Final Results of Comprehensive External Evaluation
of the National Response to AIDS

Remarks by: Dr. Olavi Elo, Team Leader

Stakeholders Meeting
Ministry of Health of Ukraine
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1. Introduction and Overview

Dear Mr. Minister, Dear Members of the National Council, Dear Colleagues,

On behalf of the Evaluation Team, it is with a sense of urgency that I present the final results of the Comprehensive External Evaluation of the National Response to AIDS.

Given the complexity of this evaluation – which is the most comprehensive evaluation of a national AIDS programme ever conducted – the process of drafting this report took longer than expected. With the support of 32 members of the Evaluation Team, we have worked for five months to compile the results of the evaluation into a consolidated report. We have synthesized the data from interviews with over 360 people in Ukraine, as well the results of research and summary reports for over 120 technical issues. The final report is over 150 pages, contains 18 sections, and represents the most comprehensive analysis of the achievements and shortcomings of the national response to AIDS in Ukraine ever conducted.

Due to the sheer size of the report, we did not print it out for today's meeting. Instead, we are making it available only in electronic format. If you provide us with your email address, we will send it to you today in Ukrainian or in English, or you can download it from the website of UNAIDS Ukraine. But the report is being released today as a draft, for public comment and feedback. We also hope to submit the report as a draft to the National Council at its meeting later this week. In order to inform the finalization of the consolidated report, your comments and clarifications on this draft are requested by July 20th. The decision to include any comments and clarifications in the final report

will be made in consultation with the members of the Evaluation Team, at my discretion as Evaluation Team Leader. The final report will be completed by the end of the summer for formal presentation to the National Council, the Government of Ukraine, and all of you – stakeholders involved in the national response to AIDS in Ukraine.

In my remarks today, I do not have the luxury of presenting all of the results. Instead, I am focusing my comments on the most significant findings of the evaluation. The main purpose of this presentation is to focus on the key findings of the evaluation as they relate to the finalization of the new National AIDS Programme. Finally, I will conclude with some recommendations on how to reflect the results of the evaluation in the new draft National AIDS Programme.

2. Key Findings

The most sobering conclusion of the evaluation is that the HIV epidemic in Ukraine is not under control. Ukraine continues to have the most severe HIV epidemic in Europe. The epidemic remains classified as concentrated among most at risk populations. HIV incidence and prevalence and AIDS mortality continue to increase, and show no signs of slowing down. Despite progress in a number of individual areas, the overall national response is failing to have an impact on the epidemic.

Yet, the elements of a successful national response exist. In particular, at the level of individuals and organizations, there is an understanding of the challenges that exist, and what needs to be done to over come them. Unlike some other countries facing such a severe epidemic, Ukraine has adequate human, financial and technical resources to implement effective programmes. Interventions in the area of the prevention of mother to child transmission and blood safety have demonstrated that effective prevention programmes can be successfully implemented.

The crucial element for success is leadership. The President of Ukraine has exercised exemplary leadership and attention, but he cannot be expected to implement the national programme.

Another key component for success is the active involvement of civil society. Here, Ukrainian non-governmental organizations and people living with HIV have

demonstrated their essential role as leading partners in the national response. Through their highly successful implementation of the Global Fund grants, the Alliance, the Network, and over 150 of their sub-recipients have demonstrated that NGOs can effectively provide HIV services essential to the prevention of HIV, and to improve the health and quality of life of people living with HIV.

Ukraine also has received much-needed support from a relatively small but generous group of external donors. Led by the Global Fund and USAID, external donors are providing about half of all financial resources for HIV/AIDS in Ukraine. External donors also provide support for the majority of the technical assistance, which Ukraine needs for several years to come. Some of these donors can and should be providing even more support, but may continue to wait until it is clear where their piece of the puzzle can fit best into the larger picture of the national response.

The key challenge facing the national programme is that, while many of these pieces of the puzzle exist, they still do not constitute a coherent, comprehensive and effective national response. The key challenge posed by the epidemic is that there is no more time for piecemeal approaches.

None of these other key components can replace the central role of the Government. We are sensitive to the political changes that Ukraine has experienced in recent years. These changes have also affected the consistent involvement and leadership of the Government in the area of HIV/AIDS. As a result, the National Council has not functioned effectively, if at all. Even when it has met, the National Council has not effectively performed its potential role to coordinate the overall national response to AIDS.

The Cabinet of Ministers has delegated de facto responsibility for HIV/AIDS to the Ministry of Health, and its Committee on HIV/AIDS and Socially Dangerous Diseases. However, this Committee lacks adequate authority, human resources and technical expertise to effectively coordinate the national response to AIDS across different ministries and government agencies, and between regions, NGOs and international partners. There are also fragmented and inconsistent approaches to AIDS between different ministries. The Ministry of Health has responsibility to ensure that all patients with HIV/AIDS are provided with access to treatment, consistent with the Law on AIDS.

Yet, the Ministry of Finance exercises a line-item veto on state budget allocations that has undermined the ability of the Government of Ukraine to fulfil this and other obligations under the national AIDS programme.

In the absence of a firm commitment and prompt action by the Government of Ukraine to provide effective coordination and management of the national response to AIDS, these elements cannot be transformed into a successful national response. No amount of activism from NGOs, donors, or even from UNAIDS can compensate for such a critical shortcoming.

Another key area of the evaluation examined why prevention programmes have not been more successful. As mentioned earlier, the epidemic remains concentrated among most at risk populations, and the largest and most important target population remains injecting drug users. Due to progress by Alliance, State Service for Families, Children and Youth, and hundreds of their implementing partners, there are now harm reduction programmes for injection drug users (IDUs) in every region of Ukraine. But the coverage of an IDU client only once a year is not sufficient to have any influence on safe behaviour. The active coverage of prevention programmes needs to be greatly increased to ensure that IDU clients are being provided with services with greater frequency and quality.

The evidence also indicates that harm reduction programmes will not have a sustained impact on the prevention of HIV transmission in the absence of substitution therapy. Based on the latest national estimates, there are already over 164,000 IDUs infected with HIV – the majority of which aren't even aware that they are infected. The current coverage of less than 1,000 IDUs on buprenorphine is having no impact on controlling the HIV epidemic among IDUs. Evidence clearly shows that substitution therapy is most effective as an intervention to protect IDUs from becoming infected with HIV. But if harm reduction programmes are not urgently expanded to include methadone substitution therapy for a significant proportion of the IDU population, then there is a real risk that tens of thousands more IDUs will become infected with HIV.

There is some evidence that shows that the recent increase of heterosexual transmission is closely related to unsafe sexual behaviour between IDUs and their sexual partners. With such a large estimated number of IDUs already infected with HIV,

even if they are using clean syringes, IDUs are a primary source for the sexual transmission of HIV.

Yet, the focus on IDUs seems to have dulled the urgency of scaling-up prevention programmes among other most at-risk populations. The active coverage and quality of prevention programmes among sex workers remains low. In the case of men who have sex with men, coverage is insignificant. In the absence of accessible, high frequency prevention programmes, there is evidence that the epidemic continues to spread in these populations relatively unchecked.

Within the range of prevention activities, prevention programmes among the general population are not expected to have a decisive impact in the next five years at reducing the number of new cases of HIV. Nevertheless, primary prevention and awareness among the general population, including school based education and AIDS in the workplace programmes, are still essential components of a comprehensive and effective national response. However, prevention programmes among the general population should focus on promoting accurate public awareness about HIV and AIDS and modes of transmission, and tolerant attitudes towards people living with HIV, affected by and at risk of HIV/AIDS. For a crisis of this magnitude, the State Committee for Television and Radio should require the provision of broadcast time for free and consistent public messages on HIV to be broadcast on all channels in prime time.

In the area of voluntary counseling and testing (VCT), reliable estimates suggest that the majority of people infected with HIV have not been tested. Yet, the vast majority of tests continue to be done among blood donors and pregnant women, who are at lower risk for HIV. The system for VCT is not providing adequate access to testing and counseling, especially for those that are at highest risk. There is no justification for regions to test 5% of their general population for HIV every year. Many regions lack adequate funding to test population groups at high risk, leading to potentially massive underreporting of HIV. It will be a significant challenge to attract these people at high risk for VCT, but this must be done on an urgent basis.

In the area of treatment, care and support, Ukraine now has to pay the terrible price for years of neglect of prevention. Even the most conservative estimates indicate that in the next five years, at least 80,000 patients will need access to antiretroviral treatment.

This is ten times the number of patients that are currently receiving ART. The need to scale-up treatment, laboratory monitoring and care represents a massive challenge to the entire health care system, which is poorly equipped to handle such an imminent task. But there remain structural challenges that, if not overcome, will make progress in the area of treatment difficult, if not impossible.

First is the excessively high cost of drugs and lab tests procured by the Ministry of Health. The Ministry continues to pay far more than the Alliance for the same ARV drugs. This requires a complete revision to the Government's system for procurement and supply management, at least for HIV/AIDS. If this is not done within coming months, then the Ministry will not be able to keep its commitment to take over treatment for 6,000 patients in ART this year who are currently covered with funding from the Global Fund grants, or continue to scale-up treatment in the new National AIDS Programme.

Second, the Ministry of Health has to urgently address the lack of integration of services, particularly for TB/HIV co-infection and substitution therapy. It is regrettable that almost a year after the creation of the Committee within the Ministry of Health responsible for both HIV and tuberculosis, there have been no practical steps taken to ensure integrated treatment and care of patients with TB/HIV co-infection. Infectious disease physicians must be given the training and authority to prescribe and monitor treatment for tuberculosis and/or substitution therapy, and vice-versa.

Third, few regions of Ukraine have supported decentralization of medical services beyond the AIDS centre. Yet, AIDS centres are not equipped to address all of the medical needs of people with HIV, which will become significantly larger, more complex and severe in coming years. Only Donetsk Oblast has effectively decentralized the medical care and treatment of patients with HIV/AIDS beyond the oblast AIDS centre. This is an appropriate model for patient care that should be implemented in other oblasts, cities and at the district level throughout Ukraine.

The evaluation report contains many other findings and recommendations. In fact, there are over 200 recommendations in the report that should be used to guide the

improvement of policies and programmes over the immediate, short-term, and medium-term basis.

4. Analysis of Shortcomings of Current National AIDS Programme

At the last meeting of the National Council, Minister Knyazevitch requested an analysis of why the current National AIDS Programme was not successful. In response to his question, the rest of my presentation focuses on the results of the evaluation as they relate to structure and the content of the current National AIDS Programme.

The evaluation indicated that one of the poorest areas of performance was in the format, content, and implementation of the current National AIDS Programme. Beginning with the purpose, the current national programme declares the aims to "reduce vulnerability to HIV and HIV prevalence rates among vulnerable groups." However, the programme does not specify whether or how the planned activities will achieve these prevention goals. There are limited, inadequate resources for prevention among IDUs. Several key most at-risk populations, including sex workers or men who have sex with men, are totally absent from the current programme. The omission of these groups in the current national programme is directly linked to the lack of government attention and support for programmes for these populations, where the epidemic has continued to grow over the duration of the programme. With the exception of blood safety and prevention of mother to child transmission, the current programme has largely failed to provide any strategy, targets or support for prevention programmes and activities.

By contrast, the Global Fund grant programmes clearly specify targets, and how prevention programmes will be implemented and monitored. As a result, the workplans for the Global Fund grant programmes represent a clearer and more useful framework for the national prevention programme, at least among most at risk populations, than does the national AIDS programme of the Government. Yet, the Global Fund and other donors should be contributing to a robust and comprehensive national programme, and not as parallel projects.

The current national AIDS programme also contains no reliable estimates of future needs for treatment, care and support. The programme states that "by 2011 almost 43 thousand persons will die of AIDS, and over 46 thousand children will be orphaned due to their parents' AIDS-related deaths." However, the programme does not explain the anticipated impact of scaling-up treatment on reducing AIDS-related morbidity and mortality. While reliable estimates exist of the number of people with HIV in need of treatment, care and support services, none of these estimates are specified in the programme. As a result, it is unclear what percentage of needs are covered by the national programme, and what gaps remain.

International best practice in HIV/AIDS planning requires the consistent and accurate specification of targets at all different levels of the logical framework, including indicators of inputs, outputs, outcomes and impacts. The current programme specifies only three 'expected results'. But it is impossible to link any of the 36 planned activities to these results.

Faced with limited resources and growing needs, Ukraine is not in a position to address all needs for HIV/AIDS. Yet, the current programme does not specify priorities to guide the importance of activities that are consistent with the pattern of the epidemic. For example, the programme does not specify any hierarchy to the different prevention activities.

A majority of the line items in the current national programme also specify no funding needs or commitments. This is misleading, giving the false impression that these activities are either unimportant or that funding is not needed to ensure their successful implementation. All activities have a cost, and these costs should be clearly specified in the programme. Even where there are financial gaps specified, such gaps can be used to try and guide the contributions of external donors. Instead of implementing another pilot project that has no impact or cannot be sustained, donors can fill gaps in direct support of the national programme, if they are clearly specified.

Finally, the current programme does not contain any measurable targets or indicators, and lacks any monitoring and evaluation framework. The Ministry of Health is able to track expenditures and in some cases, the number of services provided or patients provided with treatment. But these results have no relationship to the impact of the

epidemic. Without a national centre for monitoring and evaluation of HIV/AIDS, the Government has been unable to link the implementation of the national programme with the status of the epidemic.

The most important question, however, is whether the current programme had a positive impact on the epidemic. Before the current programme was introduced, the annual number of newly registered cases of HIV in 2003 was about 10,000 persons per year. Last year, the number of new cases exceeded 17,000. Before the current programme, there were less than 1,300 people that died of AIDS. Last year, that number had almost doubled to over 2,500 deaths. If a national AIDS programme does not have a significant and measurable impact on controlling HIV incidence and AIDS mortality, then the programme has clearly failed.

There are more detailed analysis of the shortcomings of the current national programme in the evaluation report.

5. Recommendations for new National AIDS Programme

Much effort has been invested in the last few months in the development of the new programme. Everybody agrees that the process has been rushed. But Committee should be recognized for having done the best possible job to balance competing interests and tight deadlines. This draft programme is also much improved over the current programme. But we need to ask not if it is better, but is it good enough?

In this context, when we consider the new draft national AIDS programme for the period 2009 to 2013, we have to ask, is this programme fundamentally superior to the current programme? Does it address the various shortcomings that undermined the implementation and impact of the current programme? Does it address any of the key priorities and recommendations that I mentioned earlier? These are serious questions that merit discussion after the new draft programme has been presented later this morning.

In the evaluation report, we conducted a brief analysis of the new draft programme, so I will not take time now to dwell on its shortcomings. However, I would like make a few

concrete suggestions for how the new national programme can and should be still improved.

First is the duration of the programme. Our understanding is that the most serious obstacle to increasing the coverage of the programme is related to the budget ceiling for 2009. While there is more flexibility to increase the coverage of services and related budget as of 2010, the Ministry of Finance will not approve any increases that exceed 20% for next year. If this is true, then the focus should be on developing the best possible programme for 2009. In the rush to get an acceptable programme for 2009, there is a serious risk that the overall programme for the next five years remains inadequate. My suggestion is that you seriously consider adopting the new programme as an interim programme for 2009 only. This would ensure that the programme for next year proceeds as planned and prepared. But this would also provide an opportunity to develop a more strategic, comprehensive and effective programme for the period 2010-2014. I agree that Ukraine does not have even one year to waste. But this should not be reason to adopt a programme that will not have an effective impact on the epidemic for the next five years.

Second, ensure the development of robust and measurable targets and detailed national plan for monitoring and evaluation of the new programme. The current draft specifies only some basic targets at the level of output indicators. This approach risks repeating the mistakes of the current programme, as it is doubtful whether these outputs can contribute to reducing incidence or mortality. Of course, this may entail the inclusion of different targets and the recalculation of the budget. But the current programme clearly showed that there is no point in securing resources for a programme that will not have significant impact.

Third, specify all of the management arrangements and fiduciary issues and procedures in a detailed annex to the programme. The new programme continues to specify collective responsibility of various ministries and Government agencies for specific activities. This risks to perpetuate the ambiguity and lack of accountability as to who is specifically responsible for which activities. The new programme also does not specify how funding will be managed, allocated, planned, or used to procure goods and services, and at what cost. This is a critical point. If the programme does not address

the shortcomings related to transparent budgeting and the cost-effective procurement of drugs and laboratory equipment, then the entire treatment programme under the new programme is at risk.

Fourth, the programme should clearly specify total needs, the degree to which these needs will be covered, and any gaps. There are now reliable estimates of the number of people that need services for prevention, treatment, care and support. The targets should reflect the likely growth in the demand for these services over the five year period of the programme. These targets should be based on an accurate estimate of the size of the population that needs access to these services, and not just the number of people that are officially registered with HIV. Otherwise, the entire progamme is based on flawed projections, which will be quickly exposed as inadequate.

The specification of gaps is also important to enable donors to contribute to the same programme. If the gap is clearly specified, then the programme can be easily to justify an additional grant request to an external donor to cover that request. The Global Fund is now moving towards financing comprehensive national programmes instead of project. If the national programme is comprehensive and strategic, and the gaps are clearly specified, then there is strong basis for a future proposal the Global Fund.

The new programme also has to ensure that all essential services are scaled-up and sustained. With the Global Fund Round 6 grant scheduled to end in 2012, the essential services covered by this grant need to be sustained. However, the way the programme is currently drafted and budgeted, these programmes will not be sustained after 2012. This is a critical shortcoming that needs to be addressed now.

Finally, there is a simply but effective tool for the self-assessment of a national AIDS programme. This tool enables countries to assess the quality of a new AIDS programme against a standard set of criteria, and get an objective score that can be used to make improvements to the programme. I recommend that you use this tool to assess this draft of the programme, and agree to a minimum threshold for the scoring of each component of the programme. Upon rigorous analysis of the results, you can see where you need to improve the draft programme before it is finalized.

We recognize that many of these recommendations would require substantial changes to the draft programme. In particular, the recommendation to develop an interim one year programme, during which Ukraine develops a more strategic and comprehensive five year national programme, would require decisive leadership. While the decision is up to you, I would encourage you to consider go beyond the status quo, and at least try to do what needs to be done.

It remains our sincere hope that the results of the external evaluation will be taken fully into account in the new National AIDS Programme. But if the results of the evaluation and other shortcomings are not adequately reflected, either now or the in immediate future, then the many shortcomings and that have undermined the current national response to AIDS will continue, while the epidemic continues to get worse.

This new national programme represents an historic opportunity to plan an implement a more strategic national response that the people of Ukraine deserve. I fear that the epidemic will respond to nothing less.

Thank you.