

# ICPS newsletter<sup>®</sup>

## How to combat HIV/AIDS: Recommendations for the Government

*In terms of the incidence of HIV/AIDS and the pace of growth of the AIDS epidemic, Ukraine continues to be in first place in Europe. An estimated 410,000 people, 1.4% of the population, are living with HIV/AIDS. Ukraine's political leaders have declared their commitment to controlling HIV/AIDS and protecting the rights of people living with HIV/AIDS (PLHA). But the government's efforts have not been entirely successful and the epidemic continues to spread rapidly. As part of the "Public Health Watch" project, ICPS experts held consultations and interviews with representatives of civil society. The results were used to draft Government recommendations that identify the areas that need improvement in terms of developing, implementing and monitoring HIV/AIDS policy*

### The HIV epidemic in Ukraine

Ukraine's first case of HIV was registered in 1987. The epidemic began spreading rapidly in 1994, when the first case of HIV was identified in an injecting drug user (IDU) in Mykolayiv.

Ukraine has the highest prevalence of HIV/AIDS and the fastest-growing AIDS epidemic in all of Europe. The number of registered cases of HIV rose by 36% between 2003 and 2005. Without intervention, the total number could reach 820,000 or 3.5% of the adult population by 2014. At that point, AIDS would be the cause of death for one in three male adults between the ages of 15 and 49.

Injecting drug users are the primary risk group for HIV infection, accounting for 60% of all cumulative HIV cases as of January 2005. Meanwhile, the number of people infected with HIV through sexual contact is growing.

Cases of HIV have been reported in all regions of Ukraine. The highest incidence as of January 2005 was in Odesa oblast, with 432 cases per 100,000. Other areas with high incidence include Mykolayiv, Dnipropetrovsk, Donetsk, and Cherkasy oblasts, Crimea, and the cities of Sevastopol and Kyiv.

### What hinders an effective attack on HIV/AIDS?

Many consider the **lack of administrative capacity** and the absence of coordination among donors and ministries to be major hurdles in implementing HIV/AIDS programs. For example, the persecution of drug users by law enforcement agencies complicates the delivery of prevention and treatment services, and harm reduction measures.

There is a huge gap between AIDS-related law and actual practice in Ukraine. For instance, the AIDS law stipulates that treatment with antiretroviral (ARV) drugs and other medical care should be accessible to all, free of charge. In practice, this is far from the case. People living with HIV/AIDS reportedly are asked to pay for diagnostic tests and the treatment of opportunistic infections.<sup>1</sup>

Donor funds are not always applied effectively in Ukraine. For example, in April 2006, the World Bank announced that it would suspend a US \$60 million, four-year project to stop the spread of HIV and tuberculosis (TB) because Ukraine's Government had failed to distribute funds and implement programs. This suspension was lifted in November 2006 on condition that Ukraine improve project management

and speed up the implementation of its programs. In 2004, the Global Fund withdrew a two-year government grant of US \$25 million and transferred it to the management of the International HIV/AIDS Alliance (IHAU) in Ukraine.

**Insufficient funding** has also affected the response to HIV/AIDS to date, and there are significant gaps in resources despite considerable support from international donors. Because the policy-formulation process does not take budgets into account, many proposed HIV/AIDS programs are little more than items on "wish lists." The Government has also been reluctant to make financial commitments to continue treatment beyond 2008, when the Global Fund grant period ends.

The new Global Fund grant, which focuses on prevention, is expected to cover only 24% of the financial gap for 2007–2011, so Ukraine's Government must be prepared to increase its own funding for treatment and related programs.

### Discrimination against PLHAs

Efforts to control HIV/AIDS are also compromised by frequent violations of human rights. 75% of the country's HIV-positive people are unaware of their HIV status, and most of the population has limited knowledge about the HIV infection and how to protect themselves against transmission.

HIV tests are often administered without consent, particularly in TB hospitals and drug clinics. Despite a confidentiality clause in Ukraine's national HIV/AIDS law, medical staff often disclose a patient's HIV-positive status to relatives or employers without the individual's consent.

People living with HIV/AIDS are often denied jobs or dismissed from their employment and are refused care or given substandard care in medical facilities. A survey of HIV-positive pregnant women revealed that medical personnel pressured the majority to abort their pregnancies.

<sup>1</sup> **Opportunistic infections** are infections caused by organisms that usually do not cause disease in a person with a healthy immune system, but can affect people with a poorly functioning or suppressed immune system.

## What can be done?

The Ukrainian Government could respond to the HIV/AIDS epidemic more comprehensively and effectively by:

1. Prioritizing and increasing funding for HIV/AIDS to close an anticipated budget gap of more than US \$464 million for 2007–2011 and ensuring the effective use and management of resources, including by:

- closely linking policy development and budgeting processes to ensure the full financing and implementation of all proposed programs to control HIV/AIDS;
- enhancing transparency in drug-procurement processes, for example, through the inclusion of community representatives on tender committees;
- improving administrative capacity and processes to avoid future suspensions or delays in the disbursement of donor funding.

2. Significantly expanding community involvement in planning, implementing and monitoring HIV/AIDS programs, including by:

- increasing the capacity of the National Coordination Council to Prevent the Spread of HIV/AIDS, set up in 2005 to ensure effective coordination among sectors in order to encourage participation and transparency;
- engaging NGOs in the provision of HIV testing and other services and in outreach to marginalized populations.

3. Ensuring equal access to prevention, treatment, care, and support services for marginalized populations, such as IDUs, sex workers, prisoners, and men who have sex with men (MSMs) by:

- eliminating police quotas for drug-related arrests, which contribute to police intrusions in HIV/AIDS prevention and treatment centers;
- addressing discrimination in healthcare settings by offering regular training for healthcare workers;
- integrating HIV/AIDS, TB and drug-dependency treatment more effectively to allow clients to access comprehensive care for all three services in one setting and also offering coordinated treatment

and care for active drug users and those who are coinfected with TB/HIV or triply affected;

- improving HIV/AIDS services in prisons, such as by providing condoms and clean injection supplies and by building capacity for the rapid rollout of ARV treatment and treatment for opportunistic infections.

4. Contributing to effective and large-scale treatment with antiretroviral medications (ARV)<sup>2</sup> and treatment for opportunistic infections by:

- ensuring free ARV treatment and other services for PLHAs, as stipulated in the National HIV/AIDS Program, by eliminating the “hidden” costs of treatment, such as fees for diagnostic tests and the treatment of opportunistic infections and transportation costs;
- coordinating procurement between national and regional governments to avoid the underfinancing of commodities and stock-outs;
- recruiting and training more HIV/AIDS specialists and ensuring full adherence to HIV/AIDS treatment regimes.

5. Scaling up substitution therapy<sup>3</sup> to ensure access to the estimated 60,000 to 238,000 drug users in need of substitution therapy, in order to slow the spread of HIV and to maximize the effectiveness of ARV treatment and the treatment of opportunistic infections for drug users, by:

- ensuring funding of substitution therapy is supported by the overall health budget rather than limited to the HIV/AIDS budget;
- allowing substitution therapy in hospitals in order to ensure that people can seek the care they need without being subjected to forced detoxification and can receive the treatment they need without interruption;
- following through on the rollout of methadone substitution therapy in 2007 and considering plans for this cheaper form of substitution therapy to be made widely available;
- referring drug users who are in possession of a small amount of drugs without intending to resell or

redistribute it to substitution therapy or other appropriate treatment programs, rather than incarcerating them.

6. Encouraging more people to test for HIV, particularly members of high-risk groups, such as IDUs and sex workers, by:

- increasing the number of counseling and testing sites, particularly in rural areas, and ensuring that these sites and other institutions, such as drug clinics and TB hospitals, offer voluntary and confidential testing and pre- and post-test counseling;
- eliminating the current procedure of requiring HIV-positive people to sign a written release accepting criminal responsibility;
- allowing NGOs to play a greater role in testing, for example, by encouraging partnerships with hospitals and testing sites and by repealing legislation that prohibits NGOs from testing;
- establishing and strengthening mechanisms to protect people from all forms of discrimination and breaches of confidentiality, and providing outlets to lodge complaints, pursue legal action, and receive compensation for damages.

7. Launching a public awareness campaign to inform people properly about HIV transmission, the availability of testing and services, and the importance of battling stigmatization and discrimination; ensuring wide, effective dissemination of accurate and up-to-date information, including by:

- assessing the impact of efforts on public awareness and behavior;
- enforcing legislation that requires media outlets to dedicate at least 5% of advertising space to public service announcements by NGOs; coordinating HIV/AIDS-related public service announcements to avoid contradictory messages. ■

*The report called “Public Watch of the Government HIV/AIDS Policy in Ukraine” can be downloaded (in Ukrainian) from the ICPS website. The “Public Health Watch” project was financed by the Open Society Institute’s program of the same name. The author is Andriy Bega, a policy analysis consultant at the ICPS (Kyiv, Ukraine).*

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<sup>2</sup> **Antiretroviral drugs (ARV drugs)** are medical substances that slow down the development of HIV and prevent the collapse of the immune system.

<sup>3</sup> **Substitution therapy** is a form of medical care that is based on applying a similar or identical substance in the treatment of opioid addiction.

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