosis (TB) caused approximately half of all officially reported AIDS-related deaths among PLHIV. Analysis of baseline CD4 levels among newly-registered PLHIV revealed an increasing trend of late presenters in care between 2016 and 2018. The proportion of PLHIV newly registered at AIDS centers with CD4 levels <200 rose from 31% in 2010 to 41% in 2018. The majority of late presenters are adult men and PLHIV identified via PITC. PLHIV with CD4 >500 are more likely to be MSM, pregnant women, or of younger age groups.

Ukraine continues to expand ART coverage: 83% of those who are registered at AIDS Centers within the 12 PEPFAR regions are now receiving treatment, and 85% of those registered in AIDS Centers nationwide are receiving treatment. Continued ambitious expansion of the ART program will require significant improvements in testing efficiency. PEPFAR Ukraine’s proposed COP 2021 testing strategy, which is described in detail in section 4.0, will build on COP 2019 and COP 2020 activities to expand and refine index testing, improve efficiencies to PITC, and scale-up social network testing, with a particular emphasis on expansion of mobile testing in PWID communities. PEPFAR Ukraine will continue to scale up PrEP availability to all at-risk groups and will work to build demand for PrEP through communications campaigns targeting at-risk groups.

Policy optimization and streamlining of the patient pathway has paved the way for major improvements in recent years in time to treatment initiation. The proportion of patients with the same day and within the week ART initiations after HIV diagnosis improved substantially in 2020. During FY 2019 and 2020, the GoU adopted the WHO Prevention and Treatment Guidelines and approved a new testing algorithm based on WHO guidance. In COP 2020 and 2021, PEPFAR Ukraine will support CPH in making further progress towards a maximally enabling policy environment, including in issuing or updating orders focused on ART optimization, scale-up of multi-month dispensation, and simplification of bureaucratic requirements for diagnosis, registration in treatment, and HIV certification for providers.

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	41,732,779	100	3,096,128	7.4	3,290,628	7.9	1,924,087	4.6	2,040,569	4.9	17,369,124	41.6	14,012,243	33.6	2020, State Statistics of Ukraine, permanent population (excluding Crimea)
HIV Prevalence (%)		0.5		0.01		0.01		0.14		0.12		0.65		0.9	Spectrum, 2021, all Ukraine (including Crimea and NGCA)
AIDS Deaths (per year)	3,185 (2,059-4,549)														Spectrum, 2021, all Ukraine (including Crimea and NGCA)
# PLHIV	257,434 (209,276-325,257)		1,366		1,431		2,771		2,568		117,002		132,296		Spectrum, 2021, all Ukraine (including Crimea and NGCA)
Incidence Rate (per 1000)	0.21														Spectrum, 2021, all Ukraine (including Crimea and NGCA)
New Infections (Yr)	9,317 (6,472-14,214)														Spectrum, 2021, all Ukraine (including Crimea and NGCA)
Annual births	281,679														Annual MoH report form #21,2021 (excluding non-GoU controlled areas)
% of Pregnant Women with at least one ANC visit	279,876	99.4													Annual MoH report form #21,2021(excluding non-GoU controlled areas)
Pregnant women needing ARVs	1,838	95.9													CPH MoH official statistic data,2020 (excluding non-GoU controlled areas)
Orphans (maternal, paternal, double)	30,684														Ministry of Social Policy of Ukraine, as of 01/01/2021: http://surf.li/pcvw
Notified TB cases (Yr)	17,593														CPH MoH, TB statistical Bulletin, 2020 (excluding non-GoU controlled areas)
% of TB cases that are HIV infected	5,524	31.4													CPH MoH, TB statistical Bulletin, 2020 (excluding non-GoU controlled areas)
% of Males Circumcised															

Estimated Population Size of MSM	179,400																		Estimation of KPs population size,2019
MSM HIV Prevalence		7.5																	IBBS,2017
Estimated Population Size of FSW	86,600																		Estimation of KPs population size,2019
FSW HIV Prevalence		5.2																	IBBS,2017
Estimated Population Size of PWID	350,300																		Estimation of KPs population size,2019
PWID HIV Prevalence		20.9																	BBS, 2020
Estimated Population Size of People in Prisons	48,714																		Ministry of Justice data as of January 1, 2021 (excluding non- GoU controlled areas)
People in Prisons HIV Prevalence		8.0																	Health Care Center of the State Criminal Execution Service of Ukraine as of 01.01.2021 (excluding non-GoU controlled areas)
*If presenting size estimate data would compromise the safety of this population, please do not enter it in this table. Cite sources																			

Table 2.1.2 95-95-95 cascade: HIV diagnosis, treatment and viral suppression*

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 (#)	PLHIV diagnosed (#)	On ART (#)	ART Coverage (%)	Viral Suppression (%)	Tested for HIV (#)	Diagnosed HIV Positive (#)	Initiated on ART (#)
Total population	41,732,779	0.6*	257,434 (209,276-325,257)*	177,760*	146,488*	70% (based on SPECTRUM lower-bound estimate)	94%**	1,380,914	24,000	17,985
Population <15 years	6,386,756	0.04*	2,797*							
Men 15-24 years	2,040,569	0.12*	2,568*							
Men 25+ years	14,012,243	0.9*	132,296*							
Women 15-24 years	1,924,087	0.14*	2,771*							
Women 25+ years	17,369,124	0.65*	117,002*							
MSM	179,400*	7.5*	13,455*	7,972*	6,255*					
FSW	86,600*	5.2*	4,503*	2,223*	1,218*					
PWID	350,300*	20.3	71,111	45,539	41,686					
People in prisons	48,714	8.0	3,901							

* Including Non-Governmental control territories

** Out of these who were tested for VL (82,163 (N) / 87,715 (D))

Figure 2.1.3 National and PEPFAR Trend for Individuals currently on Treatment

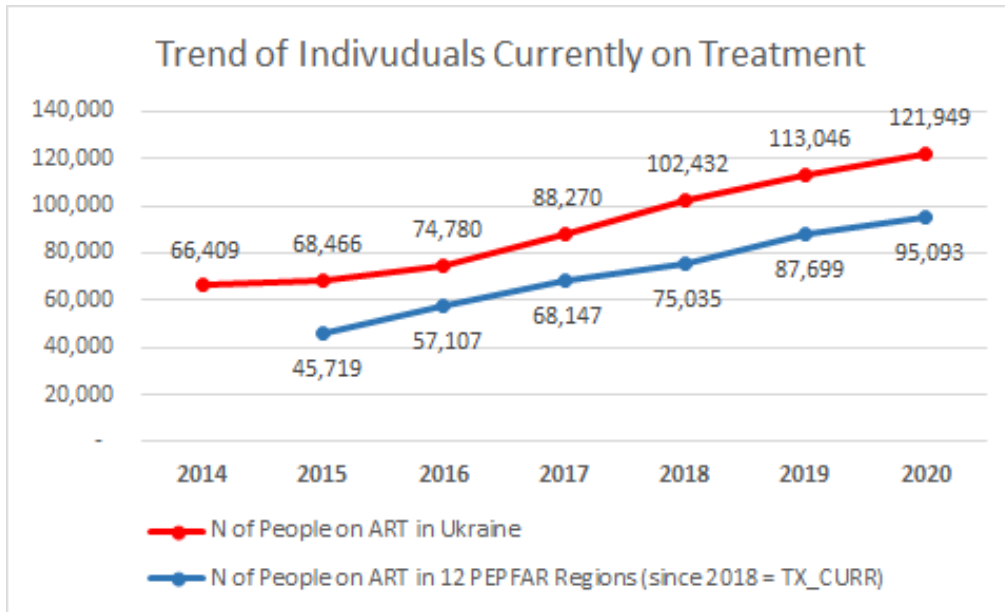


Figure 2.1.4 Trend of New Infections and All-Cause Mortality among PLHIV

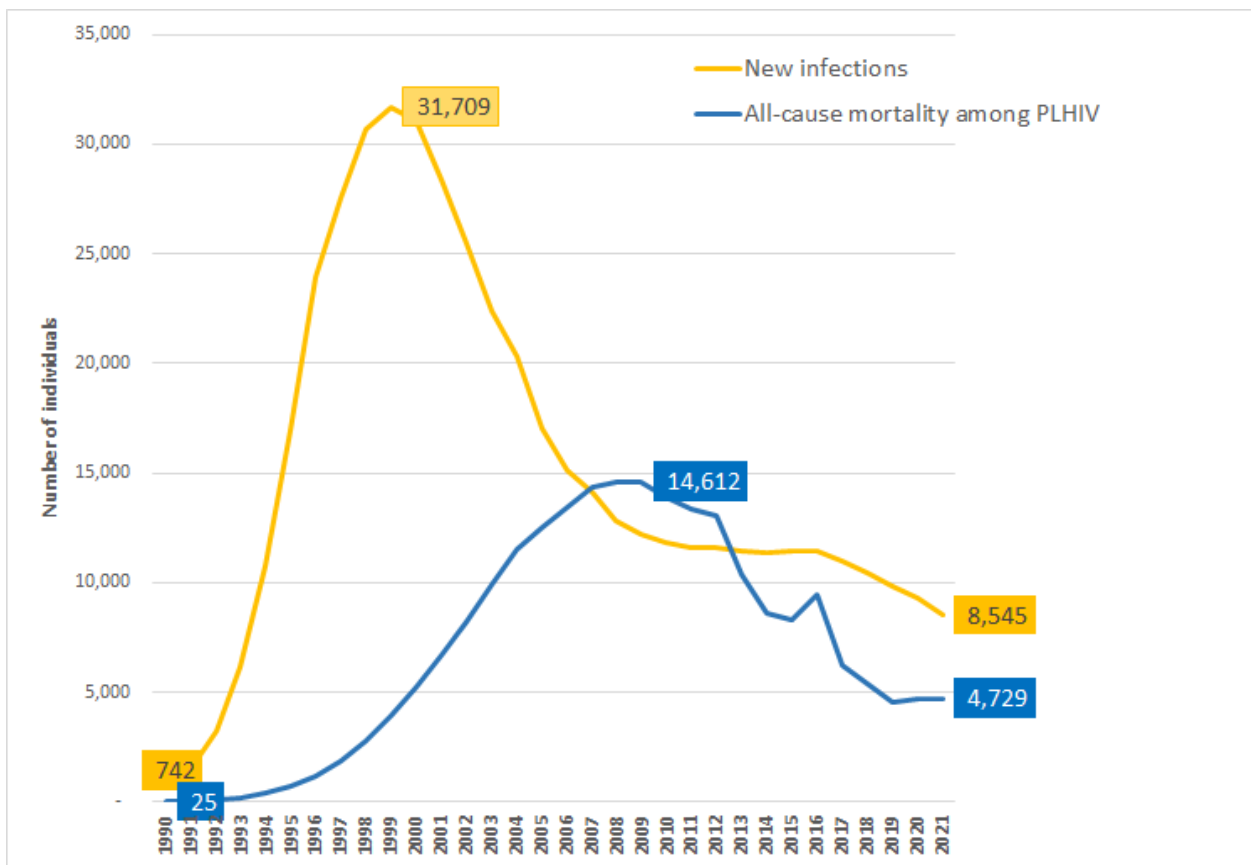


Figure 2.1.5 Progress Retaining Individuals in Lifelong ART in FY20Q2-FY21Q1

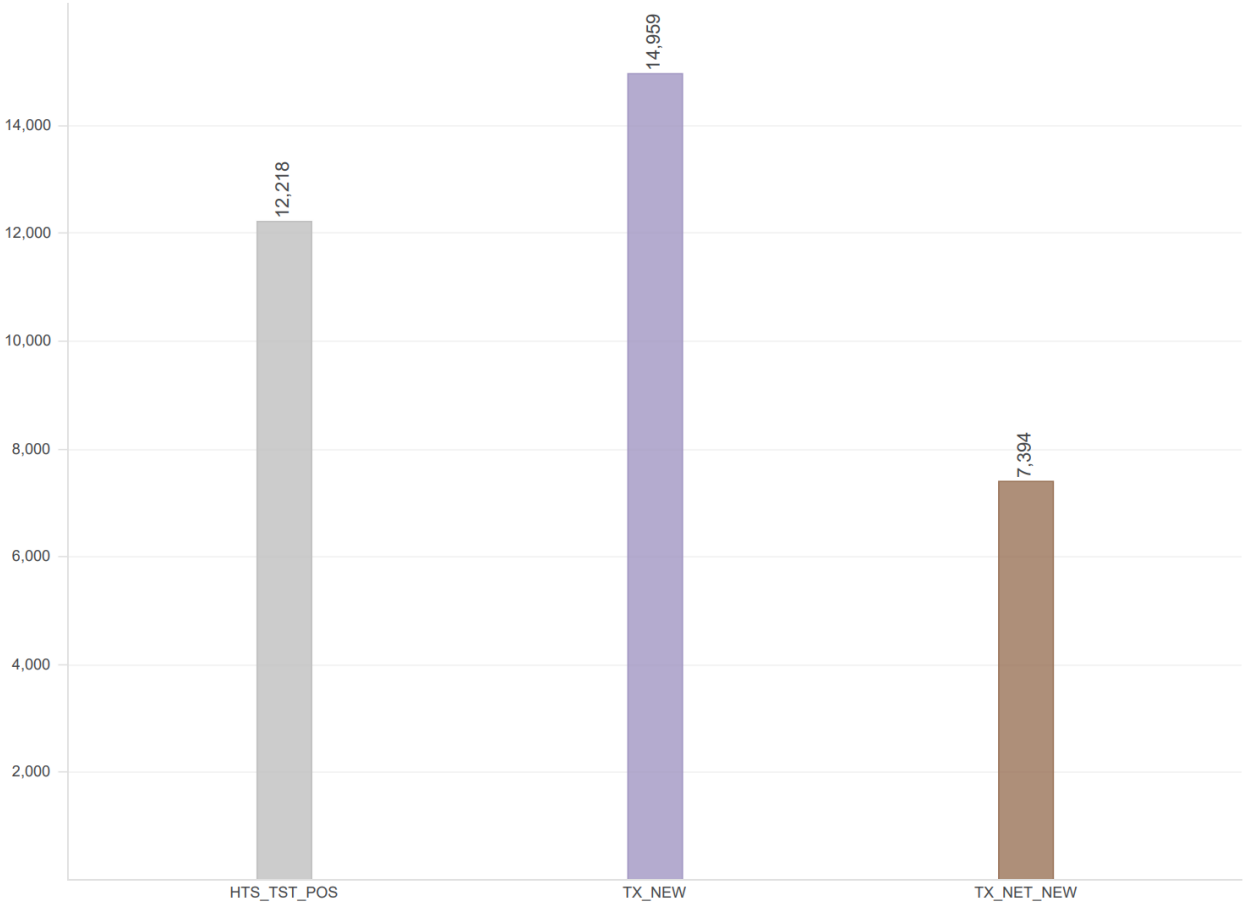


Figure 2.1.6 Proportion of Clients Lost From ART FY20 Q1-Q4

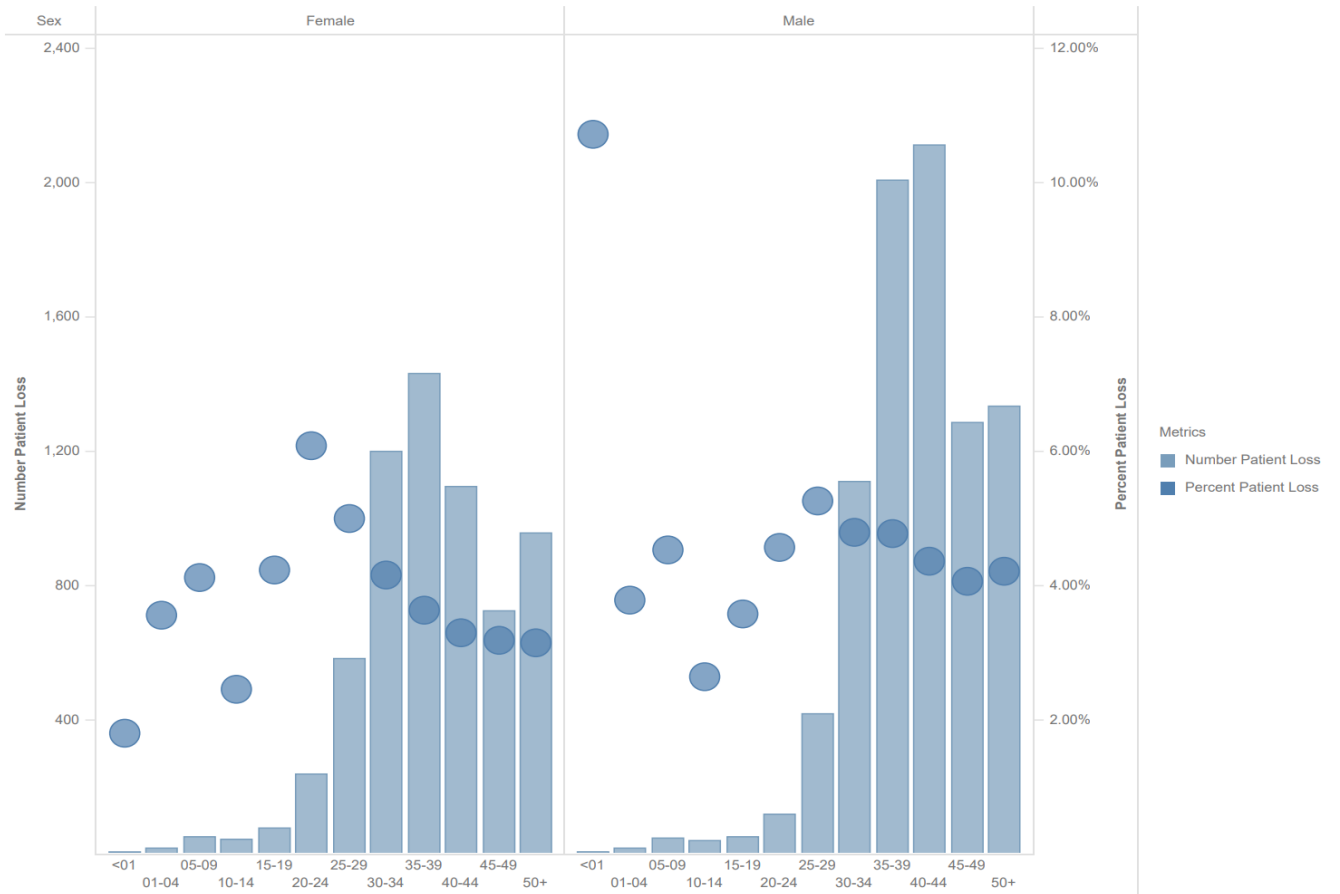


Figure 2.1.7 Epidemiologic Trends and Program Response for Ukraine

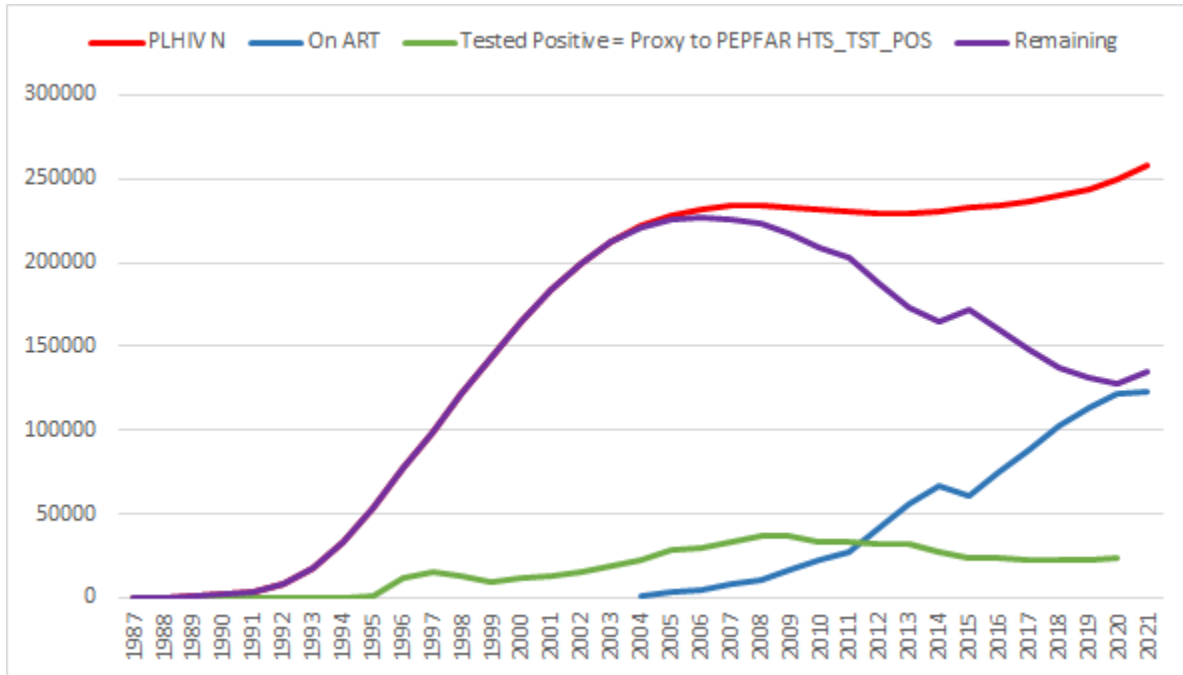
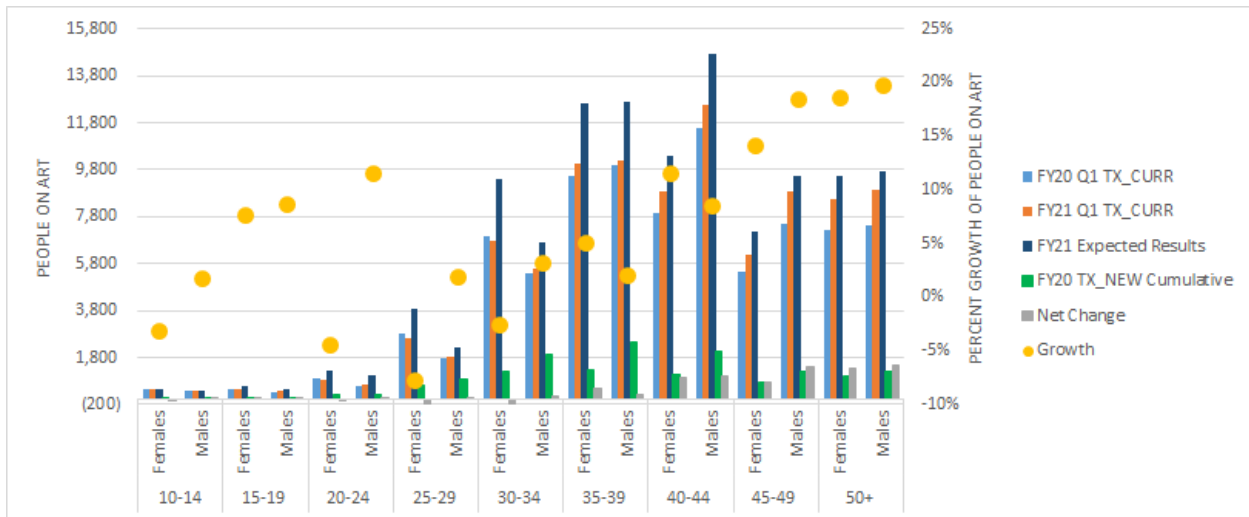


Figure 2.1.8 Net Change in HIV Treatment by Sex and Age Bands FY20 Q1 to FY21 Q1 Ukraine Treatment Growth, FY20Q1 -FY21Q1, All PSNU.



2.2 New Activities and Areas of Focus for COP 2021, Including Focus on Client Continuity of Treatment

PEPFAR Ukraine will introduce a series of activities in COP 2021 to support clients' long-term continuity of treatment. PEPFAR Ukraine will develop and implement a system to track missed appointments for drug pickup and clinical monitoring for all PLHIV. The HIV MIS system will be modified to allow tracking of missed appointments, and PEPFAR Ukraine will support the development of a client mobile reminder app for self-management of upcoming appointments and to return VL testing results to the client. PEPFAR partners will identify individual(s) at each ART site to take up the responsibility of tracking and tracing missed appointments by generating a daily list of clients who missed an appointment three days prior, contacting all clients via phone, and either ensuring each client is brought back to care or recommended for a home visit.

Additionally, PEPFAR Ukraine will improve screening of all ART patients, to identify those at risk of being interrupted in treatment. A screening tool will be developed based on a risk analysis of those who interrupted ART. Patients identified as being at higher risk for interruptions will be provided with an individual adherence support plan. Services will be tailored to individual needs by an assigned medical provider. This will also include continuing to support all of which would minimize the risk of attrition/interruptions.

PEPFAR Ukraine will provide special attention to improving treatment continuity for PWID and their social networks. In COP 2021, the community-initiated retention intervention (CIRI) will be scaled-up to provide more continuous services to develop and support ART adherence, including individual and group sessions for HIV-positive PWID and their sexual and injecting partners who are identified and linked to treatment through community-based social network programs. In addition, PEPFAR Ukraine will enhance mental health services for PWID at ART sites, including individual and/or group counselling, psychopharmacotherapy, and supportive services, such as case management for PWID with co-occurring mental health and substance use disorders. Community psychiatric care will be integrated into current services.

PEPFAR continues to support the GoU in the optimization of ART, predominantly DTG-based regimens including TLD, by providing technical assistance (TA) for supply chain forecasting and management to minimize drug shortages. In COP 2021, PEPFAR Ukraine will provide TA and training at the site level to ensure doctors are actively following the GoU/WHO policies on multi-month dispensing. In addition, care and treatment partners will introduce extended clinic hours (early morning, evening, and weekend) to decrease client wait time and create options to receive fast tracked ARV refills from a medical nurse. In order to mitigate the impact of COVID-19 and ensure uninterrupted ART treatment, PEPFAR Ukraine will continue to support home-based ART delivery for all patients who are not able to travel for ART refills due to COVID-19 related restrictions.

Analysis of program data has demonstrated that working-age men and women are at particular risk of treatment interruptions. In COP 2021, PEPFAR Ukraine will launch a client-centered retention package providing wrap-around services to address and mitigate barriers to the provision of life-long, client-centered care. This package will provide patient navigators to assist in addressing linkage and treatment bottlenecks, as well as funds for transport (if needed) and psychosocial support. Patient navigators will ensure all eligible clients have access to multi-month scripting and differentiated service delivery and will provide assistance with viral load monitoring and patient tracking

For PWID and other clients at particularly high-risk for interruptions in treatment, PEPFAR Ukraine will introduce an enhanced patient retention package, including: longer-term psychosocial counseling based on specific barriers to adherence, regular phone calls and home visits, assistance navigating the healthcare system, treatment support, regular notification phone calls and home visits to prevent client's separation, legal support for identification/document recovery, and proactive referral to MAT.

In COP 2021, PEPFAR Ukraine will expand entry points, access, and linkage to HIV prevention services. All negative clients tested via social network modalities who are at high risk of HIV-acquisition and are willing to initiate PrEP will be provided with case-management support and referral to PrEP services. All PWID will be provided with counselling and referrals to MAT services.

2.3 Investment Profile

Prior to reviewing this section it is important to note that there are significant limitations to the presentation of GoU contribution to ARV procurement and overall health systems expenditures. These data were not available as a separate budget line item. The PEPFAR Ukraine team believes that the data presented in COP 2020 offered a more representative portrayal of actual expenditures given the Global Fund transition trajectory of Ukraine.

GF and PEPFAR remain the major contributors to Ukraine's HIV response. According to the most recent HIV Resource Alignment exercise, the total budget allocation for HIV program activities in 2021 is approximately 100 million USD: GF contributed 57%, PEPFAR contributed 41%, and the GoU contributed 2%. It is planned that PEPFAR will cover 10% of funding for Care and Treatment programs, 84% for HIV testing, 24% of Prevention, 12% of socio-economic spending and 64% of above site activities. The 2021 budget allocates 24.5 million USD for key commodities procurement. The GF will cover most of the commodities procurement and GoU and PEPFAR will cover 6% and 7% respectively.

Table 2.3.1 Annual Investment Profile by Program Area

Table S1. Investment Profile (Budget Allocation) for HIV Programs, 2021						
	Total	Domestic Gov't	Global Fund	PEPFAR	Other Funders	Trend
	\$	%	%	%	%	2018-2021
Care and Treatment	\$33,367,303	4%	86%	10%	0%	
<i>HIV Care and Clinical Services</i>	\$12,108,323	1%	79%	20%	0%	
<i>Laboratory Services incl. Treatment Monitoring</i>	\$1,621,729	80%	6%	14%	0%	
<i>Care and Treatment (Not Disaggregated)</i>	\$19,637,251	0%	96%	4%	0%	
HIV Testing Services	\$17,051,179	1%	15%	84%	0%	
<i>Facility-Based Testing</i>	\$4,828,464	4%	7%	89%	0%	
<i>Community-Based Testing</i>	\$9,933,800	0%	22%	78%	0%	
<i>HIV Testing Services (Not Disaggregated)</i>	\$2,288,915	0%	3%	97%	0%	
Prevention	\$9,499,989	2%	73%	24%	0%	
<i>Community mobilization, behavior and norms change</i>	\$4,084,680	3%	86%	10%	0%	
<i>Voluntary Medical Male Circumcision</i>	\$0					
<i>Pre-Exposure Prophylaxis</i>	\$1,057,251	4%	20%	76%	0%	
<i>Condom and Lubricant Programming</i>	\$806,572	3%	97%	0%	0%	
<i>Opioi Substitution Therapy</i>	\$1,841,860	1%	55%	44%	0%	
<i>Primary Prevention of HIV & Sexual Violence</i>	\$112,431	0%	100%	0%	0%	
<i>Prevention (Not Disaggregated)</i>	\$1,597,195	0%	82%	18%	0%	
Socio-economic (incl. OVC)	\$1,742,694	1%	87%	12%	0%	
<i>Case Management</i>	\$3,805	100%	0%	0%	0%	
<i>Economic Strengthening</i>	\$8,449	100%	0%	0%	0%	
<i>Education Assistance</i>	\$2,481	100%	0%	0%	0%	
<i>Psychosocial Support</i>	\$212,729	0%	100%	0%	0%	
<i>Legal, Human Rights, and Protection</i>	\$1,299,230	0%	100%	0%	0%	
<i>OVC (Not Disaggregated)</i>	\$216,000	0%	0%	100%	0%	
Above Site Programs	\$26,306,445	1%	35%	64%	0%	
<i>Human Resources for Health</i>	\$1,105,693	0%	11%	89%	0%	
<i>Institutional Prevention</i>	\$162,000	100%	0%	0%	0%	
<i>Procurement and Supply Chain Management</i>	\$1,820,106	0%	41%	59%	0%	
<i>Health Mgmt Info Systems, Surveillance, and Research</i>	\$5,564,093	4%	44%	53%	0%	
<i>Laboratory Systems Strengthening</i>	\$1,877,258	0%	48%	52%	0%	
<i>Public Financial Management Strengthening</i>	\$275,076	0%	100%	0%	0%	
<i>Policy, Planning, Coordination and Management of Disease Ctrl Programs</i>	\$13,057,810	0%	26%	74%	0%	
<i>Laws, Regulations and Policy Environment</i>	\$636,817	0%	0%	100%	0%	
<i>Above Site Programs (Not Disaggregated)</i>	\$1,807,592	0%	76%	24%	0%	
Program Management	\$12,965,371	0%	65%	35%	0%	
<i>Implementation Level</i>	\$12,965,371	0%	65%	35%	0%	
Total (incl. Commodities)	\$100,932,981	2%	57%	41%	0%	
Commodities Only	\$24,518,068	6%	86%	7%	0%	
<i>% of Total Budget</i>	24%					

Source: HIV Resource Alignment. Domestic Gov't and Other Funders data included where available.

Table 2.3.2 Annual Procurement Profile for Key Commodities

Table S2. Investment Profile (Budget Allocation) for HIV Commodities, 2021 Budget						
	Total	Domestic Gov't	Global Fund	PEPFAR	Other Funders	Trend
	\$	%	%	%	%	2018-2021
Antiretroviral Drugs	\$3,839,756	9%	83%	8%	0%	
Laboratory Supplies and Reagents	\$2,897,176	0%	84%	16%	0%	
CD4	\$0					
Viral Load	\$354,404	0%	0%	100%	0%	
Other Laboratory Supplies and Reagents	\$2,542,772	0%	96%	4%	0%	
Laboratory (Not Disaggregated)	\$0					
Medicines	\$4,179,810	20%	80%	0%	0%	
Essential Medicines	\$497,251	34%	66%	0%	0%	
Tuberculosis Medicines	\$3,285,030	15%	85%	0%	0%	
Other Medicines	\$397,529	40%	60%	0%	0%	
Consumables	\$6,313,375	2%	87%	11%	0%	
Condoms and Lubricants	\$1,277,961	0%	100%	0%	0%	
Rapid Test Kits	\$3,701,262	1%	81%	19%	0%	
VMMC Kits and Supplies	\$56,264	100%	0%	0%	0%	
Other Consumables	\$1,277,887	4%	96%	0%	0%	
Health Equipment	\$4,757,484	0%	99%	0%	0%	
Health Equipment	\$4,201,685	0%	99%	0%	0%	
Service and Maintenance	\$555,799	0%	100%	0%	0%	
PSM Costs	\$2,530,467	8%	79%	13%	0%	
Total Commodities Only	\$24,518,068	6%	86%	7%	0%	

Source: HIV Resource Alignment. Domestic Gov't and Other Funders data included where available.

Table 2.3.3 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 COP Co-Funding Contribution	Objectives
USAID TB	\$7,300,000				Tuberculosis
Total	\$7,300,000				

2.4 National Sustainability Profile Update

PEPFAR Ukraine and UNAIDS completed the Sustainability Index and Dashboard jointly with key national stakeholders (GoU, UNAIDS, GF, WHO, and international, national, and regional CSOs) in August and September 2019. These results were used for COP 2020 planning and also informed COP 2021 planning. The SID takes place once every two years, with the next one planned for August/September 2021; the FY 2021 SID results will be used for COP 2022 planning purposes.

SID Process: In August and September 2019, small groups of subject matter experts, including representatives from the USG, GoU, and multilateral organizations, began consultations on each of the four SID domains, creating a draft populated questionnaire ready for further discussion with a broader group of stakeholders. On September 17, 2019, PEPFAR Ukraine and UNAIDS

jointly hosted a workshop for key national stakeholders to discuss and complete the SID questionnaire. Participants included the GoU, WHO, and national and regional CSOs. Participants broke into four domain subgroups to discuss each element of the questionnaire, then reconvened to discuss overall assessments and finalize the document. The final SID 2019 report for Ukraine was a result of the consensus reached at the stakeholders meeting.

Results of the SID exercise identified three main areas of strength and three key weaknesses, as follows:

Sustainability Strengths:

- **Civil Society Engagement (Score: 7.92):** Ukraine continues to incorporate robust civil society engagement in its HIV/AIDS response activities. Both major established NGOs and more nascent organizations are engaged in national and local policy dialogue and planning. Government ministries and institutions such as the CPH include civil society organizations in technical working groups and collaborate with civil society organizations on programs and services.
- **Public Access to Information (Score: 8.11):** Ukraine continues to provide publicly accessible epidemiologic, programmatic, and financial information related to the national HIV/AIDS response. The GoU makes HIV/AIDS surveillance and expenditure data, as well as some service delivery data, available to stakeholders and the general public in a timely fashion.
- **Service Delivery (Score: 7.06):** Service delivery was an area of significant improvement. National and sub-national entities have expanded their capacity to manage staffing and budget needs and use epidemiologic and program data, and the host government has made progress in formalizing national guidelines for HIV/AIDS services, though these await final approval. Ukraine provides ART and lab services without external technical assistance.

Sustainability Vulnerabilities:

- **Human Resources for Health (Score: 4.94):** Although the GoU provides all or almost all of health-worker salaries and systematically maintains and collects health workforce data, healthcare worker salaries remain low and resources for monitoring and management are limited. Limited resources for the health workforce hampers retention of talent in the Ukrainian system. The GoU is implementing public health reforms, with support from USAID, which are expected to improve efficiencies and performance.
- **Quality Management (Score: 1.24):** There is no national HIV/AIDS related Quality Management/Quality Improvement strategy. While there is a robust system of HIV program performance data collection, reporting, and analysis, the lack of a National Action Plan at the time of the SID exercise meant there was no framework for systematic collection and analysis of performance data. The Cabinet approved the National Strategy

for HIV, TB and Viral Hepatitis in late 2019. PEPFAR supports regional multidisciplinary teams (MDTs), which support continuous site-level quality improvement on treatment, testing, and M&E, and it will expand and refine these CQI activities, in partnership with CPH, in COP 2020 and COP 2021.

- Data for Decision-Making Ecosystem (Score: 3.00):** This new category revealed significant sustainability vulnerabilities. Most notably, the absence of up-to-date census data, particularly in the context of likely demographic change (including internal displacements driven by the conflict in the Donbas region and labor migration), make it difficult to produce accurate estimates of denominators for calculating HIV prevalence. There is not yet a national unique identifier system to track service delivery, although there are multiple systems (SYREX, Case++), which use unique codes. The GoU is considering conducting a census in 2020 [currently delayed due to COVID-19]. PEPFAR Ukraine will work to mitigate the impact of data deficiencies by scaling up surveillance and research activities in COP 2020 and COP 2021.

2.5 Alignment of PEPFAR Investments Geographically to Disease Burden

As noted in the maps below, PEPFAR directly funds the oblasts (districts) and areas of the country that have the highest HIV burden. For COP 2021, PEPFAR will continue to align investments with the regional and district-level disease burden and will complement GF’s continued support to activities in non-government-controlled areas (NGCAs).

Figure 2.5.1.1 Ukraine number of PLHIV in PEPFAR supported regions.

*Donetsk region on the maps represents only GoU controlled territory.



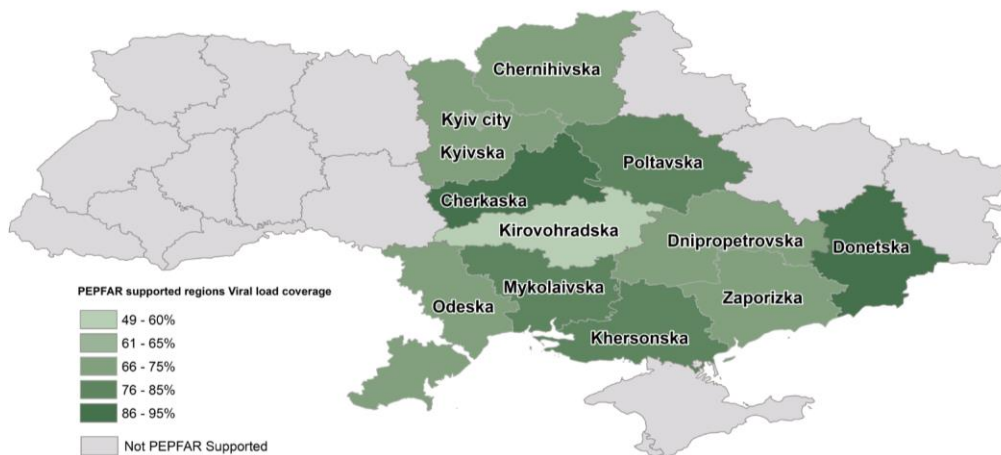
Figure 2.5.1.2 Ukraine percent treatment coverage in PEPFAR regions

*Donetsk region on the maps represents only GoU controlled territory.



Figure 2.5.1.3 Ukraine Viral load monitoring coverage

*Donetsk region on the maps represents only GoU controlled territory.



2.6 Stakeholder Engagement

PEPFAR Ukraine organized a joint COP 2021 consultation meeting with national stakeholders, international donors, and implementing partners—co-facilitated with the GoU, UNAIDS, and WHO—on January 26-28, 2021. The meeting brought together national and local stakeholders from different parts of the country, including GoU representatives, civil society representatives, KP representatives, representatives of UN agencies and other multilateral organizations, and external donors. PEPFAR implementing partners gave presentations outlining key achievements

in COP 2019, implementation plans for COP 2020, and strategic visions for COP 2021. Small-group discussions focused on improving case-finding, treatment, and retention outcomes for MSM and PWID, on cross-cutting issues, and actions to mitigate the impact of COVID-19.

Participants in the stakeholders’ workshop highlighted the need for more aggressive scale-up of medication-assisted treatment (MAT) for PWID and measures to improve client-centered access to MAT and support 100% linkage of HIV+ MAT clients to ART. PEPFAR Ukraine will focus resources on supporting accelerated MAT expansion and client-centered MAT in COP 2021. Participants also highlighted the need for increased outreach to the MSM community and underscored demand for self-testing and multi-testing, which PEPFAR Ukraine will support in COP 2020 and COP 2021.

PEPFAR Ukraine staff also engaged with local civil society representatives in advance of the COP 2021 planning meetings to develop a framework of recommendations for community-led monitoring. PEPFAR Ukraine will support community-led monitoring in COP 2021 through the Small Grants Program.

PEPFAR Ukraine continues to coordinate closely with GF, working jointly to accelerate policy optimization, collaborating on PrEP scale-up, and co-funding the Central Procurement Agency, HIV Medical Information Systems (MIS) development, and case-finding Rapid Deployment Mobile Teams (RDM).

3.0 Geographic and Population Prioritization

In COP 2021, PEPFAR Ukraine will be particularly focused on six regions with the highest number of PLHIV who do not know their status (Kyiv city, Dnipropetrovsk oblast, Odesa oblast, Donetsk oblast, Kyiv oblast, and Kirovohrad oblast). Technical assistance (TA) and CQI, particularly for facility-based case-finding, will be concentrated in these areas. In addition, PEPFAR Ukraine will continue to work in six medium-burden oblasts (Cherkasy, Poltava, Chernihiv, Zaporizhzhia, Mykolayiv, and Kherson) to accelerate ART uptake and improve client-centered care.

PEPFAR Ukraine’s focus in the GCA of Donetsk oblast complements GF-funded activities in NGCAs. The GCA of Donetsk has the fourth largest estimated number of PLHIV among PEPFAR scale-up oblasts. GoU HIV care delivery capacity continues to be 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).

Table 3.1 Current Status of ART saturation

Table 3.1 Current Status of ART saturation				
Prioritization Area	Total PLHIV/% of all PLHIV for COP21	# Current on ART (FY20)	# of SNU COP20 (FY21)	# of SNU COP21 (FY22)
Scale-up Aggressive	155,016 (100%)	94,874	12	12

4.0 Client Centered Program Activities for Epidemic Control

4.1 – 4.4 COP 2021 Programmatic Priorities for Epidemic Control

4.1. Finding the Missing and Getting Them on Treatment

Current estimates show that 75% of the undiagnosed PLHIV in PEPFAR regions are located in the six high-burden regions mentioned as areas of particular focus in section 3.0: Kyiv city, Dnipropetrovsk oblast, Odesa oblast, Donetsk oblast, Kyiv oblast, and Kirovohrad oblast. In COP 2021, PEPFAR Ukraine will continue intensified case-finding in these six regions. The Spectrum PLHIV lower-bound estimate reflects that about 39,900 PLHIV remain undiagnosed in PEPFAR regions, and it is estimated that of those 19,300 are PWID and 3,684 are MSM. Achieving epidemic control will require differentiated service delivery models to identify PLHIV who currently do not know their status—particularly in hard-to-reach KP subgroups—and link them to treatment. While the Modes of Transmission study data suggest prevalent cases appear to be linked to a history of injection drug use, the proportion attributable to sexual transmission in younger age groups (particularly among men) has increased, and contributing risks for incident cases are less clear. PEPFAR Ukraine will continue to use recency testing to investigate incidence risks in the highest-burden areas in COP 2021.

To enhance efforts to identify new PLHIV, PEPFAR will focus activities in COP 2021 on expansion of community-based case-finding and adaptations within the COVID-19 context; optimizing index testing program coverage and yield; and refining, refocusing, and using data to continuously improve PITC and other facility modalities. Data for decision making at the site-level and continuous quality improvement of service delivery models to adapt to shifting population dynamics will continue to play an important role in PEPFAR Ukraine case-finding initiatives.

a. Community & Client-centered Strategies: Enhancing Case-Finding among KP & Other Priority Populations

A critical component of the community-based strategies will be expansion of innovative network-based approaches to engage PWID and client-centered strategies for reaching KP, particularly MSM. With collaboration and feedback from local partners and KP groups, PEPFAR Ukraine will continue to scale up innovative, differentiated testing models for KP in COP 2021. These approaches include self-test distribution, with assisted linkage where possible; blended community index/self-testing; social network strategies; and client-centered multi-testing services.

PWID

There are an estimated 19,300 undiagnosed PWID in PEPFAR regions. PEPFAR social network-based recruiting has proven successful in reaching increasing numbers of undiagnosed PWID, as

demonstrated in FY 2020. FY 2021 Q1 demonstrated challenges across testing modalities due to the impact of COVID-19, yet social network strategies continued to demonstrate efficiency through consistently high yields of 5% with 97% linkage to ART. Case-finding partners have improved results by deploying artificial intelligence (AI) based on a continuously-refined algorithm to optimize case finding.

Beginning at the end of FY 2019, PEPFAR Ukraine launched rapid deployment mobile units (RDMS), mobile teams that plot their routes based on data analysis and local knowledge of PWID communities and offer social network testing and linkage services to PWID clients in eight regions. As of FY 2021 Q1, these teams achieved a 7% positivity yield through social network testing in the community, and all newly identified PLHIV were linked to ART. In COP 2021, the RDMS will continue to focus on geographic areas where data show large numbers of undiagnosed PWID, areas without other existing harm reduction programs, and remote locations with little infrastructure for HIV testing but high HIV burden.

KP clients have signaled demand for multi-testing, noting that multi-test availability would help reach clients who have a range of associated risk factors. PEPFAR Ukraine launched multi-testing in COP 2019 and offers multi-tests primarily for PWID in conjunction with HIV tests. Due to high risk for hepatitis C (HCV) infection, there is increased demand for HCV testing among PWID. PEPFAR Ukraine has worked with CPH to ensure that HCV multi-tests will be offered in areas where the government has recently distributed free courses of HCV treatment. Multi-testing will continue to be provided by partners in COP 2021 as an important client-centered service to meet KP client needs and provide additional motivation for HIV testing.

MSM

There are an estimated 3,684 undiagnosed MSM in PEPFAR regions, approximately 50% of whom live in Odesa and Donetsk oblasts. In COP 2021, PEPFAR Ukraine will continue to scale up intensified case-finding among MSM populations across the 12 PEPFAR regions. Interventions include: (1) physical and virtual hot spot mapping (using geo-spatial mapping of MSM app use and mapping MSM venues including bars, saunas, and parks); (2) utilization of qualitative data to align case-finding efforts to physical and virtual hot spots; (3) expansion of oral self-testing option for MSM; and (4) provision of client-centered prevention and multi-testing services. All newly-identified HIV-positive MSM are linked to treatment services.

In response to demand from MSM and other KP, PEPFAR Ukraine piloted oral self-test kit distribution in COP 2019 and refined and expanded this approach in COP 2020. Self-test kits have been made available through primary distribution to clients who prefer to test at home, in MSM-oriented community NGOs, or other safe spaces, and through secondary distribution to facilitate index testing for clients who wish to bring home tests for their sexual (or needle-sharing) partners. Self-tests have been made available at community sites, as well as in strategically-located vending machines (“testomats”), and in safe boxes that can be ordered online

for pick-up in-person or by mail. From FY 2020 to FY 2021 Q1, over 20,000 self-test kits have been distributed, with the majority distributed to MSM and PWID. In addition to unassisted distribution, assisted self-testing and linkage to confirmatory testing and ART is provided to consenting clients with a reactive self-test. In COP 2021, PEPFAR Ukraine will continue to innovate strategies for assisted self-testing and blended index/self-testing within the COVID-19 context. PEPFAR Ukraine will also explore approaches to provide follow-up for unassisted self-testing and optimize linkage to confirmatory testing and ART.

PEPFAR Ukraine launched multi-testing in COP 2019 and offers multi-tests for MSM in conjunction with HIV tests. Due to associated risk factors and demonstrated uptake, MSM are the primary target group for hepatitis B (HBV) and sexually-transmitted infection (STI) testing. Multi-testing initiatives will continue in COP 2021 to provide additional motivation for HIV testing among MSM.

Other Priority Populations

In COP 2020, recognizing that adult men (over 30 years of age) often present for HIV testing during later stages of disease, PEPFAR Ukraine launched a targeted community-based, social network strategy among adult men with HIV behavioral risk factors, recruited from identified “hotspots” (e.g., transit hubs, factories). HIV testing together with HCV, HBV, syphilis testing and counselling activities is provided for adult men (30-49 years of age), and all adult men identified as HIV positive are provided with case-management support to initiate ART.

In COP 2021, PEPFAR Ukraine programs will continue to monitor service delivery data, alongside epidemic trends, to identify priority population subgroups who have large gaps in status awareness and may require different approaches to reach epidemic control.

Prison Settings & Ex-prisoner Networks

By the end of COP 2020, PEPFAR’s prison activity will have institutionalized PITC in 12 PEPFAR regions. Index testing was also scaled up to all prison settings and project probation centers, with a focus on strengthening processes for safe and ethical index testing services, to ensure they are offered in a voluntary, non-coercive manner, and protective of clients’ rights. In COP 2020, PEPFAR Ukraine’s prison programming extended beyond the penal sector through the implementation of social network-based innovations utilizing ex-prisoner PWID peer case-finders, as well as community index and blended index/self-testing modalities. In COP 2021, PEPFAR Ukraine will continue to support index testing in the penal sector, with particular focus on ensuring testing services are offered to elicited contacts in the community and provided to those accepting services. In COP 2021, community-based, social network-based innovations, and blended approaches (index/self-testing) will be further developed to accelerate case-finding among PWID. All PLHIV will be offered linkage support to initiate ART.

b. Safe & Ethical Index Testing: Optimizing Facility & Community Services

PEPFAR Ukraine significantly scaled up index testing in FY 2020 and early FY 2021. Index testing is offered to newly-diagnosed PLHIV at all PEPFAR-supported community sites where diagnostic services are available, in prison settings, and at an increasing number of healthcare facilities. (Note: The majority of facilities that can dispense ART are already providing index testing, and the number of primary healthcare facilities offering index testing services is increasing every quarter). Index testing is the most efficient testing modality in Ukraine, with a FY 2021 Q1 yield of 14%, and 94% linkage to ART. In COP 2021, PEPFAR Ukraine will further expand this modality to additional healthcare facilities, particularly primary care facilities, and will offer index testing to not only newly-diagnosed PLHIV, but also to clients already registered in care who have sexual and/or injecting partners and/or biological children under the age of 19.

Index testing will continue to be provided in accordance with the national SOP, which was adopted in 2019, is based on PEPFAR and WHO guidance, and is in alignment with the WHO 5Cs. This SOP places special focus on protecting clients' rights and providing index testing services in a voluntary, non-coercive manner. In COP 2020, PEPFAR Ukraine worked with CPH to update the SOP and strengthen systems to reflect updated PEPFAR guidance.

Currently, Ukraine has safeguards in place to prevent adverse events that jeopardize index clients' and their partners' confidentiality and safety. All service providers are required to complete a specialized training course to be qualified for providing index testing services. The system in place includes a three-step informed consent mechanism, whereby index testing is only done with the explicit willingness of the HIV+ client to 1) initially accept a social worker's/case manager's services, 2) specifically accept index testing services, and 3) agree to provide partners' contacts. Every index client is free to not only accept or decline index testing, but also to choose the preferred means of partner notification: client-initiated, provider-initiated or mixed. Screening for intimate partner violence is a critical component of index testing service delivery. If intimate partner violence (IPV) risk is identified, psychological and legal support is provided by local implementing partners and third parties specializing in supporting domestic violence victims, as appropriate.

Adverse event monitoring is currently in place at various levels, including site-level monitoring and client feedback, targeted monitoring of implementing sub-grantees by the primary implementing partners, and diversified feedback channels allowing clients to place complaints in case of any inappropriate practices by service providers. Clients are informed of these feedback channels as soon as they accept the services of a social worker or case manager. In COP 2020 and continuing into COP 2021, PEPFAR Ukraine's support to the national HIV/AIDS hotline will strengthen the monitoring of direct client feedback. For example, when an adverse event is reported via the hotline, it will signal the need for further investigation and remediation by the national taskforce, with communication back to the community and site.

In COP 2021, PEPFAR Ukraine will continue to monitor these safeguards closely and will further strengthen all mechanisms currently in place to ensure voluntary, non-coercive index testing provision at both the facility and community levels. Within the COVID-19 environment, implementing partners have relied upon virtual monitoring and limited site visits; however, partners will continue to introduce more rigorous monitoring systems, including focused *ad hoc* checks during site visits and client surveys. Implementing partners will also work to enhance index testing efficiency by improving service providers' motivational interviewing skills and ensuring all newly identified PLHIV are offered index testing services. PEPFAR Ukraine will integrate additional services such as self-testing, multi-testing, and PrEP to optimize case identification and facilitate prevention.

c. Optimizing PITC & Other Facility Modalities

While the majority of new cases identified in COP 2020 Q1 was attributable to community testing modalities, facility-based testing will continue to play an important role in COP 2021. With health reform and policy changes enabling further decentralization of diagnosis and treatment within the Ukrainian healthcare system, PEPFAR Ukraine partners will continue to engage hospitals and clinics across the 12 PEPFAR regions to optimize testing efficiency.

PITC was not routinely practiced in most facilities except TB and AIDS centers before COP 2018. Since then, PEPFAR Ukraine has supported PITC and other facility modalities at over 400 facilities across the 12 PEPFAR regions. In COP 2020 Q1, 24% of new positives were discovered in inpatient facilities and outpatient facilities. COP 2020 Q1 experienced a substantial decrease in the proportion of cases discovered through facility-based testing, as compared with previous quarters. This can be attributed to reported challenges faced by health care facilities, including facilities being repurposed for COVID-19 care, sick and overloaded personnel, and interruption in HIV testing services.

In COP 2021, PEPFAR Ukraine will continue to focus efforts on technical assistance and CQI to improve facility-based testing practices so as to identify patients more efficiently and at earlier stages. In COP 2019 and COP 2020, PEPFAR Ukraine supported the roll-out of a risk screening tool to improve identification of those who should be tested but would otherwise have been missed. Documented use of the risk screening tool has resulted in improved testing yields, and COP 2021 PITC activities will focus on ensuring correct and consistent use of this tool at primary and secondary care facilities across the 12 PEPFAR oblasts. There will be continued emphasis on optimizing testing practices, including use of risk screening tools and improving the frequency by which index services are offered, with the aim of closing the known status gap in the highest burden regions.

d. Optimizing Case-finding in the Military

Due to a continuing war with Russia-supported “separatists” in eastern Ukraine, active-duty military personnel are classified as a higher-risk population. Approximately 40,000 soldiers, or about one-sixth of Armed Forces of Ukraine (AFU) manpower (250,000), are deployed to the Joint Forces Operation (JFO) zone every year. Troops in brigade-sized units are rotated approximately every four months. The AFU in the conflict zone are supported by a deployed military medical staff operating out of the four designated areas, each with a mobile combat hospital (co-located with the corresponding local civilian health facility). In addition to fighting the conflict in eastern Ukraine, the AFU currently faces the negative effects of COVID-19, including a drain on time and resources.

In COP 2021, PEPFAR, through the Department of Defense (DoD)/Defense HIV/AIDS Program (DHAPP), will continue to provide HIV case-finding services to the AFU in partnership with the Ministry of Defense (MoD) Military Medical Department. Military HIV prevalence is still unknown, but recent case-finding activities have demonstrated increased HIV testing yields, particularly with VCT among soldiers in the JFO zone. In COP 2021, DHAPP Ukraine will continue to improve testing efficiency among military personnel through expansion of HTS; scaling up targeted use of multi rapid test kits (MRTKs) with high-risk groups; implementation of the risk screening tool by medical doctors; and support for monthly “health days” (adjusted to COVID-19 constraints) at large military bases. DHAPP Ukraine will continue to support relationship-building between the MoD and the MoH to integrate the Military HIV database with the MoH Public Center for Health HIV MIS. DHAPP Ukraine will support ongoing efforts in helping MoD change and adopt internal SOPs and National Laws on stigma and discrimination issues, as well as policy dissemination.

In COP21, for the first time in Ukraine PEPFAR will support Seroprevalence And Behavioral Epidemiology Risk Survey (SABERS). This study will be conducted to gain a better understanding of the AFU’s HIV epidemic by determining HIV prevalence, STI prevalence, co-infection rates, and demographic and behavioral risk factors associated with HIV infection. Information gained from this study will help inform focused recommendations for programmatic direction.

4.2 Continuity of Treatment and Ensuring Viral Suppression

Ukraine has made significant progress on ART scale-up, with approximately 83% of PLHIV who are aware of their status on treatment – up from just 63% in FY 2018. In COP 2019, PEPFAR Ukraine initiated ART for 16,344 new patients in the 12 PEPFAR-supported regions. Ukraine has dramatically reduced the time to treatment initiation. The number of new patients initiated on ART in PEPFAR-supported regions is markedly higher than the number of newly-diagnosed patients, indicating clients who were registered but not previously linked to treatment are now being enrolled on ART.

To further accelerate progress towards 95% ART coverage, PEPFAR Ukraine will support CPH in further developing the policy environment to optimize ART, scale up multi-month scripting, simplify patient registration, and simplify HIV certification for health care providers. PEPFAR Ukraine will continue productive collaboration with WHO to conduct advocacy and CQI programming in all 12 PEPFAR regions, through regular roundtable workshops with regional health authorities, providers, and implementing partners to address all aspects of the patient pathway. Other PEPFAR Ukraine implementing partners will take on responsibility for improving client-centered treatment in the six highest-volume oblasts, lead efforts to re-engage clients interrupted in treatment, and support continuous quality improvement programming.

All PEPFAR Ukraine partners showed increasing linkage rates in FY 2020. PEPFAR Ukraine will build on this progress by supporting further simplification of the testing algorithm to streamline and simplify the diagnostic process. Additional social workers and case managers will be provided to facilities to provide the social support needed to help clients rapidly enroll in ART and remain in treatment. The GoU has taken responsibility to support ART treatment for all PLHIV. PEPFAR, in coordination with the WHO and GF, will continue to support Ukraine's ongoing transition to DTG-based regimens. The number of clients on DTG-based regimens has increased sharply, from 26,472 clients in February 2019 to 57,338 clients in April 2021. The number of clients on TLD regimens has also increased nearly four times across the same period, and PEPFAR Ukraine, in coordination with WHO and GF, will continue to support accelerated transition to single-pill TLD regimens.

PEPFAR Ukraine launched a formal CQI program in COP 2018. This program, led by the CQI team within regional CPH-supported multi-disciplinary teams, focuses on developing quality patient-centered care, with particular focus on high-volume and high-yield sites, and integrating the results of SIMS visits, with input provided by WHO-supported treatment mentors and ITECH clinical advisors. In COP 2021, PEPFAR Ukraine will further refine this CQI program through institutionalizing the structure of regular roundtables with national and regional stakeholders and tailoring the program based on quarterly performance data.

In FY 2020, viral load testing coverage was 75% across the 12 PEPFAR oblasts, with 95% viral suppression. For activities related to optimizing the laboratory network to further improve viral load testing coverage, particularly in oblasts with less than 90% coverage, please see section 4.6.

For a detailed description of new activities to improve continuity of treatment, please see section 2.2.

TB/HIV

TB/HIV continues to be a major cause of morbidity and mortality for PLHIV; however, due to success in identification of TB/HIV cases and routine initiation of these cases on ART, PEPFAR is no longer funding TB/HIV activities. PEPFAR continues to monitor the TB/HIV situation through the USAID Global Health-funded TB program. HIV status is established for more than 95% of confirmed TB cases through HIV testing of those not already registered as HIV-positive, and symptomatic TB screening of HIV patients is routinely implemented. However, continued high

mortality appears to be linked to late presentation, delayed initiation of ART, late TB diagnosis, and a high prevalence of MDR-TB. Most PEPFAR-supported regions now have joint TB/HIV roadmaps for improving TB/HIV case management, integration, and coordination of services, which are approved by regional health administrations. A monitoring system for ART treatment among HIV/TB cases has been added to the HIV MIS system; the results from the regions supported by PEPFAR in FY 2020 indicate an 89% initiation rate of ART within 3 weeks from TB treatment initiation.

Tuberculosis Preventive Treatment (TPT) with 6H is recommended for all newly-diagnosed PLHIV by national guidelines and was initiated by 11,425 newly diagnosed PLHIV in 2020. PEPFAR will work to improve monitoring of TPT administration, completion and effectiveness (given the high background rate of MDR-TB) and will advocate for introduction of new TPT regimens as recommended by WHO guidelines on treatment of latent TB (e.g., 3HP).

4.3. Prevention, Specifically Detailing Programs for Priority Programming

a. OVC

PEPFAR Ukraine remains committed to building sustainable systems to support orphans and vulnerable children (OVC) and their caregivers in Ukraine. During COP 2020, PEPFAR Ukraine achieved 95% of its target for OVC_SERV, providing 657 OVC and caregivers with psychosocial support and family strengthening activities in order to improve ART adherence and resilience. Through its extensive network of Peace Corps volunteers, PEPFAR Ukraine supports OVC through training activities for social workers, case managers, and peer leaders; building social support networks, including through in-person support groups and online and social media outreach; providing technical assistance to NGOs active in OVC support; strengthening networks of cooperation between social workers, pediatricians, and OVC; and providing support to OVC and their caregivers at national, regional and mini-camps.

PEPFAR Ukraine will step up its support for sustainability of OVC programming in COP 2021 by supporting the development of regional multidisciplinary care teams focused on OVC issues. PCVs, in partnership with local NGOs, will organize roundtables for key community stakeholders, including clinical personnel, NGO representatives, local government officials, regional health authorities, and service beneficiaries. Stakeholders will establish the multidisciplinary care teams, which will address key issues such as bi-directional referral protocols, case conferencing, shared confidentiality, and joint case identification.

b. PWID

PEPFAR Ukraine considers MAT expansion a prerequisite for effective prevention and retention of HIV positive PWIDs in care. Consequently, PEPFAR Ukraine actively supported the GoU in the revision of previous MAT scale-up plans and adoption of new, ambitious directives to achieve 15 percent MAT coverage among PWID nationally by 2025. Coordinated and proactive GoU support

for MAT expansion is vital, given the reality of scarce financing, healthcare reform, and COVID-19. PEPFAR Ukraine will reinforce MAT coordination and management at the national level to build the capacity of GoU partners for sustainable MAT expansion.

PEPFAR Ukraine will work with GoU to ensure sufficient budgeting and coordination of MAT procurement at national and regional levels in order to secure an uninterrupted MAT supply essential for MAT scale-up. In COP 2021, PEPFAR Ukraine will promote the wide adoption of clinical standards for the treatment of opioid dependency, recently approved by the MoH to improve the quality of MAT services and align with international standards. In line with ongoing healthcare reform, MAT providers will be incentivized to render standard MAT services through financial compensation from GoU.

At the site level, PEPFAR Ukraine will prioritize support for MAT scale-up in the oblasts with the highest estimated numbers of PWID, focusing particularly on the Dnipropetrovsk region, especially in Dnipro and Kryvyi Rih Cities. PEPFAR Ukraine introduced two mobile MAT clinics in the Dnipropetrovsk region during COP 2020 to enhance coverage and accessibility of MAT and integrated services for otherwise hard-to-reach populations. This initiative will be extended with five more mobile clinics in COP 2021. These mobile sites will provide MAT and integrated services, such as testing for HIV, TB, and HCV; referrals to diagnostics and treatment; ART and TPT dispensing; harm reduction; and psychosocial support.

Specific emphasis in COP 2021 includes improving the referral process for PWID to MAT sites. Case-finding activities will be leveraged as unique entry points for HIV-positive and HIV negative PWID into MAT. PEPFAR Ukraine will also support a targeted MAT demand-creation campaign, aimed at reduction of stigma and discrimination toward PWID in general and MAT patients. Adaptations due to COVID-19 include expanding and scaling take-home dosages for eligible PWID and virtual case-management.

c. MSM

In COP 2021, PEPFAR Ukraine will expand PrEP access to 5,000 clients (incl. 2,500 MSM) and make PrEP available at both larger AIDS Centers and smaller ART sites, with plans to eventually expand to pharmacies. PEPFAR Ukraine's initial PrEP rollout in COP 2018 focused heavily on MSM, and MSM will remain a key focus of continued PrEP scale-up. Additional priority populations for PrEP include other high-risk groups, such as PWID and serodiscordant couples. PEPFAR Ukraine will continue to bolster efforts to combat stigma and will support these efforts with a communications campaign focused on PrEP uptake and U=U.

4.4 Commodities

The GoU will continue to procure most of the national need for ARVs, RTKs, laboratory reagents, consumables, and TB program commodities, with an estimated budget of \$44 million. To complement this national investment, it is expected that Global Fund will continue supporting

limited ARV procurements, with support for RTKs, drugs for opportunistic infections, and laboratory reagents planned to end in 2021.

Given the level of investment and commitment from the government, PEPFAR provides limited funding for the procurement of commodities. In COP 2021, PEPFAR will procure rapid test kits, rapid recency tests, ora-quick self tests, and Hepatitis B, C, and syphilis tests to assist with case-finding in PEPFAR regions. PEPFAR Ukraine will procure PrEP to support scale-up, as well as commodities to support the rollout of LAM testing for TB.

In COP 2018 - 2020, PEPFAR Ukraine supported activities to strengthen forecasting, procurement, supply coordination, and logistics data management processes to ensure improved management of commodities. PEPFAR also continued support of the Central Procurement Agency (CPA), which completed the first GoU ARV procurement in 2020. In addition, PEPFAR Ukraine supported innovative supply chain solutions, including national expansion of a logistics public private partnership to implement monthly last mile distribution.

In COP 2021, PEPFAR Ukraine will continue supporting CPH's procurement programming, including supporting forecasting and stock-management functionality through technical assistance and secondment of staff. PEPFAR will also continue support to CPA as it diversifies its procurement instruments and takes on additional procurement responsibility. PEPFAR will support policy optimization to improve access to ARVs (with an initial focus on PrEP) via pharmacies and in the private sector and will focus on the transition of the last mile logistics system to GoU management. PEPFAR will also continue multilateral coordination in support of ARV optimization and MMD expansion.

4.5 Collaboration, Integration and Monitoring

The PEPFAR Ukraine team has leveraged a strong interagency working relationship to ensure coordination among USG agencies and their implementing partners, as well as with external stakeholders, including GF and its principal recipients, UNAIDS, and WHO. PEPFAR-Ukraine technical resources are shared across agencies with significant cross-agency input into the design and development of workplans. In addition, technical capacity is shared with the GF and MoH, with USG-supported technical experts (both locally engaged staff and partner-supported experts) participating in the GF grant proposal development working groups and MoH technical working groups.

PEPFAR Ukraine has taken a holistic approach to monitoring and managing implementing partners to ensure fidelity to models and accelerated impact across the cascade. All PEPFAR agencies triangulate program and fiscal data to track partner progress and if needed, flag issues with partner performance early. Partners who are struggling to meet program targets are provided intensive TA from PEPFAR Ukraine team members and HQ subject matter experts.

Additionally, PEPFAR Ukraine has held several meetings over the past year for all partners working in a given program area to allow for sharing of best practices, support continued fidelity to proven models, and allow for brainstorming on innovations that could further improve progress towards 95-95-95. In cases where performance continues to lag, PEPFAR Ukraine reallocates resources across the implementing partner portfolio to ensure funding is aligned with performance. For additional partner management support, USAID has repurposed a health advisor staff position into a technical advisor position responsible for advising and monitoring all aspects of implementing partner performance across the cascade, with a particular focus on case-finding.

PEPFAR Ukraine will continue to improve quality and efficiencies of client-centered service delivery across the cascade by building on the CQI program developed for care and treatment. Alongside the treatment mentors, who play a pivotal role in guiding the CQI activities of the regional multi-disciplinary teams, PEPFAR Ukraine will introduce a team of testing mentors to provide site-level and regional TA and CQI for HTS, and laboratory mentors, who will strengthen the HIV laboratory workforce and HIV laboratory strategies, while supporting adaptation of laboratory policy to the changing healthcare landscape.

To support integration of laboratory activities across the cascade, PEPFAR Ukraine will conduct a gap analysis to identify bottlenecks that limit access and coverage of VL testing as a result of the implementation of health reform. In addition, PEPFAR will use the existing laboratory structure to support the expanded implementation of the WHO testing algorithm including rapid tests for HIV diagnosis. The SPI-point of care tool will be widely implemented to ensure continuous quality improvement at all testing sites. PEPFFAR will support the development of a pre-service training program revision to enhance the skills of the laboratory and testing staff at the central and regional laboratories and the cadre of personnel qualified to perform rapid tests.

PEPFAR will support community-led monitoring of treatment services through a newly-established Small Grants program managed by the PEPFAR Coordination Office and UNAIDS.

4.6 Targets by Population

Table 4.7.1 ART Targets by Prioritization for Epidemic Control						
Prioritization Area	Total PLHIV	Expected current on ART (APR FY20)	Additional patients required for 80% ART coverage	Target current on ART (APR FY22) <i>TX_CURR</i>	Newly initiated (APR FY22) <i>TX_NEW</i>	ART Coverage (APR 22)
Scale-Up Aggressive	155,016	94,874	31,003	115,984	12,071	75%

Table 4.7.3 Target Populations for Prevention Interventions to Facilitate Epidemic Control			
Target Populations	Population Size Estimate (SNUs) and disease burden	Coverage Goal (in FY21)	FY21 Target
<i>PWID, KP_PREV</i>	223,500	34%	76,650
<i>MSM, KP_PREV</i>	106,700	20%	21,809
TOTAL	330,200	30%	98,459

Table 4.7.4 Targets for OVC and Linkages to HIV Services			
SNU	Estimated # of Orphans and Vulnerable Children	Target # of active OVC (FY22 Target) OVC_SERV	Target # of active beneficiaries receiving support from PEPFAR OVC programs whose HIV status is known in program files (FY22 Target) OVC*
Cherkas'ka oblast'	n/a	77	59
Chernihiv'ska oblast'	n/a	61	52
Dnipropetrovs'ka oblast'	n/a	119	87
Donets'ka oblast'	n/a	70	65
Kherson'ska oblast'	n/a	21	9
Kyiv city	n/a	43	33
Kyiv'ska oblast'	n/a	37	29
Mykolayiv'ska oblast'	n/a	39	25
Odes'ka oblast'	n/a	129	89
Poltav'ska oblast'	n/a	63	30
Zaporiz'ka oblast	n/a	35	24
TOTAL	n/a	694	502

5.0 Program Support Necessary to Achieve Sustained Epidemic Control

Ukraine's COP 2021 above-site investments amount to \$9,116,024, representing 20 percent of the total planned allocation. Five key system barriers represent the focus of above-site activities: (1) Commodity Insecurity; (2) Detection, linkage, and retention of KPs; (3) New and efficient service delivery models; (4) Test and Start; and (5) Other system investments. These priority activities complement major ongoing health systems (financing, eHealth, procurement) reforms in Ukraine and reflect strong stakeholder consensus.

1) Health commodities insecurity has improved significantly since the GoU has stepped up its commitment to fund ARV procurement out of the state budget. Throughout the COP 2021 planning process, the GoU has not requested PEPFAR support for ARVs due to government budget commitment. Throughout the planning process, the GoU has considered changes to the procurement agent to ensure quality assured medicine procurement, which faces legal constraints if done through a state-owned agency. Should procurement agent changes occur, it will delay procurement and lead to stock instability. PEPFAR Ukraine will assist with the procurement of PrEP commodities to ensure ambitious PrEP_CURR targets of 8,200 for COP 2021 are met.

The GoU has requested technical assistance to build programmatic and managerial capacities for health procurement and supply chain. In COP 2021, PEPFAR Ukraine will continue technical assistance the MoH's Central Procurement Agency (CPA) and the regions, in order to: secure transparent, efficient, and cost-effective procurement of ARVs, MAT, and testing commodities; ensure successful transition of HIV/TB commodity procurements from international organizations to the CPA; and foster CPA interactions with sub-national procurement entities. In addition, technical assistance will be provided to expand public-private partnership to improve the supply chain, and to develop an end-to-end Logistics Information System (E2E LMIS) that will serve as a harmonization mechanism to connect different areas for effective supply chain management.

PEPFAR Ukraine will also support optimization of health care costs, including the cost of HIV, OI, TB and HCV medicines, with more and better quality generic drugs using modern health reforms policy mechanisms, such as Health Technology Assessment and central and regional procurements by CPA and regional health care facilities.

2) Detection, linkage, and retention of KPs

PEPFAR Ukraine continues to increase efficiency and targeted testing by working collaboratively with the GoU to continue to expand standard outreach in detection and linkage of PWID and MSM. COP 2021 will focus on continued support of tailored PITC approaches in health care facilities, continued expansion of index testing at both community and facility level, including in all penal settings in the 12 PEPFAR regions, and expanded KP social network recruitment to find PLHIV and link ART or provide PrEP for high risk HIV negative clients. Special focus will be made on protecting clients' rights and providing index testing services in a voluntary, non-coercive manner. In COP 2021 PEPFAR Ukraine will continue to advocate for ART scale up, ART optimization, MMD and TPT.

The GoU has adopted innovative service delivery models including differentiated services and dispensing 3-6 month supplies of ART. PEPFAR/Ukraine will continue to support the GoU in educating providers on these revised policies by conducting round tables with regional health authorities to eliminate barriers for ART optimization, MMD and TPT. PEPFAR will also support the development of a training curricula on ART optimization, HIV advanced disease management and CNS/OI management. The development of improved adherence activities as part of the

comprehensive retention package will improve adherence and decrease loss to follow-up. Also, in COP 2021 PEPFAR Ukraine will continue to implement a communication strategy in 12 PEPFAR regions to increase demand for HIV testing and treatment services among KP and PLHIV with a focus on U=U and PrEP.

PEPFAR Ukraine will also address demographic data gaps by developing regional geographically-specific KP profiles through the triangulation of programmatic and epidemiologic data including the BBS for MSW and FSW and surveillance information. PEPFAR will conduct CQI for laboratories performing HIV testing adopted as a routine practice and for the accreditation for leading laboratories (Kyiv city, Kryvyi Rig, Cherkasy)

3) New and efficient service delivery models

PEPFAR will support further revision of the national testing algorithm to align with the newest WHO guidelines officially adopted in Ukraine. PEPFAR Ukraine will continue to support the approval of the formal policy that recommends MMD (6-12 months) and is in line with WHO and PEPFAR guidelines. To support implementation, PEPFAR will conduct monitoring visits to ART sites and ongoing mentoring with physicians. PEPFAR will also provide support to the CPA to ensure that all national and regional procurements are transparent, efficient, cost-effective and in line with ART optimization and MMD.

4) Test and start

With PEPFAR support, the CPH has developed an ART optimization strategy including test and start and is working with the regions to build their requests for state-funded ART procurements around optimized ART regimens. Ukraine will need continued support in implementation of the WHO HIV Comprehensive Treatment Guidelines. PEPFAR Ukraine will work with partners to develop regional patient pathways, based on WHO recommendations for improvement of linkage to ART and same day ART initiation. To develop tailored plans, PEPFAR partners will conduct a regional level gap analysis and local remediation plans to improve patient-centered care.

5) Other system investments

PEPFAR will invest in other critical systems which pose major obstacles for Ukraine's success in meeting the ambitious COP 2021 targets. PEPFAR will support HIV MIS integration with other digitized healthcare platforms. Development and implementation of new modules and functionalities in HIV MIS will be sustained to enable its interoperability with other disease specific electronic systems.

Healthcare providers will be taught to analyze HIV MIS depersonalized data for decision-making. To streamline reporting, PEPFAR Ukraine will provide support to HIV MIS to replace paper-based reporting with electronic reporting and to improve reporting quality. DQA will be expanded to ensure good quality of all important social and demographic variables in HIV MIS. PEPFAR will work to ensure HIV MIS interoperability with laboratory information system (LIS) and its

sustainability. HIV MIS will be transferred to the GoU ownership and official policies on HIV MIS use will be developed and adopted.

PEPFAR Ukraine will support development of a plan to improve mortality surveillance as well as plans for the development of HIV incidence and case-based surveillance systems.

6.0 USG Operations and Staffing Plan to Achieve Stated Goals

In COP 2021, PEPFAR Ukraine increased its Cost of Doing Business Budget (CODB) by 15 percent due to increases in the local compensation plan and ICASS costs.

No significant staffing changes are planned during COP 2021. The new PEPFAR Coordinator will be arriving during FY2021 Q4. Two CDC positions were repurposed during FY2021 to meet the programmatic needs of COP 2021: a KP Specialist (focused on testing, linkage, and retention), and an HIV Prevention Specialist (focused on PWID prevention). USAID does not have any anticipated staffing changes for COP 2021.

PEPFAR staff will participate in their regular SIMS visits per the approved SIMS plan for COP 2021. The agency teams will continue with virtual methodologies fine-tuned in COP 2020 to monitor programs within the COVID-19 environment. PEPFAR staff together with PEPFAR-funded implementing partners will monitor site level program requirements for linkage, retention, and client centered services. The Peace Corps program will intensify its focus on expanding outreach to PWID, HIV testing and ART-demand creation, KPIF, local trainings for medical personnel on index testing, anti-stigma, and motivational interviewing. In relation to work with MSM, the Peace Corps program will focus on continued support for MSM communities; increased outreach, testing, PrEP and ART-demand creation through such activities as leadership academies; social media communication strategy development, trainings for friendly doctors, and roundtables with community stakeholders.

APPENDIX B – Budget Profile and Resource Projections

1. COP20 Planned Spending in alignment with planning level letter guidance

Figure B.1.1 COP20 Budget by Program Area

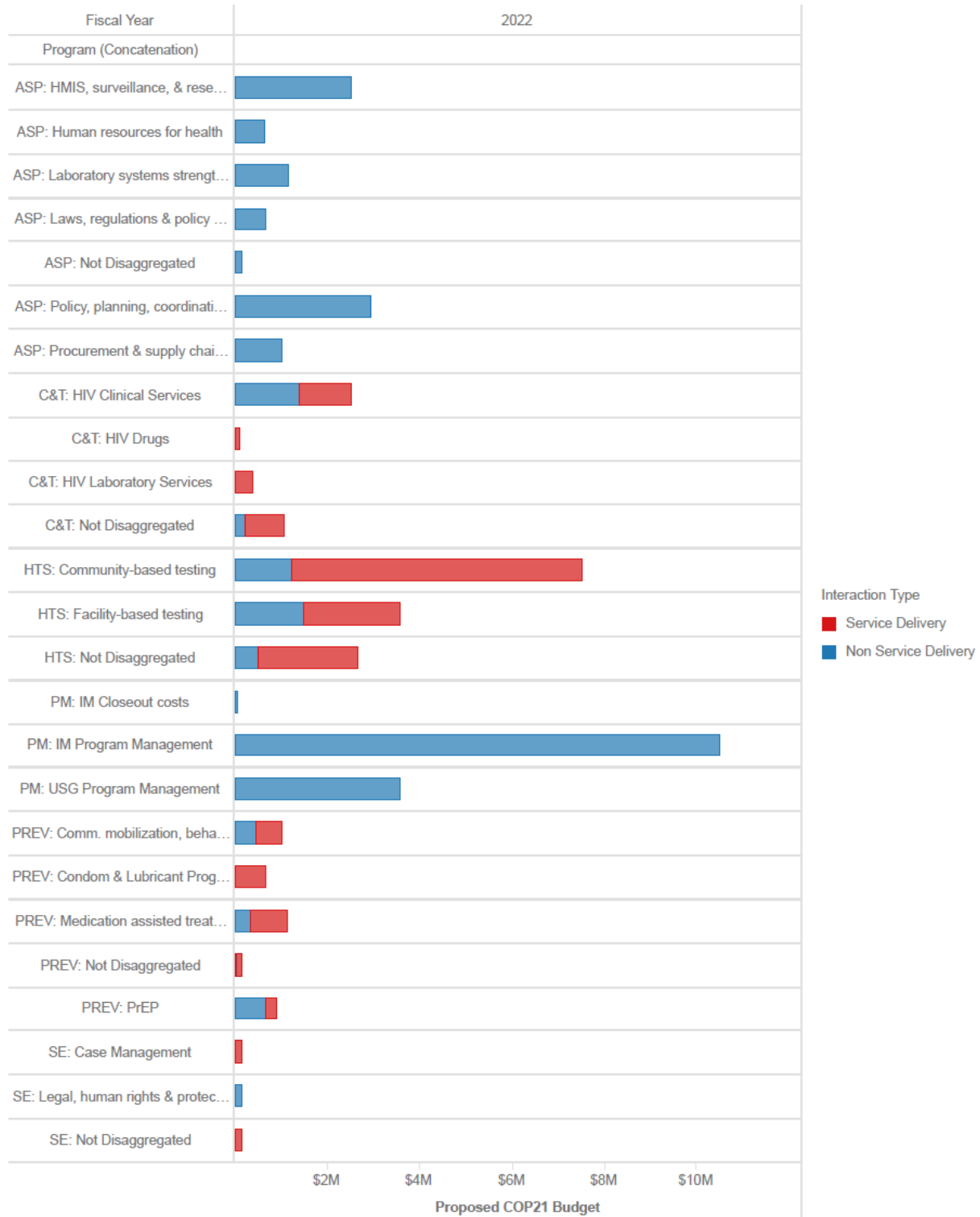


Table B.1.2 COP20 Total Planning Level

Fiscal Year	2022	2022	2022
Metrics	Proposed COP21 Budget		
Operating Unit	Applied Pipeline	New	Total
Total	\$3,319,467	\$42,055,533	\$45,375,000
Ukraine	\$3,319,467	\$42,055,533	\$45,375,000

Table B.1.3 Resource Allocation by PEPFAR Budget Code (new funds only)

Program	Fiscal Year	2022					
	Metrics	Proposed COP21 Budget			Percent of COP 21 Proposed Budget		
	Subprogram	Non Service Delivery	Service Delivery	Total	Non Service Delivery	Service Delivery	Total
Total		\$29,741,981	\$15,633,019	\$45,375,000	65.55%	34.45%	100.00%
C&T	Total	\$1,638,913	\$2,458,646	\$4,097,559	40.00%	60.00%	100.00%
	HIV Clinical Services	\$1,409,974	\$1,117,063	\$2,527,037	55.80%	44.20%	100.00%
	HIV Drugs		\$100,000	\$100,000		100.00%	100.00%
	HIV Laboratory Services		\$405,553	\$405,553		100.00%	100.00%
	Not Disaggregated	\$228,939	\$836,030	\$1,064,969	21.50%	78.50%	100.00%
HTS	Total	\$3,219,034	\$10,525,253	\$13,744,287	23.42%	76.58%	100.00%
	Community-based testing	\$1,238,423	\$6,284,902	\$7,523,325	16.46%	83.54%	100.00%
	Facility-based testing	\$1,485,270	\$2,073,193	\$3,558,463	41.74%	58.26%	100.00%
	Not Disaggregated	\$495,341	\$2,167,158	\$2,662,499	18.60%	81.40%	100.00%
PREV	Total	\$1,469,863	\$2,369,120	\$3,838,983	38.29%	61.71%	100.00%
	Comm. mobilization, behavior & norms change	\$461,134	\$556,773	\$1,017,907	45.30%	54.70%	100.00%
	Condom & Lubricant Programming		\$671,443	\$671,443		100.00%	100.00%
	Medication assisted treatment	\$326,942	\$800,000	\$1,126,942	29.01%	70.99%	100.00%
	Not Disaggregated	\$11,811	\$115,590	\$127,401	9.27%	90.73%	100.00%
	PrEP	\$669,976	\$225,314	\$895,290	74.83%	25.17%	100.00%
SE	Total	\$150,000	\$280,000	\$430,000	34.88%	65.12%	100.00%
	Case Management		\$150,000	\$150,000		100.00%	100.00%
	Legal, human rights & protection	\$150,000		\$150,000	100.00%		100.00%
	Not Disaggregated		\$130,000	\$130,000		100.00%	100.00%
ASP	Total	\$9,116,024		\$9,116,024	100.00%		100.00%
	HMIS, surveillance, & research	\$2,524,292		\$2,524,292	100.00%		100.00%
	Human resources for health	\$649,000		\$649,000	100.00%		100.00%
	Laboratory systems strengthening	\$1,143,292		\$1,143,292	100.00%		100.00%
	Laws, regulations & policy environment	\$672,762		\$672,762	100.00%		100.00%
	Not Disaggregated	\$150,000		\$150,000	100.00%		100.00%
	Policy, planning, coordination & management of disease control programs	\$2,961,922		\$2,961,922	100.00%		100.00%
	Procurement & supply chain management	\$1,014,756		\$1,014,756	100.00%		100.00%
PM	Total	\$14,148,147		\$14,148,147	100.00%		100.00%
	IM Closeout costs	\$70,000		\$70,000	100.00%		100.00%
	IM Program Management	\$10,500,806		\$10,500,806	100.00%		100.00%
	USG Program Management	\$3,577,341		\$3,577,341	100.00%		100.00%

Table B.1.4 Resource Allocation by Program and Beneficiary

Fiscal Year	2022													
Program	C&T		HTS		PREV		SE		ASP		PM		Total	
Beneficiary	Proposed COP21 Budget	Percent to Total	Proposed COP21 Budget	Percent to Total	Proposed COP21 Budget	Percent to Total	Proposed COP21 Budget	Percent to Total	Proposed COP21 Budget	Percent to Total	Proposed COP21 Budget	Percent to Total	Proposed COP21 Budget	Percent to Total
Total	\$4,097,559	100%	\$13,744,287	100%	\$3,838,983	100%	\$430,000	100%	\$9,116,024	100%	\$14,148,147	100%	\$45,375,000	100%
Key Pops	\$310,000	8%	\$8,077,825	59%	\$2,456,753	64%			\$960,000	11%			\$11,804,578	26%
Males			\$150,000	1%									\$150,000	0%
Non-Targeted Pop	\$3,787,559	92%	\$5,216,462	38%	\$1,382,230	36%	\$300,000	70%	\$7,591,024	83%	\$14,148,147	100%	\$32,425,422	71%
OVC							\$130,000	30%					\$130,000	0%
Priority Pops			\$300,000	2%					\$565,000	6%			\$865,000	2%

B.2 Resource Projections

The great majority of programmatic resources are allocated to case-finding, with a focus on accelerating progress on the first 95 to facilitate rapid ART scale-up. The second largest amount is allocated to the Health System Strengthening above site activities, as one of the key priorities of PEPFAR program is to ensure that Ukraine Health System supports the sustainability of the HIV response in Ukraine. The third largest share is allocated to support patient-centered treatment and retention activities: the fact that the GoU has primary responsibility for treatment costs and ARV procurement means that PEPFAR investment in this area is directed primarily at quality improvement and client support.

APPENDIX C – Minimum Program Requirements

This should be addressed in narrative in the sections above however in this section succinctly note if the program is meeting or not meeting the minimum program requirement. The minimum requirements for continued PEPFAR support include:

Care and Treatment	<p>1. Adoption and implementation of Test and Start with demonstrable access across all age, sex, and risk groups, with direct and immediate (>95%) linkage of clients from testing to treatment across age, sex, and risk groups.¹</p> <p>Meeting requirement. New testing algorithm adopted in FY19. Rapid ART recommended for all clients who do not have counterindications; continued, successful programmatic efforts to improve linkage rates.</p>
	<p>2. Rapid optimization of ART by offering TLD to all PLHIV weighing ≥30 kg (including adolescents and women of childbearing potential), transition to other DTG-based regimens for children weighing ≥20kg, and removal of all nevirapine-based regimens.²</p> <p>Meeting requirement. Significant scale-up of DTG-based regimens and TLD ; PEPFAR supporting acceleration.</p>
	<p>3. Adoption and implementation of differentiated service delivery models, including six-month multi-month dispensing (MMD) and delivery models to improve identification and ARV coverage of men and adolescents.³</p> <p>Meeting requirement. 3-month and 6-month dispensation available; PEPFAR supporting supply chain improvements to ensure consistent implementation.</p>
	<p>4. All eligible PLHIV, including children, should complete TB preventive treatment (TPT) by end of COP20, and cotrimoxazole, where indicated, must be fully integrated into the HIV clinical care package at no cost to the patient.⁴</p> <p>Meeting requirement. All newly-diagnosed PLHIV offered TPT; TPT integrated into government care package and provided at no charge.</p>
	<p>5. Completion of Diagnostic Network Optimization activities for VL/EID, TB, and other coinfections, and ongoing monitoring to ensure reductions in</p>

¹ Guideline on when to start antiretroviral therapy and on pre-exposure prophylaxis for HIV. Geneva: World Health Organization, September 2015

² Update of recommendations on first- and second-line antiretroviral regimens. Geneva: World Health Organization, July 2019

³ Consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection. Geneva: World Health Organization, 2016

⁴ Latent Tuberculosis infection: Updated and consolidated guidelines for programmatic management. Geneva: World Health Organization, 2018

	<p>morbidity and mortality across age, sex, and risk groups, including 100% access to EID and annual viral load testing and results delivered to caregiver within 4 weeks.</p> <p>Meeting requirement. Very high viral load testing coverage for eligible clients; PEPFAR supporting further laboratory optimization.</p>
Case Finding	<p>1. Scale up of index testing and self-testing, ensuring consent procedures and confidentiality are protected and assessment of intimate partner violence (IPV) is established. All children under age 19 with an HIV positive biological parent must be tested for HIV.⁵</p> <p>Meeting requirement. Index testing consent and confidentiality procedures described in section 4.1. Index testing scaled up in COP 2018 and COP 2019; self-testing introduced in COP 2019 and scale-up ongoing.</p>
Prevention and OVC	<p>1. Direct and immediate assessment for and offer of prevention services, including pre-exposure prophylaxis (PrEP), to HIV-negative clients found through testing in populations at elevated risk of HIV acquisition (PBFW and AGYW in high HIV-burden areas, high-risk HIV-negative partners of index cases, key populations and adult men engaged in high-risk sex practices)⁶</p> <p>Meeting requirement – continued progress needed in COP 2019. PrEP offered to at-risk clients at AIDS Centers; PEPFAR supporting continued expansion of PrEP availability, particularly to smaller ART sites.</p>
	<p>2. Alignment of OVC packages of services and enrollment to provide comprehensive prevention and treatment services to OVC ages 0-17, with particular focus on 1) actively facilitating testing for all children at risk of HIV infection, 2) facilitating linkage to treatment and providing support and case management for vulnerable children and adolescents living with HIV, 3) reducing risk for adolescent girls in high HIV-burden areas and for 9-14 year-old girls and boys in regard to primary prevention of sexual violence and HIV.</p> <p>Meeting requirement. PEPFAR supports OVC services in 11 regions, including adherence and other psychosocial support, referrals for additional services, and trainings for pediatricians, social workers, and case managers.</p>
Policy & Public Health	<p>1. Elimination of all formal and informal user fees in the public sector for access to all direct HIV services and medications, and related services,</p>

⁵ Guidelines on HIV self-testing and partner notification. Supplement to consolidated guidelines on HIV testing services. Geneva: World Health Organization, 2016 <https://www.who.int/hiv/pub/self-testing/hiv-self-testing-guidelines/en/>

⁶ Guideline on when to start antiretroviral therapy and on pre-exposure prophylaxis for HIV. Geneva: World Health Organization; 2015 (<http://www.who.int/hiv/pub/guidelines/earlyrelease-arv/en>).

Systems Support	<p>such as ANC, TB, cervical cancer, PrEP and routine clinical services, affecting access to HIV testing and treatment and prevention.⁷</p> <p>Meeting requirement. Government provides HIV services free of charge. Health reform supports improvements in physician salaries.</p>
	<p>2. OUs assure program and site standards are met by integrating effective quality assurance and Continuous Quality Improvement (CQI) practices into site and program management. CQI is supported by IP work plans, Agency agreements, and national policy.⁸</p> <p>Meeting requirement. PEPFAR, in coordination with CPH and implementing partners, supports program and site CQI practices across all 12 PEPFAR regions.</p>
	<p>3. Evidence of treatment and viral load literacy activities supported by Ministries of Health, National AIDS Councils and other host country leadership offices with the general population and health care providers regarding U = U and other updated HIV messaging to reduce stigma and encourage HIV treatment and prevention.</p> <p>Meeting requirement. Lab network optimization supporting streamlined access to VL testing results. PEPFAR and CPH supporting U=U and other messaging to reduce stigma and encourage HIV treatment and prevention.</p>
	<p>4. Clear evidence of agency progress toward local, indigenous partner direct funding.</p> <p>Meeting requirement. More than two-thirds of funding goes to local partners – an increase from COP 2019.</p>
	<p>5. Evidence of host government assuming greater responsibility of the HIV response including demonstrable evidence of year after year increased resources expended.</p> <p>Meeting requirement. GOU has assumed primary responsibility for ARV procurement and prevention services.</p>
	<p>6. Monitoring and reporting of morbidity and mortality outcomes including infectious and non-infectious morbidity.</p> <p>Meeting requirement. Mortality outcomes are reported; PEPFAR will support further improvements to mortality surveillance.</p>
	<p>7. Scale-up of case-based surveillance and unique identifiers for patients across all sites.</p> <p>Meeting requirement. HIV MIS fully rolled out in civil and penal sectors across the 12 PEPFAR regions.</p>

⁷ The practice of charging user fees at the point of service delivery for HIV/AIDS treatment and care. Geneva: World Health Organization, December 2005

⁸ Technical Brief: Maintaining and improving Quality of Care within HIV Clinical Services. Geneva: WHO, July 2019

Site level MPRs related to linkage and retention: During FY 2020 (COP19 implementation), all OUs are expected to fully implement retention-related PEPFAR Minimum Program Requirements at every PEPFAR-supported site, as these have a known impact on continuity of ART. Site level implementation of these 4 elements must be assessed to inform COP20 planning. In addition, an effective tracking and tracing system must be in place at each site.

Direct and immediate (>95%) linkage of clients from testing to treatment across age, sex, and risk groups.
Rapid optimization of ART by offering TLD to all PLHIV weighing ≥ 30 kg (including adolescents and women of childbearing potential), transition to other DTG-based regimens for children weighing ≥ 20 kg, and removal of all nevirapine-based regimens.
Elimination of all formal and informal user fees affecting access to HIV testing and treatment and prevention in the public sector for access to all direct HIV services and medications, and related services, such as ANC, TB, Cotrimoxazole, cervical cancer, PrEP and routine clinical services.
Adoption and implementation of differentiated service delivery models for clinically stable clients that ensures choice between facility and community ART refill pick-up location and individual or group ART refill models. All models should offer patients the opportunity to get 6 months of medication at a time without requiring repeat appointments or visits.